Image# 15950128877					PAGE 1 / 143
	PORT OF I D DISBUR Other Than An Auth	SEMENT	s	Office Us	se Only
1. NAME OF TYP COMMITTEE (in full)	e or print 🔻	Example: If typi over the lines.	ng, type 12	FE4M5	
National Democratic Polic	y Committee				
ADDRESS (number and street)					
Check if different than previously				A	
reported. (ACC)				A 20175	
2. FEC IDENTIFICATION NUMB		Y 🔺	STAT		ZIP CODE
C C00136531	3. IS Ri		NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 	Report Due On: Apr 2 (c) 12-Day	20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	 Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) 	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Oury 10Quarterly Report (Q2)October 15Quarterly Report (Q3)XJanuary 31Year-End Report (YE)	PRE-Election Report for the: Election	Convention ((12C)	Special (12S)	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	n on	D D / Y	Y Y Y	in the State of
5. Covering Period	25 / 2014	Y through	12 /	D D / Y Y 31 201	Y Y 4
I certify that I have examined this Ref. Type or Print Name of Treasurer \underline{K}	eport and to the best of a atherine Jenkins	my knowledge and	belief it is true, co	orrect and complet	ie.
Signature of Treasurer	Ienkins	[Electronical]	y Filed] Date	01 / D 28	
NOTE: Submission of false, erroneous,	or incomplete information	may subject the per	son signing this Re	eport to the penaltie	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X

01/28/2015 16 : 53

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SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
National Democratic Policy Commi	ttee	
Report Covering the Period: From:	1 25 / YEYEY 2014 To:	12 / D D / Y Y Y Y Y 12 31 2014
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1, 2014		3850.72
(b) Cash on Hand at Beginning of Reporting Period	3893.72	
(c) Total Receipts (from Line 19)	40.00	525.00
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	3933.72	4375.72
. Total Disbursements (from Line 31)	44.00	486.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3889.72	3889.72
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 	449726.38	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Democratic Policy Committee

Report Covering the Period: From:	25 2014 T	Го: 12 / 31 / 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	0.00	-15.00
(i) itemized (use Schedule A)		7 7
(ii) Unitemized	40.00	540.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	40.00	525.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(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)	40.00	525.00
. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	, , ,	, , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
		7 7 7 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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	40.00	525.00
. , , , , , , , , ,	7 7	
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	40.00	525.0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	44.00	486.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	44.00	486.00
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity)	
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	44.00	486.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	44.00	486.00

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	40.00	525.00
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40.00	525.00
add Line 21(a)(i) and Line 21(b))	44.00	486.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	44.00	486.00

SCHEDULE B (FEC Form 3X)		r		FOR LINE NUMBER: PAGE 6							OF 143		
ITEMIZED DISBURSEMENTS				(check on			ly one)						
			X	21 27	L	22 28a		23 28b	24 28c		25 29	26 30b	
Any information copied from suc or for commercial purposes, othe	er than using the nan												
	,												
National Democratic	,	lttee											
Full Name (Last, First, Middle A. EFT CORPORATIO	,						Date	of Di	sburse	ement			
Mailing Address 2911 DIXWE	ILL AVE					_	M 12	/	D	D / 95)14	Y
City HAMDEN	:	State Zip Code CT 06518					Tran	sact	ion ID	: 010000)1200	1000	011301
Purpose of Disbursement EFT PROCESSING FEE							Amou	nt of	Each	Disburse	ement	this	Period
Candidate Name			Cate	egoi ype					,			4().00
Office Sought: House Senat Presic	e 🗌	nent For: Primary General Other (specify) ▼											
State: District:													
Full Name (Last, First, Middle B.	e Initial)						Date						
Mailing Address							M = 1	/	D	D /	Y Y	Y	Y
City	:	State Zip Code											
Purpose of Disbursement							Amou	nt of	Each	Disburse	ement	this	Period
Candidate Name			Cate T	egoi ype					,	7			
Office Sought: House Senat Presid	e 🗌	nent For: Primary General Other (specify) ▼											
State: District:													
Full Name (Last, First, Middle C.	e Initial)						Date	of Di					
Mailing Address							M = P	/	D	D /	Y Y	Y	Y
City		State Zip Code											
Purpose of Disbursement							Amou	at of	Fach	Disburse	mont	thic	Poriod
Candidate Name			Cate T	egoi ype			Amou		Lacii	Disbuise	linein	uns	renou
Office Sought: House Senat Presic State: District:	e 🗌	nent For: Primary General Other (specify) ▼											
							_	-	_		_	_	_
SUBTOTAL of Disbursements T TOTAL This Period (last page t							ŀ	-	7	7	-		.00
I THE THE THE TOTOL (LAST Page)	and mic namber only				•		the second se		7			1	

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

PAGE 7 OF 143 FOR LINE 13 OF FORM 3X

	Detailed Summary Lage
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0010000004
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) HARVEY E. HASCALL	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2137 S 1150 EAST	Other (specify)
City BOUNTIFUL State UT ZIP Co	ode 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 12 22 1986 11 28	1007 0.00
List All Endorsers or Guarantors (if any) to Loan Source	1987 0.00 % (apr) Yes X No
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)	
'OTALS 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.
OTALS This Period (last page in this line only)	

Image# 1595012888	4
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Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 143 FOR LINE 13 OF FORM 3X

	Detailed Summary Page
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000002009
LOAN SOURCE Full Name (Last, First, Middle Initial) ALBERT E MC NAIR	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1657 EDDY DR	Other (specify)
City NORTH TONAWANDA State NY ZIP Co	de 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 Date Due	Interest Rate Secured:
M = M / D = D / Y = Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = Y M = M / D = D / Y = M <td>Y B4 0.00 % (apr) Yes No</td>	Y B4 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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	
carry outstanding balance only to Live 3, Schedule D, for this line. If	no ochedule b, carry forward to appropriate line of Sullillary.

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

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PAGE 9 OF 143 FOR LINE 13 OF FORM 3X

	, , ,
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000002886
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ESTHER E. WILSON	[PERSONAL FUNDS] Election:
	General
Mailing Address	
Mailing Address 6241 WARNER #132	Other (specify)
City HUNTINGTON BEACH State CA ZIP Co	ude 92647
Original Amount of Loan Cumulative Payment To	
5000.00	0.00 5000.00
TERMS	laterest Data Coorrest
Date Incurred Date Due	Interest Rate Secured:
	1985 1200.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	· · ·
	Amount
City State ZIP Code	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.

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

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PAGE 10 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000003820
-,	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MINEHART EDSEN	Primary
	General
Mailing Address 1949 S MANCHESTER AVE	Other (specify)
SPACE 104	
City ANAHEIM State CA ZIP	Code 92802
Original Amount of Loan Cumulative Payment	
700.00	0.00 700.00
TERMS	
Date Incurred Date D	Due Interest Rate Secured:
08 14 1984 11 14	1984 0.00 % (apr) Yes X No
	/8 (apr)
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Nome of Employer
I. Full Name (Lasi, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City Ctate ZID Cade	Amount
City State ZIP Code	
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailian Adduses	Occurrent in the second s
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4 Full Name (Last First Middle Initial)	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
City State ZIP Code	Outstanding:
	Outstanding.
	700.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	►
Carry outstanding balance only to LINE 3, Schedule D, for this line	. If no Schedule D, carry forward to appropriate line of Summary.
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Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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PAGE 11 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000003823
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MINEHART EDSEN	Primary
	General
Mailing Address 1949 S MANCHESTER AVE	Other (specify)
City ANAHEIM State CA ZIP Cod	de 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:
	Y Y Y Y 0.00
09 12 1984 12 12	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	America
City State ZIP Code	Amount Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
CURTOTALS This Daried This Darge (antionel)	1250.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE 12 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000004982
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
EUGENE L DRUSELL	[PERSONAL PONDS]
	General
Mailing Address	Other (specify)
Mailing Address 1704 SAWYER	
	ZIP Code 91790
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
	ate Due Interest Rate Secured:
08 / 08 / 1984 11 / 08	/ 1984 0.00 % (apr) Yes ∑ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
-	
SUBTOTALS This Period This Page (optional)	1000.00
-0- (-r····)	
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE 13 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000004983
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
EUGENE L DRUSELL	[PERSONAL FUNDS]
	General
Mailing Address 1704 SAWYER	Other (specify)
City WEST COVINA State CA ZIP Coc	le 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:
Mos / Dob / Y <td>1984 0.00 % (apr) Yes X No</td>	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Moiling Addroso	Occupation
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summarv.

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

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PAGE 14 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000005986
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
BILL SUEDKAMP	Primary
	General
Mailing Address 1211 DOUGLAS HWY	Other (specify)
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	Interact Data Converde
	Interest Rate Secured:
09 26 1984 03 26 / 1984	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	1
SUBTOTALS This Daried This Darse (artistic)	1000.00
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TOTALS This Period (last page in this line only)	······
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schodulo D. carry forward to convenzioto line of Summer
Jany Justanuing balance only to LINE 3, Schedule D, for this line. If	no schedule d, carry lorward to appropriate line of Summary.

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

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PAGE 15 OF 143 FOR LINE 13 OF FORM 3X

	, 3
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN000005987
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	IDEDSONAL EUNDST Election:
BILL SUEDKAMP	[PERSONAL FUNDS] Election:
	General
Mailing Address	Other (specify)
Mailing Address 1211 DOUGLAS HWY	
City GILLETTE State WY	ZIP Code 82716
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
	Date Due Interest Rate Secured:
10 18 1984 12 18	1984 0.00 % (apr) Yes X No
	/o (apr)
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Walling / daroos	
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
1	
SUBTOTALS This Period This Page (optional)	1000.00
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	Detailed Sulfilliary Page
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000006929
LOAN SOURCE Full Name (Last, First, Middle Initial) HENRY C MAYBERRY	[PERSONAL FUNDS] Election: Primary General
Mailing Address 8071 E 19TH ST	Other (specify)
City WESTMINSTER State CA ZIP Cod	de 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:
10 / Y Y Y Y Y 1984 10 / Z4 / Y	^Y 1985 0.00 % (apr) Yes X №
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
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If it	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
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Detailed Summary Page	

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AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000007139
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]
RONALD TAI HO CHOI	Primary
	General Other (creatify)
Mailing Address 35797 BLAIR PL	Other (specify)
City FREMONT State CA ZIP Co	ode 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	
09 / 28 / 1984 09 / 28 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4 Full Name (Last First Middle Isitial)	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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	Detailed Ballinary Page
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000009055
LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT C MCKINNEY	[PERSONAL FUNDS] Election: Primary General
Mailing Address PO BOX 3245	Other (specify)
City SEAL BEACH State CA ZIP Cod	de 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:
	Y and y Y and y Y and y Y and y 1985 1200.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
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
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
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	Detailed Suffillingly Page
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000009557
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
ROBERT LOFTUS	Primary
	General
Mailing Address 2446 N SUMMIT	Other (specify)
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:
06 05 / Y Y Y Y M M / D D / Y 06 05 05 05 05	1985 0.00 Ves VNo
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	······ •
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010472
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
SCOTT BEARD	[PERSONAL FUNDS]
	General
Mailing Address 4125 HAWTHORNE	Other (specify)
4125 HAWTHORNE	
City DALLAS State TX ZIP Co	de 75202
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
4000.00	0.00 1000.00
1000.00	1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	YYYY
04 09 1984 07 09	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
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	Detailed Summary Page	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000010652	
LOAN SOURCE Full Name (Last, First, Middle Initial) NANCY J STEINER	[PERSONAL FUNDS] Election: Primary General	
Mailing Address 2809 GREER RD	Other (specify)	
	de 94303	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	0.00 , 1000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
12 / 29 / Y Y Y Y Y 12 / 12 / Y 1986	^Y 1987 0.00 % (apr) Yes X №	
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:	
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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID : LOAN0000011262
National Democratic Fully Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RAY BRANDENBERG	Primary
	General
Mailing Address 1303 AMORETTI	Other (specify)
City THERMOPOLIS State WY ZIP Co	de 82443
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
000.00	0.00
200.00	0.00 200.00
TERMS Date Incurred Date Due	Interest Rate Secured:
05 14 1984 08 14	1984 1800.00 Voc VNc
	1984 Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Walling Address	
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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		Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)		Tran	saction ID : LOAN0000011993
National Democratic Policy Comm	ittee		
LOAN SOURCE Full Name (Last, First, Mi	iddle Initial)	[PERSONAL FUNDS]	Election:
JACKSON B BREEZE			Primary
Mailing Addross			General Other (specify)
Mailing Address 419 QUARTZ ST			
City REDWOOD CITY	State CA ZIP Co	de 94062	
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS			
Date Incurred	Date Due	Interest Rate	
11 30 1984	03 02 1	1985 0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7 7 7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed	
City State	ZIP Code	Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	19 1 19 1 18 1 18 1
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012031	
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial) RICHARD ROPER	[PERSONAL FUNDS] Election: Primary General	
Mailing Address 630 W DUARTE RD #33	Other (specify)	
City MONROVIA State CA ZIP C	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 Du	e Interest Rate Secured:	
05 / 31 / Y Y Y Y 11 / 30 / 30	1984 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
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:	
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000012946
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
FLOYD T WRIGHT	Primary
	General
Mailing Address 4207 PATRICIA ST	Other (specify)
City FREMONT State CA ZIP Cod	de 94536
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y	
08 24 1984 11 24 24	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000013379
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MARGARET MAMULA	Primary
	General
Mailing Address 4321 N EL BURRITO	Other (specify)
City TUCSON State AZ ZIP Co	de 85705
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
1000.00	0.00 1000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
06 15 1984 08 15 Y	1984 0.00 9((and) Yes X No.
	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000013410
•	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
BILL DRAKE	Primary
Mailing Address	General Other (specify) –
Mailing Address RT 4 BOX 126	Other (specify)
	Code 63841
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 D	ue Interest Rate Secured:
Mod / D / Y Y Mod / D D / I I I D / I <thi< th=""> I I I<td>1984 0.00 % (apr) Yes ⊠ No</td></thi<>	1984 0.00 % (apr) Yes ⊠ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed 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
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line.	. If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000017823
LOAN SOURCE Full Name (Last, First, Middle Initial) HAROLD N LYNGE MD	[PERSONAL FUNDS] Election:
Mailing Address 2 S 13TH ST	General Other (specify)
City SAN JOSSE State CA ZIP C	Code 95112
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Du	e Interest Rate Secured:
M m / D dia / Y y y y Y M m / D dia / 08 /	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
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)	
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Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018351
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF	[PERSONAL FUNDS] Election: Primary General
Mailing Address 5258 CARTWRIGHT	Other (specify)
	de 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
300.00	0.00 300.00
TERMS Date Incurred Date Due	Interest Rate Secured:
Mom / D - D / Y </td <td>^Y 1984 0.00 % (apr) Yes X №</td>	^Y 1984 0.00 % (apr) Yes X №
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:
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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018352
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GREGORY R WOLF	Primary
	General
Mailing Address 5258 CARTWRIGHT	Other (specify)
	Code 91601
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS Date Incurred Date Du	ue Interest Rate Secured:
08 14 1984 11 14	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018353
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
GREGORY R WOLF	Primary
	General
Mailing Addross	Other (specify)
Mailing Address 5258 CARTWRIGHT	
	de 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:
08 / 14 / Y Y Y Y Y M M M / D D / Y 1984 11 / 14	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining Address	
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	-
	Amount
City State ZIP Code	Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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PAGE 32 OF 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018611
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
WILLIAM O MC KAY	Primary
	General
Mailing Address	Other (specify)
Mailing Address 4627 W 137TH PL	
	Code 90250
Original Amount of Loan Cumulative Payment	t To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date D	Due Interest Rate Secured:
08 17 1984 11 17	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
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Mailing Address	Occupation
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City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4 Full Name (Lost First Middle Istic)	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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AGE 33 OF 143 FOR LINE 13 OF FORM 3X

National Democratic Policy Committee LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] ALFRED MONTEROS Primary Mailing Address 1210 W PUENTE AVE City WEST COVINA State CA ZIP Code 91790		
LOAN SOURCE Full Name (Last, First, Middle Initial) (PERSONAL FUNDS) Election: Primary General Other (specify) ↓ Mailing Address (Dify WEST COVINA State CA ZIP Code 91790 Other (specify) ↓ Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Pendo 1000.00 0.00 1000000 TERMS Date Incurred Date Due Interest Rate Secured: 1008 107 1384 11 17 1984 0.00 % (apr) Yes N (No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Occupation Outstanding: 0.00 1000.00 2: Full Name (Last, First, Middle Initial) Name of Employer Mauranteed Outstanding: 0.00 0.00 0.00 0.00 3: Full Name (Last, First, Middle Initial) Name of Employer Mauranteed Outstanding: 0.00 <td< td=""><td>NAME OF COMMITTEE (In Full)</td><td>Transaction ID : LOAN0000018612</td></td<>	NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018612
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Use separate schedule(s)	ł
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Detailed Summary Page	

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IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000018817
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
LEONARD K NITZ	Primary
	General
Mailing Address 5343 CALLISTER AVE	Other (specify)
City SACRAMENTO State CA ZIP Cod	le 95819
Original Amount of Loan Cumulative Payment To	
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Data Converd
	Interest Rate Secured:
08 20 1984 11 20	1984 0.00 % (apr) Yes X No
	/* (wp/)
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	-
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
-	
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
[Amount
City State ZIP Code	Guaranteed
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Use separate schedule(s)	
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VAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000019658
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) WARREN BANDY	[PERSONAL FUNDS] Election: Primary General
Mailing Address 934 TAMARACK LN #6	Other (specify)
City SUNNYVALE State CA	ZIP 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:
	06 / Y Y Y Y Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sour	rce
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
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	Betalled Ballindary Lage
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000019945
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) IAN MC CLASHAN	[PERSONAL FUNDS] Election: Primary General
Mailing Address 245 W LORRAINE ST APT 121	Other (specify)
	de 91202
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1500.00	0.00 1500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
09 / D D / Y Y Y Y 12 / D D / Y 1984	^Y 1984 0.00 % (apr) Yes X №
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
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
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AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000021069	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:	
LOUIS HARDING	Primary	
	General	
Mailing Address 815 N MADISON	Other (specify)	
City PIERRE State SD ZIP (Code 57501	
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period	
1000.00	0.00 1000.00	
TERMS Date Incurred Date Dute	ue Interest Rate Secured:	
M m / 27 / 1984 M m / 27 / 09 / 27 / 1984 03 / 27 /	1985 0.00 % (apr) Yes ⊠ No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
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for each category of the		
Detailed Summary Page		

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000021171	
National Democratic Policy Committee		
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:	
MARILYN PEARSON	Primary	
	General	
Mailing Address RR 1	Other (specify)	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
1000.00	100.00 900.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
09 28 1984 03 28	1985 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding:	
SUBTOTALS This Period This Page (optional)		
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.	

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

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	Botallou Outminuly Pugo
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000021412
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MARJORIE CZECZOK	Primary
	General
Mailing Address 820 LAKE ST S	Other (specify)
	de 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:
10 25 1984 11 25	1984 0.00 % (apr) Yes X No
	1984 Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	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.

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000022667
•	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
ROBERT A FUDO	Primary
	General
Mailing Address 24922 MUIRLANDS SP 36	Other (specify)
	de 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:
	Y Y Y
10 22 1984 01 22	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D. carry forward to appropriate line of Summary
carry outstanding balance only to LINE 3, Schedule D, for this line. If	no schedule D, carry lorward to appropriate line of Summary.

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

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	, , ,
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023255
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
KEITH J ORR	PERSONAL FONDS
	General
Mailing Address 441 PUERTO PL	Other (specify)
City HAYWARD State CA ZIP Co	de 94541
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
10 24 1984 12 24	1984 0.00 % (apr) Yes X No
	· (.h.)
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
,	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Calouronity.
SUBTOTALS This Pariod This Page (optional)	500.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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			5-
NAME OF COMMITTEE (In Full) National Democratic Policy Com	mittee	Tra	nsaction ID : LOAN0000023300
-			
LOAN SOURCE Full Name (Last, First, H WYVONNE LANDRY	Middle Initial)	[PERSONAL FUNDS	J Election: Primary General
Mailing Address 18346 COLLINS ST #17			Other (specify)
City TARZANA	State CA ZIP Co	de 91356	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
800.00		0.00	800.00
TERMS Date Incurred	Date Due	Interest Ra	te Secured:
10 / D D / Y Y Y Y 1984	01 / 25 / Y	1985 0.0	00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	/) to Loan Source		
1. Full Name (Last, First, Middle Initial)	,,,	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed	
		Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7 7
SUBTOTALS This Period This Page (option	al)		800.00
TOTALS This Period (last page in this line	·		
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry fo	rward to appropriate line of Summary.
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Use separate schedule(s)	
for each category of the	
Detailed Summary Page	

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023612
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) JACOB S PAINTER	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4371 SUNRISE DR	Other (specify)
	de 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:
10 / 22 / 1984 01 / 22 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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	Botaliou Gummary Page
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023623
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RONALD A BOWDEN	PERSONAL FONDS
	General
Mailing Address 46 SOMERSET AVE	Other (specify)
City RIVERSIDE State RI ZIP Con	de 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:
10 22 1984 01 22	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Coupaion
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
1	
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	······ • • • • • • • • • • • • • • • •
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023624
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	IPERSONAL FUNDS
BRYCE JONES	[PERSONAL FUNDS] Election: Primary
	General
Mailing Address 213 W OAKRIDGE DR	Other (specify)
213 W OAKRIDGE DR	
City FARMINGTON State UT	ZIP Code 84025
Original Amount of Loan Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
	late Due Interest Rate Secured:
10 / 22 / 1984 01 / 22	0.00 % (apr) Yes X №
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	August
City State ZIP Code	Amount Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
	7 7 7
Carry outstanding balance only to LINE 3, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023627
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MRS BRYCE JONES	Primary
	General
Mailing Address 213 W OAKRIDGE DR	Other (specify)
	de 84025
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
10 / 22 / Y Y Y Y MO1 / 22 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
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 Summarv.

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	Detailed Summary Page
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000023628
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]
MRS DONALD MILLS	Primary
	General
Mailing Address 4495 WOODLAWN	Other (specify)
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:
	1985 0.00
10 22 1984 10 22	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	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.

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

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023683
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
AMY G BRAINARD	Primary
	General
Mailing Address 1202 S GLADYS AVE	Other (specify)
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:
	1985 0.00 Mar Xan
10 25 1984 10 25	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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	Detailed Summary Page
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000024453
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HOWARD PETERS	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2380 GRANADA AVE	Other (specify)
	de 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:
11 / 26 / Y Y Y Y M M M / D D / Y 1984 05 / 26 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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	Dotaliou ourillary r ago
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000024908
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) LARS THELANDER	[PERSONAL FUNDS] Election: Primary General
Mailing Address 14 MOUNT CASTLE PL	Other (specify)
	de 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:
11 / D02 / Y Y Y Y Y D02 / D02 / Y 1984 02 / D02 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······ • · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	
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Detailed Summary Page	

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000025202
LOAN SOURCE Full Name (Last, First, Middle Initial) ALMA G UBER	[PERSONAL FUNDS] Election:
	General
Mailing Address 3447 STERNE ST	Other (specify)
	ode 92106
Original Amount of Loan Cumulative Payment To	o Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Duce 11 07 1984 05 07 / Y	1005
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Arrayunt
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line.	f no Schedule D, carry forward to appropriate line of Summary.

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

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NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000026096
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) GABRIEL DICK	[PERSONAL FUNDS] Election:
	General
Mailing Address BOX 274	Other (specify)
City CARMEL State CA ZIP Co	ode 93921
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
Main / Date Main / Date Date <thdate< th=""> <thdate< th=""> <thdate< td="" th<=""><td>1984 0.00 % (apr) Yes X No</td></thdate<></thdate<></thdate<>	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	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.

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

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	Dotaliou outilitary r ugo
NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000032658
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
JOHN PRICE	Primary
Mailling Address	General Other (enceit.)
Mailing Address 101 S COTTAGE RD	Other (specify)
	de 22170
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS	Interest Data Casurada
	Interest Rate Secured:
05 20 1985 05 20	1986 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summarv.

Image# 15950128930					
SCHEDULE D (FEC Form 3X)			(1)	PAGE 54 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
			numbered inte)	X 10	
National Democratic Policy Committee	e				
			i		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): PACKAGE SERVICE	
AIRBORNE FREIGHT CORP.					
Mailing Address P O BOX 662					
City State	Zin Codo				
City State SEATTLE	Zip Code WA	98111			
		50111	Transacti	on ID : INV6010000112089	
Outstanding Balance Beginning This Period					
12.50					
Amount Incurred This Period	Paymen	t This Period	Outstandi	ng Balance at Close of This Period	
0.00			0.00	12.50	
				-/y	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D ROOM RE	ebt (Purpose):	
AMFAC HOTEL				NTAL	
Mailing Address P O BOX 1926					
City State ALBUQUERQUE	Zip Code NM	87119			
	INIVI	0/119			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112090	
			Transact	ion ID : INV6010000112090	
Outstanding Balance Beginning This Period		it This Period		ion ID : INV6010000112090	
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SCHEDULE D (FEC Form 3X)			PAGE 55 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ttee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
AUDIO VISUAL CENTER			IT RENTAL
Mailing Address 235 NORTH BROAD STREET			
City State PHILADELPHIA	Zip Code PA 19107		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000112091
25.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	25.00
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
AUDIO VISUAL HEADQUART		EQUIPMEN	
Mailing Address			
Mailing Address 361 NORTH OAK STREET			
City State INGLEWOOD	Zip Code CA 90301		
Outstanding Balance Beginning This Period		Transact	ion ID · INV6010000112092
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112092
11.08			
	Payment This Period		ng Balance at Close of This Period
11.08			
11.08 Amount Incurred This Period		Outstandir	ng Balance at Close of This Period
11.08 Amount Incurred This Period 0.00		Outstandir 0.00 Nature of D	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 11.08 ebt (Purpose):
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 11.08 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 11.08 ebt (Purpose):
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City	tor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 11.08 ebt (Purpose):
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS	tor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D EQUIPMEN	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64	tor or Creditor State Zip Code TX 75207 Payment This Period	Outstandir 0.00 Nature of D EQUIPMEN	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period	tor or Creditor State Zip Code TX 75207 Payment This Period	Outstandir 0.00 Nature of D EQUIPMEN Transact Outstandir 0.00	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL ion ID : INV6010000112093 ng Balance at Close of This Period
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period 0.00	tor or Creditor State Zip Code TX 75207 Payment This Period	Outstandir 0.00 Nature of D EQUIPMEN Transact Outstandir 0.00	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL ion ID : INV6010000112093 ng Balance at Close of This Period 65.64
11.08 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City DALLAS Outstanding Balance Beginning This Period 65.64 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional).	tor or Creditor State Zip Code TX 75207 Payment This Period 7 7	Outstandir 0.00 Nature of D EQUIPMEN Transact Outstandir 0.00	ng Balance at Close of This Period 11.08 ebt (Purpose): NT RENTAL ion ID : INV6010000112093 ng Balance at Close of This Period 65.64

SCHEDULE D (FEC Form 3X)			PAGE 56 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each	(check only one) 9
-		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose):
BANK OF THE COMMONWE	ALTH	MISC. EXF	'ENSE
Mailing Address PO BOX 32900			
City State DETROIT	Zip Code MI 48232		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112095
1430.00			
Amount Incurred This Deviad	Deverent This Davied	Outstand	an Dalaman at Class of This Davied
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	1430.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D ROOM RE	ebt (Purpose):
BELMONT RESTAURANT			NTALS
Mailing Address 541 LEXINGTON AVE.			
City State	Zip Code		
NEW YORK	NY 10022		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112096
110.00			
Amount Insurred This Pariod	Payment This Period	Outstandu	ng Balance at Close of This Period
Amount Incurred This Period			
0.00		0.00	110.00
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
BROWN PALACE HOTEL		ROOM RE	
Mailing Address P.O. BOX 1440			
City	State Zip Code		
DENVER	CO 80201		
Outstanding Balance Beginning This Period		Transact	ion ID:INV6010000112097
273.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	273.00
1) SUBTOTALS This Period This Page (optional)		····· •	1813.00
2) TOTALS This Period (last page this line numbe	r only)	····· •	· · · · · · · · · · · · · · · · · · ·
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	▶	<u>, , , , , , , , , , , , , , , , , , , </u>
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page of	only) 🕨	7

SCHEDULE D (FEC Form 3X)			0.0000	PAGE 57 OF 143
DEBTS AND OBLIGATIONS		sc	e separate hedule(s)	FOR LINE NUMBER:
Excluding Loans			or each Ibered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		I	,	
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
BRUKOFF, BERAS & STEWAR	RT,P.C.		AITY FEE	S-ZIEGLER/CONG
Mailing Address 3000 TOWN CENTER SUITE 2550			-	
City State	Zip Code		1	
SOUTHFIELD	MI 480	075	T	
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112099
285.00				
Amount Incurred This Period	Payment Th	is Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		285.00
		,		
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				ebt (Purpose): LATIONS SERVICE
Mailing Address P.O. BOX 17726				
City State	Zip Code		-	
WASHINGTON	DC 200	041		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000111880
2700.00				
Amount Incurred This Period	Payment Th	is Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		2700.00
		,		-/j
C. Full Name (Last, First, Middle Initial) of Debto			Nature of D RENT	ebt (Purpose):
CAMPAIGNER PUBLICATION	5			
Mailing Address P.O. BOX 17726			1	
City	State Zip C	Code	-	
WASHINGTON	DC 2004			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000111909
64.51				
Amount Incurred This Period	Payment Th	is Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		64.51
				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1) SUBTOTALS This Period This Page (optional)		····· ►		3049.51
2) TOTALS This Period (last page this line number	only)	►		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			
				7 1 1 1 1 1 1
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page	(last page only)		7

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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 58 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one)
Excluding Loans		numbered line)	
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D ADVERTIS	ebt (Purpose):
CAMPAIGNER PUBLICATION	S	ADVERTIS	ing
Mailing Address P.O. BOX 17726			
P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000111912
1567.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00	C	0.00	1567.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATIONS	6	ADVERTIS	NG
Mailing Address P.O. BOX 17726			
City State	Zin Code		
City State WASHINGTON	Zip Code DC 20041		
WADTINGTON	00 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000111913
Outstanding Balance Beginning This Period 60.00		Transact	ion ID:INV6010000111913
60.00	Payment This Period		
60.00 Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
60.00			
60.00 Amount Incurred This Period 0.00	0	Outstandir	g Balance at Close of This Period 60.00
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726	or or Creditor S State Zip Code	Outstandir	g Balance at Close of This Period 60.00 ebt (Purpose):
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Image# 15950128935				
SCHEDULE D (FEC Form 3X)		(1100.000	PA	GE 59 OF 143
DEBTS AND OBLIGATIONS		(Use sep schedul		UMBER:
Excluding Loans		for ea numbered		<i>'</i>
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National Democratic Policy Committee	ee			
	0			
A. Full Name (Last, First, Middle Initial) of Debto			ure of Debt (Purpose): NT	
CAMPAIGNER PUBLICATION	5			
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC 20041			
Outstanding Balance Beginning This Period		 Ti	ansaction ID : INV601	0000111915
800.00				
Amount Incurred This Period	Payment This Pe	riod O	utstanding Balance at (Close of This Period
0.00		0.00		800.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditar	Not	ure of Debt (Purpose):	
			OTOCOPIER USAGE	
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC 20041			
Whommeren				
			ransaction ID : INV601	10000111916
Outstanding Balance Beginning This Period		1	ransaction ID : INV601	10000111916
Outstanding Balance Beginning This Period 250.00				
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period	Payment This Pe	riod O	Transaction ID : INV601	Close of This Period
Outstanding Balance Beginning This Period 250.00				
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00	Payment This Pe	riod O	utstanding Balance at (Close of This Period
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Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726	Payment This Pe or or Creditor S	riod O 0.00 Nat	utstanding Balance at (ure of Debt (Purpose):	Close of This Period 250.00
Outstanding Balance Beginning This Period 250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City	Payment This Pe or or Creditor S State Zip Code	riod O 0.00 Nat TE	utstanding Balance at (ure of Debt (Purpose):	Close of This Period 250.00
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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) 9
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e	numbered line)	X 10
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of D PRESS RE	ebt (Purpose): LATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000111918
8170.00			
Amount Incurred This Period	Payment This Period	0.00	ng Balance at Close of This Period 8170.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of D ADVERTIS	ebt (Purpose): ING
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000111919
1310.00			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00		0.00	1310.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			ebt (Purpose): PTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City WASHINGTON	State Zip Code DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000111920
11948.30			
Amount Incurred This Period	Payment This Period	Outstandir 0.00	ng 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)	···· • •	7
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	►	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page o	only) ►	7

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SCHEDULE D (FEC Form 3X)			a concrete	PAGE 61 OF 143
DEBTS AND OBLIGATIONS			se separate chedule(s)	FOR LINE NUMBER:
Excluding Loans			for each nbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor			RENT	ebt (Purpose):
CAMPAIGNER PUBLICATIONS	0			
Mailing Address P.O. BOX 17726			_	
City State	Zip Code		_	
WASHINGTON		20041		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000111921
800.00				
Amount Incurred This Period	Payment	This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		800.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAMPAIGNER PUBLICATIONS				PIER USAGE
Mailing Address P.O. BOX 17726				
City State	Zip Code		_	
WASHINGTON	DC 2	20041		
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000111922
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans			(Use sepa schedule for eac numbered	e(s) ch	PAGE 62 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	e		•		
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS					ebt (Purpose): LATIONS SERVICE
Mailing Address P.O. BOX 17726					
City State WASHINGTON	Zip Code DC	20041			
Outstanding Balance Beginning This Period			Tra	ansactio	on ID : INV6010000111924
8170.00					
Amount Incurred This Period	Pa	ment This Period		utstandin	g Balance at Close of This Period
0.00			0.00		8170.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			IRE OF DE	ebt (Purpose): NG
Mailing Address P.O. BOX 17726					
City State WASHINGTON	Zip Code DC	20041			
Outstanding Balance Beginning This Period			Ti	ransacti	on ID : INV6010000111925
150.00					
Amount Incurred This Period	Pa	ment This Period	Οι	utstandin	g Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726				ire of De VERTIS	ebt (Purpose): ING
		7:0.1			
City WASHINGTON	State DC	Zip Code 20041			
Outstanding Balance Beginning This Period			Ti	ransacti	on ID : INV6010000111926
30.00 Amount Incurred This Period	Pa	ment This Period	0	itetandin	g Balance at Close of This Period
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2) TOTALS This Period (last page this line number	only)		►		· · · · · · · · · ·
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	►		· · · · · · · · ·
	line of Cumm	ary Page (last page o	only)		

NAME OF COMMITTEE (n Full) National Democratic Policy Committee A Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State VASHINGTON DC 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cutstanding Balance Beginning This Period 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CAMPAIGNER PUBLICATIONS Nature of Debt (Purpose): Mailing Address P.O. BOX 17728 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period 0.00 13773.65 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Amount Incurred This Period 0.00 13773.65 C. Full Name (Last, First, Middle Initial) of Debto	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) 9 X 10
CAMPAIGNER PUBLICATIONS SUBSCRIPTIONS PURCHASE Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This Period B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS Nature of Dabt (Purpose): Mailing Address P.O. BOX 17726 DC 20041 Dity State Zip Code DC WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID : INV6010000112054 Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period DC 20041 Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period DC 20041 Outstanding Balance Beginning This Period DC 20041 Outstanding Balance at Close of This Period Transaction ID : INV6010000112055 Mailing Address P.O. BOX 17726 Outstanding Balance at Close of This Period <t< th=""><th></th><th>e</th><th>1</th><th>· · · ·</th></t<>		e	1	· · · ·
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	2) TOTALS This Period (last page this line number	only)	····· >	<u></u>
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SCHEDULE D (FEC Form 3X)			PAGE 64 OF 143
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	tee		
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):
CAMPAIGNER PUBLICATION	S	SUBSCRIF	TIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State	Zip Code		
WASHINGTON	DC 20041		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112056
7910.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	7910.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):
CAMPAIGNER PUBLICATIONS	6	ADVERTIS	NG
Mailing Address P.O. BOX 17726			
City State WASHINGTON	Zip Code DC 20041		
	DC 20041		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112057
40.00			
40.00 Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
		Outstandir 0.00	g Balance at Close of This Period 40.00
Amount Incurred This Period			
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	0.00 Nature of D	40.00 ebt (Purpose):
Amount Incurred This Period 0.00	or or Creditor	0.00 Nature of D	40.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	0.00 Nature of D	40.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726	or or Creditor	0.00 Nature of D	40.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION	or or Creditor IS State Zip Code	0.00 Nature of D	40.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON	or or Creditor IS State Zip Code	0.00 Nature of D SUBSCRIF	40.00 ebt (Purpose): TIONS PURCHASE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	or or Creditor IS State Zip Code	0.00 Nature of D SUBSCRIF	40.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON	or or Creditor IS State Zip Code	0.00 Nature of D SUBSCRIF	40.00 ebt (Purpose): TIONS PURCHASE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	or or Creditor IS State Zip Code	0.00 Nature of D SUBSCRIF	40.00 ebt (Purpose): TIONS PURCHASE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7989.60	or or Creditor S State Zip Code DC 20041 Payment This Period	0.00 Nature of D SUBSCRIF	40.00 ebt (Purpose): PTIONS PURCHASE
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7989.60 Amount Incurred This Period	or or Creditor S State Zip Code DC 20041 Payment This Period	0.00 Nature of D SUBSCRIF Transact Outstandir	40.00 ebt (Purpose): TIONS PURCHASE ion ID : INV6010000112058 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7989.60 Amount Incurred This Period	or or Creditor S State Zip Code DC 20041 Payment This Period	0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	40.00 ebt (Purpose): TIONS PURCHASE ion ID : INV6010000112058 ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7989.60 Amount Incurred This Period 0.00	or or Creditor	0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	40.00 ebt (Purpose): TIONS PURCHASE ion ID : INV6010000112058 ng Balance at Close of This Period 7989.60
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7989.60 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	or or Creditor S State Zip Code DC 20041 Payment This Period r only)	0.00 Nature of D SUBSCRIF Outstandir 0.00	40.00 ebt (Purpose): TIONS PURCHASE ion ID : INV6010000112058 ng Balance at Close of This Period 7989.60
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 7989.60 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor S State Zip Code DC 20041 Payment This Period r only)	0.00 Nature of D SUBSCRIF Outstandir 0.00	40.00 ebt (Purpose): TIONS PURCHASE ion ID : INV6010000112058 ng Balance at Close of This Period 7989.60

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s)	PAGE 65 OF 143	
		for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee			
A. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATION		Nature of D RENT	ebt (Purpose):	
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC 20041			
Outstanding Balance Beginning This Period 800.00		Transacti	on ID : INV6010000112059	
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
0.00	0.	00	800.00	
B. Full Name (Last, First, Middle Initial) of Debt CAMPAIGNER PUBLICATION			ebt (Purpose): MUNICATIONS	
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC 20041			
		•		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112060	
Outstanding Balance Beginning This Period 1000.00		Transact	ion ID : INV6010000112060	
	Payment This Period		ng Balance at Close of This Period	
1000.00				
1000.00 Amount Incurred This Period	0. otor or Creditor	Outstandir	ng Balance at Close of This Period	
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete	0. otor or Creditor	Outstandin 00 Nature of D	ng Balance at Close of This Period 1000.00	
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAMPAIGNER PUBLICATION	0. otor or Creditor	Outstandin 00 Nature of D	ng Balance at Close of This Period 1000.00	
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	0. otor or Creditor NS State Zip Code	Outstandir 00 Nature of D RENT	ng Balance at Close of This Period 1000.00	
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00	0. otor or Creditor NS State Zip Code DC 20041	Outstandin 00 Nature of D RENT Transact	ng Balance at Close of This Period 1000.00 ebt (Purpose):	
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period	0. otor or Creditor NS State Zip Code DC 20041 Payment This Period	Outstandin 00 Nature of D RENT Transact	ng Balance at Close of This Period 1000.00 ebt (Purpose):	
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period	0. otor or Creditor NS State Zip Code DC 20041 Payment This Period 0.	Outstandin 00 Nature of D RENT Transact Outstandin 00	ng Balance at Close of This Period 1000.00 ebt (Purpose): ion ID : INV6010000112061 ng Balance at Close of This Period	
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00	O. NS State Zip Code DC 20041 Payment This Period 0.	Outstandin 00 Nature of D RENT Transact Outstandin 00	ng Balance at Close of This Period 1000.00 ebt (Purpose): ion ID : INV6010000112061 ng Balance at Close of This Period 800.00	
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete CAMPAIGNER PUBLICATION Mailing Address P.O. BOX 17726 City WASHINGTON Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	0. otor or Creditor NS State Zip Code DC 20041 Payment This Period 0. er only)	Outstandin 00 Nature of D RENT Transact 00 Outstandin 00 Outstandin	ng Balance at Close of This Period 1000.00 ebt (Purpose): ion ID : INV6010000112061 ng Balance at Close of This Period 800.00	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		s	se separate chedule(s) for each nbered line)	PAGE 66 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	96	L		
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				ebt (Purpose): MUNICATIONS
Mailing Address P.O. BOX 17726			_	
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112062
1000.00	5			
Amount Incurred This Period	Paymer	t This Period 0.00	Outstandir	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX 17726			-	
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112063
800.00				
Amount Incurred This Period 0.00	Paymer	t This Period 0.00	Outstandir	ng Balance at Close of This Period 800.00
		0.00		-7 - 1 - 7 - 1 - A - 1 - A
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				ebt (Purpose): MUNICATIONS
Mailing Address P.O. BOX 17726				
City WASHINGTON		ľip Code 20041		
	20			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112064
1000.00		t This David		
		t This Period 0.00		ion ID : INV6010000112064 ng Balance at Close of This Period 1000.00
1000.00 Amount Incurred This Period	Paymer	0.00		ng Balance at Close of This Period
1000.00 Amount Incurred This Period 0.00	Paymer	0.00		ng Balance at Close of This Period 1000.00
1000.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Paymer	0.00		ng Balance at Close of This Period 1000.00

Image# 15950128943			
SCHEDULE D (FEC Form 3X)		(1)	PAGE 67 OF 143
DEBTS AND OBLIGATIONS		(Use separa schedule(s	
		for each numbered li	(check only one) 9
-			ne) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		of Debt (Purpose):
CAPITOL PLAZA		ROOI	M RENTALS
Mailing Address 240 WEST STATE STREET			
240 WEST STATE STREET			
City State	Zip Code		
TRENTON	NJ 08608		
Outstanding Balance Beginning This Period		Tran	saction ID : INV6010000112103
93.10			
Amount Incurred This Period	Payment This Pe	eriod Outs	tanding Balance at Close of This Period
	r dymont mior t		
0.00		0.00	93.10
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature	of Debt (Purpose):
CAPITOL PLAZA HOTEL			M RENTALS
Mailing Address HOLIDAY INN			
300 J STREET City State	Zip Code		
	•		
SACRRAMENTO	CA 95814		
	CA 95814	Tra	nsaction ID : INV6010000112102
Outstanding Balance Beginning This Period	CA 95814	Tra	nsaction ID : INV6010000112102
	<u>CA</u> 95814	Tra	nsaction ID : INV6010000112102
Outstanding Balance Beginning This Period	CA 95814 Payment This Pe		nsaction ID : INV6010000112102 tanding Balance at Close of This Period
Outstanding Balance Beginning This Period 15.78			
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00	Payment This Pe	eriod Outs	tanding Balance at Close of This Period
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	Payment This Pe	eriod Outs 0.00 Nature	tanding Balance at Close of This Period 15.78 of Debt (Purpose):
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00	Payment This Pe	eriod Outs 0.00 Nature	tanding Balance at Close of This Period
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC	Payment This Pe	eriod Outs 0.00 Nature	tanding Balance at Close of This Period 15.78 of Debt (Purpose):
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION	Payment This Pe	eriod Outs 0.00 Nature	tanding Balance at Close of This Period 15.78 of Debt (Purpose):
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City	Payment This Pe r or Creditor State Zip Code	eriod Outs 0.00 Nature	tanding Balance at Close of This Period 15.78 of Debt (Purpose):
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	Payment This Pe	eriod Outs 0.00 Nature FLD 0	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City	Payment This Pe r or Creditor State Zip Code	eriod Outs 0.00 Nature FLD 0	tanding Balance at Close of This Period 15.78 of Debt (Purpose):
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	Payment This Pe r or Creditor State Zip Code	eriod Outs 0.00 Nature FLD 0	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	Payment This Pe r or Creditor State Zip Code	eriod Outs 0.00 Nature FLD 0 Tra	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period	Payment This Payme	eriod Outs 0.00 Nature FLD 0 Tra eriod Outs	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57	Payment This Payme	eriod Outs 0.00 Nature FLD 0 Tra	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period	Payment This Payme	eriod Outs 0.00 Nature FLD 0 Tra eriod Outs	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period	Payment This Pa r or Creditor State Zip Code NY 10101 Payment This Pa	eriod Outs 0.00 Nature FLD 0 Tra eriod Outs 0.00	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payment This Part r or Creditor State Zip Code NY 10101 Payment This Part Payment This Part	eriod Outs 0.00 Nature FLD Tra eriod Outs 0.00	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE nsaction ID : INV6010000112274 tanding Balance at Close of This Period 8023.57
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00	Payment This Part r or Creditor State Zip Code NY 10101 Payment This Part Payment This Part	eriod Outs 0.00 Nature FLD Tra eriod Outs 0.00	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE nsaction ID : INV6010000112274 tanding Balance at Close of This Period 8023.57
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INCO Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	Payment This Pa r or Creditor State Zip Code NY 10101 Payment This Pa	eriod Outs 0.00 Nature FLD Tra eriod Outs 0.00	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE nsaction ID : INV6010000112274 tanding Balance at Close of This Period 8023.57
Outstanding Balance Beginning This Period 15.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payment This Pa r or Creditor State Zip Code NY 10101 Payment This Pa	eriod Outs 0.00 Nature FLD Tra eriod Outs 0.00	tanding Balance at Close of This Period 15.78 of Debt (Purpose): DFFC TELEPHONE USAGE nsaction ID : INV6010000112274 tanding Balance at Close of This Period 8023.57

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s)	PAGE 68 OF 143
		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е		
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.			ebt (Purpose): INING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK	Zip Code NY 10101		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112275
1529.35			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	C	0.00	1529.35
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D FIELD OFF	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.			
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112281
2614.35			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	0.00	2614.35
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		ebt (Purpose): TELEPHONE USAGE
Mailing Address PO BOX 748			
RADIO CITY STATION	State Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period 9834.85		Transact	ion ID : INV6010000112282
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	9834.85
1) SUBTOTALS This Period This Page (optional)			13978.55
2) TOTALS This Period (last page this line number of	only)		7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	···· •	<u></u>
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page o	only) ►	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s)	PAGE 69 OF 143
		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e	1	
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.			ebt (Purpose): INING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK	Zip Code NY 10101		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112283
235.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	235.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor	Nature of D FIELD OFF	ebt (Purpose): ICE RENT
Mailing Address PO BOX 748			
RADIO CITY STATION City State	Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112284
2614.35			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	2614.35
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		ebt (Purpose): TELEPHONE USAGE
Mailing Address PO BOX 748			
RADIO CITY STATION City	State Zip Code		
NEW YORK	NY 10101		
Outstanding Balance Beginning This Period 7844.75		Transact	ion ID : INV6010000112285
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
		0.00	7844.75
1) SUBTOTALS This Period This Page (optional)		►	10694.10
2) TOTALS This Period (last page this line number of	only)	····· ►	
3) TOTAL OUTSTANDING LOANS from Schedule C	; (last page only)	►	7 7 7
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summary Page (last page c	only) 🕨	

SCHEDULE D (FEC Form 3X)			PAGE 70 OF 143	
		(Use separate		
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one)	
Excluding Loans		numbered line)	(childen ening enile) X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):	
CAUCUS DISTRIBUTORS INC	C.	FIELD OFF	ICE RENT	
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112286	
2614.35				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00	2614.35	
B. Full Name (Last, First, Middle Initial) of Debto	ar or Creditor	Nature of D	ebt (Purpose):	
CAUCUS DISTRIBUTORS INC			TELEPHONE USAGE	
Mailing Address PO BOX 748				
RADIO CITY STATION City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112287	
Outstanding Balance Beginning This Period 5250.00		Transact	ion ID : INV6010000112287	
5250.00	Pourmont This Poriod			
5250.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
5250.00				
5250.00 Amount Incurred This Period 0.00	0	Outstandir	ng Balance at Close of This Period 5250.00	
5250.00 Amount Incurred This Period	or or Creditor	Outstandir	ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC	or or Creditor	Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC	or or Creditor	Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC	or or Creditor C.	Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION	or or Creditor	Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City	or or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	or or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS	
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	or or Creditor C. State Zip Code	Outstandir .00 Nature of D MTG PLAN	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS	
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of D MTG PLAN	ag Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS	
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter CAUCUS DISTRIBUTORS INCOMPARING Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period 0.00	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir 0.00 Nature of D MTG PLAN Transact Outstandir	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288	
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period 0.00	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of D MTG PLAN Transact Outstandir 0.00	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288 ng Balance at Close of This Period 1151.71	
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter CAUCUS DISTRIBUTORS INCOMPARING Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period 0.00	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of D MTG PLAN Transact Outstandir 0.00	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288 ng Balance at Close of This Period 1151.71	
5250.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debter CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 1151.71 Amount Incurred This Period 0.00	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir .00 Nature of D MTG PLAN Transact Outstandir 0.00	ng Balance at Close of This Period 5250.00 ebt (Purpose): INING FEES & EXPNS ion ID : INV6010000112288 ng Balance at Close of This Period 1151.71	

SCHEDIII E D (EEC Form 2V)				
CHEDULE D (FEC Form 3X)		(Use separate	PAGE 71 OF 143	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
cluding Loans nu		numbered line)	\mathbf{X} 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee	1		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):	
CAUCUS DISTRIBUTORS INC	C.	FIELD OFF	ICE RENT	
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112289	
2614.35				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
0.00	C	0.00	2614.35	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):	
CAUCUS DISTRIBUTORS INC		FLD OFFC	TELEPHONE USAGE	
Mailing Address PO BOX 748				
RADIO CITY STATION City State	Zip Code			
NEW YORK	NY 10101			
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112290	
Outstanding Balance Beginning This Period 2296.00		Transact	ion ID : INV6010000112290	
	Payment This Period		ion ID : INV6010000112290	
2296.00 Amount Incurred This Period		Outstandir		
2296.00			ng Balance at Close of This Period	
2296.00 Amount Incurred This Period	or or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC	or or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 2296.00 ebt (Purpose):	
2296.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC	or or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 2296.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION	or or Creditor C.	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 2296.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City	or or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 2296.00 ebt (Purpose):	
2296.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK	or or Creditor C. State Zip Code	Outstandir	ng Balance at Close of This Period 2296.00 ebt (Purpose): TELEPHONE USAGE	
2296.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period	or or Creditor C. State Zip Code	Outstandir 0.00 Nature of D FLD OFFC	ng Balance at Close of This Period 2296.00 ebt (Purpose): TELEPHONE USAGE	
2296.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte CAUCUS DISTRIBUTORS INCOM Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 10085.00	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir 0.00 Nature of D FLD OFFC	ng Balance at Close of This Period 2296.00 ebt (Purpose): TELEPHONE USAGE	
2296.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 10085.00 Amount Incurred This Period	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir 0.00 Nature of D FLD OFFC Transact Outstandir 0.00	ng Balance at Close of This Period 2296.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112291	
2296.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 10085.00 Amount Incurred This Period 0.00	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir 0.00 Nature of D FLD OFFC Transact Outstandir 0.00	ng Balance at Close of This Period 2296.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112291 ng Balance at Close of This Period 10085.00	
2296.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC Mailing Address PO BOX 748 RADIO CITY STATION City NEW YORK Outstanding Balance Beginning This Period 10085.00 Amount Incurred This Period 0.00	or or Creditor C. State Zip Code NY 10101 Payment This Period	Outstandir 0.00 Nature of D FLD OFFC Transact Outstandir 0.00	ng Balance at Close of This Period 2296.00 ebt (Purpose): TELEPHONE USAGE ion ID : INV6010000112291 ng Balance at Close of This Period 10085.00	

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 72 OF 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER: (check only one) 9	
cluding Loans nu		for each numbered line)		
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	е			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D FIELD OFF	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.				
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK	Zip Code NY	10101		
	111	10101	Transactiv	on ID : INV6010000112292
Outstanding Balance Beginning This Period			Transactio	JII ID . IN VOOTOOOOTT2292
2200.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	2200.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
CAUCUS DISTRIBUTORS INC.			FIELD OFF	ICE RENT
Mailing Address PO BOX 748				
RADIO CITY STATION				
City State NEW YORK	Zip Code NY	10101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112293
			Tansact	ION ID . IN VOOT 00001 12295
2000.00	_			
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	2000.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.				TELEPHONE USAGE
Mailing Address PO BOX 748				
RADIO CITY STATION	State	Zip Code		
NEW YORK				
-	NY	10101		
Outstanding Balance Beginning This Period	NY	10101	Transact	ion ID : INV6010000112294
	NY	10101	Transact	ion ID : INV6010000112294
Outstanding Balance Beginning This Period		10101		ion ID : INV6010000112294
Outstanding Balance Beginning This Period 9170.00		ent This Period		
Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period	Paym	ent This Period 0	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period 0.00	Paym	ent This Period	Outstandir	ng Balance at Close of This Period 9170.00
Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Paym	ent This Period	Outstandir	ng Balance at Close of This Period 9170.00

SCHEDULE D (FEC Form 3X)				PAGE 73 OF 143
			(Use separate	
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one)
Excluding Loans			numbered line)	(check only one) 3 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е		1	
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.			FIELD OFF	TICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	Zip Code			
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112295
2000.00				
Amount Incurred This Period	Payr	nent This Period	Outstandir	ng Balance at Close of This Period
0.00				
0.00			0.00	2000.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			ebt (Purpose):
CAUCUS DISTRIBUTORS INC.			FLD OFFC	TELEPHONE USAGE
Mailing Address PO BOX 748				
RADIO CITY STATION				
City State NEW YORK	Zip Code	10101		
	NY	10101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112296
9170.00				
Amount Incurred This Period	Payr	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	9170.00
	7			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): INING FEES & EXPNS
Mailing Address PO BOX 748				
RADIO CITY STATION	State	Zip Code		
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112297
2144.91				
Amount Incurred This Period	Payr	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		(0.00	2144.91
1) SUBTOTALS This Period This Page (optional)				13314.91
2) TOTALS This Period (last page this line number of	only)		▶	3
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	y)	►	7 7
		y Page (last page o		

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 74 OF 143
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one)
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	е			
A. Full Name (Last, First, Middle Initial) of Debtor				ebt (Purpose): 986 TEL USAGE CHG
CAUCUS DISTRIBUTORS INC.				
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK	Zip Code NY	10101		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112298
18135.97				
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00			.00	18135.97
				7 7 7
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address PO BOX 748				
RADIO CITY STATION City State	Zip Code			
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112299
2000.00				
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	2000.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
CAUCUS DISTRIBUTORS INC.			TELEPHO	
Mailing Address PO BOX 748				
RADIO CITY STATION	State	Zip Code		
NEW YORK	NY	10101		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112300
9170.00				
Amount Incurred This Period	Payme	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	9170.00
1) SUBTOTALS This Period This Page (optional)				29305.97
2) TOTALS This Period (last page this line number of	only)			7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		7 1 1 7 1 1 7
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summary	Page (last page or	nly) ▶	

Image# 15950128951				
SCHEDULE D (FEC Form 3X)				PAGE 75 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D MISC. EXF	ebt (Purpose): PENSES
CITICORP				
Mailing Address CCSI COLLECTION DEPARTME	NT			
P.O. BOX C5216 City State	Zip Code			
MELVILLE	NY	11750		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112302
760.00				
	_			
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	760.00
B. Full Name (Last, First, Middle Initial) of Debtor	Oraditor		Noture of D	
CLIFFORD B KOENIG	or creation			ebt (Purpose): ND LODGING
Mailing Address 7195 COOPER SPUR ROAD				
City State	Zip Code			
5	•	97041		
MT HOOD/PARKDALE	OR	97041		
Outstanding Balance Beginning This Period	UR	57041	Transact	ion ID : INV6010000112378
Outstanding Balance Beginning This Period	OR	57041	Transact	ion ID : INV6010000112378
Outstanding Balance Beginning This Period 556.76				
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period		nent This Period		ng Balance at Close of This Period
Outstanding Balance Beginning This Period 556.76		nent This Period		
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00	Paym	nent This Period	Outstandi	ng Balance at Close of This Period 556.76
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period	Paym	nent This Period	Outstandi	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	Paym	nent This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	Paym	nent This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	Paym	nent This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22)	Paym or Creditor	nent This Period	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City	Paym or Creditor State	Zip Code	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 556.76 ebt (Purpose):
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS	Paym or Creditor State	Zip Code	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00	Paym or Creditor State NY	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period	Paym or Creditor State NY	This Period	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00	Paym or Creditor State NY	This Period	Outstandii 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period	Paym or Creditor State NY	This Period	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period	Paym or Creditor	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii 0.00	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period 0.00	Paym or Creditor	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii 0.00	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS ion ID : INV6010000112303 ng Balance at Close of This Period 120.00
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period 0.00	Paym or Creditor	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii 0.00	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS ion ID : INV6010000112303 ng Balance at Close of This Period 120.00
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period 0.00	Paym or Creditor State NY Paym only)	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact Outstandii 0.00 Outstandii	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS ion ID : INV6010000112303 ng Balance at Close of This Period 120.00
Outstanding Balance Beginning This Period 556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL Mailing Address 123 E. POST RD. (RT 22) City WHITE PLAINS Outstanding Balance Beginning This Period 120.00 Amount Incurred This Period 0.00	Paym or Creditor	Zip Code 10610	Outstandii 0.00 Nature of D ROOM RE Transact	ng Balance at Close of This Period 556.76 ebt (Purpose): NTALS ion ID : INV6010000112303 ng Balance at Close of This Period 120.00

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 76 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(check only one) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto COACHMAN INN & RESTAUR		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 10 JACKSON DRIVE			
City State CRANFORD	Zip Code NJ 07016		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112304
150.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	150.00
B. Full Name (Last, First, Middle Initial) of Debtor DALE ANDERSON'S	r or Creditor	Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 7041 FIRST AVE.			
City State SCOTTSDALE	Zip Code AZ 85251		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112308
238.50			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	238.50
C. Full Name (Last, First, Middle Initial) of Debto DAVID JAY, ESQ.	or or Creditor		ebt (Purpose): Y FEES & EXPENSES
Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, STE	100		
City	State Zip Code		
BUFFALO	NY 14202		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000112373
306.35			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	306.35
1) SUBTOTALS This Period This Page (optional)		····· •	694.85
2) TOTALS This Period (last page this line number	only)	······ •	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	······ •	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only) 🕨	7

Image# 15950128953				
SCHEDULE D (FEC Form 3X)			PAGE 77 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	te	
Excluding Loans		for each numbered line)	(check only one) 9	
-		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee			
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor		ebt (Purpose):	
DAVID KILBUR		POSTAGE		
Mailing Address 1901 NORIEGA #5				
1301 NORLEOK #3				
City State	Zip Code			
SAN FRANCISCO	CA 94122			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112376	
194.93				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	7	0.00	194.93	
B. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of D	ebt (Purpose):	
DOUBLEWOOD INN BEST W	/ESTERN	ROOM RE	NTAL	
Mailing Address 3333 13TH AVE. SOUTH				
City State	Zip Code			
FARGO	ND 58103			
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000113252	
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000113252	
Outstanding Balance Beginning This Period 36.40				
Outstanding Balance Beginning This Period	Payment This Period		ion ID : INV6010000113252	
Outstanding Balance Beginning This Period 36.40	Payment This Period			
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00		Outstandi	ng Balance at Close of This Period 36.40	
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Outstandi	ng Balance at Close of This Period 36.40 ebt (Purpose):	
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00	ebtor or Creditor	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 36.40 ebt (Purpose):	
Outstanding Balance Beginning This Period 36.40 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Outstandi 0.00 Nature of D	ng Balance at Close of This Period 36.40 ebt (Purpose):	
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S	CHEDULE D (FEC Form 3X)			(Use separate	PAGE 78 OF 143
D	EBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Ex	cluding Loans			numbered line)	X 10
	AME OF COMMITTEE (In Full) Jational Democratic Policy Committee	ee			
	A. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU			Nature of I FLD OFF	Debt (Purpose): C TELEPHONE USAGE
	Mailing Address P.O. BOX 268				
	City State DREXEL HILL	Zip Code PA	19026		
	Outstanding Balance Beginning This Period 915.00			Transact	ion ID : INV6010000114471
	Amount Incurred This Period	Payme	ent This Period	Outstand	ing Balance at Close of This Period
	0.00			0.00	915.00
	B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT				Debt (Purpose): FICE RENT
	Mailing Address P.O. BOX 268				
	City State DREXEL HILL	Zip Code PA	19026		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000114472
	200.00				
	Amount Incurred This Period	Payme	ent This Period	Outstand	ing Balance at Close of This Period
	0.00		C	.00	200.00
	C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU				Debt (Purpose): C TELEPHONE USAGE
	Mailing Address P.O. BOX 268				
	City DREXEL HILL	State PA	Zip Code 19026		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000114473
	915.00				
	Amount Incurred This Period	Payme	nt This Period	Outstand	ing Balance at Close of This Period
	0.00		(0.00	915.00
1	SUBTOTALS This Period This Page (optional)				2030.00
2) TOTALS This Period (last page this line number	only)		····· >	, , , ,
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		···· ►	7 7 7 7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page o	nly) ►	7

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 79 OF 143	
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9	
Excluding Loans		numbered line)	(encon ency ency 10 X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU		Nature of D FIELD OFF	ebt (Purpose): FICE RENT	
Mailing Address P.O. BOX 268				
City State DREXEL HILL	Zip Code PA 19026			
Outstanding Balance Beginning This Period 200.00		Transacti	on ID : INV6010000114474	
	Payment This Period	Outotondi	an Polonoo at Class of This Poriod	
Amount Incurred This Period			ng Balance at Close of This Period	
0.00		0.00	200.00	
B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBU			ebt (Purpose): TELEPHONE USAGE	
Mailing Address P.O. BOX 268				
City State DREXEL HILL	Zip Code PA 19026			
Outstanding Balance Beginning This Period 915.00		Transact	ion ID : INV6010000114475	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0	.00	915.00	
C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU		Nature of D RENT	ebt (Purpose):	
Mailing Address P.O. BOX 268				
City DREXEL HILL	State Zip Code PA 19026			
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114476	
200.00				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
0.00	C	0.00	200.00	
1) SUBTOTALS This Period This Page (optional)		▶	, 1315.00	
2) TOTALS This Period (last page this line number	only)	···· ►	<u></u>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	nly) ►	7	

SC	HEDULE D (FEC Form 3X)		(Use separate	PAGE 80 OF 143
DE	BTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Exc	luding Loans		for each numbered line)	(check only one) 9 X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committ	ee	•	
5	A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
	EASTERN STATES DISTRIBU	ITORS	TELEPHO	NE USAGE
	Mailing Address P.O. BOX 268			
	City State	Zip Code		
-	DREXEL HILL	PA 19026		
	Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000114477
	915.00			
	Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.00	915.00
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of D	ebt (Purpose):
	EDGEWATER INN		ROOM REI	
-	Mailing Address PIER 67			
		Zin Codo		
	City State SEATTLE	Zip Code WA 98121		
ľ	Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000113744
	205.00			
	Amount Incurred This Period	Payment This Period	Qutstandi	ng Balance at Close of This Period
				205.00
	0.00).00	203.00
ŀ	C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
	EDWARD CORPUS		PRINTING	
ł	Mailing Address 1339 MARYLAND ST. APT. 1			
-	City	State Zip Code		
	LOS ANGELES	CA 90017		
	Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112307
	22.95			
	Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
	0.00	7 7 7	0.00	22.95
	SUBTOTALS This Period This Page (optional)			1142.95
				· · · · · · · · · ·
	TOTALS This Period (last page this line number			<u></u>
	TOTAL OUTSTANDING LOANS from Schedule		N 1	
3)		C (last page only)		

Image# 15950128957			
SCHEDULE D (FEC Form 3X)			PAGE 81 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)		numbered line)	X 10
National Democratic Policy Committee	e		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Debt (Purpose): S PACKAGE SERVICE
EMERY WORLDWIDE			
Mailing Address P.O. BOX 100			
City State	Zip Code		
BALTIMORE	MD 21277		
Outstanding Balance Beginning This Period		Transac	ction ID : INV6010000112315
11.50			
			the Delever of Olever of This Desired
Amount Incurred This Period	Payment This Peric	od Outstan	ding Balance at Close of This Period
0.00		0.00	11.50
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of	Debt (Purpose):
ERIE HILTON HOTELERIE/PA		ROOM R	,
Mailing Address C/O METROPOLITAN HOTELS,	INC.		
2 EAST FAYETTE STREET City State	Zip Code		
BALTIMORE	MD 21202		
BALTIMORE Outstanding Balance Beginning This Period	MD 21202	Transa	ction ID : INV6010000112364
	MD 21202	Transa	ction ID : INV6010000112364
Outstanding Balance Beginning This Period 37.10			
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period	MD 21202 Payment This Peric	od Outstan	ding Balance at Close of This Period
Outstanding Balance Beginning This Period 37.10			
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	Payment This Peric	od Outstan	ding Balance at Close of This Period
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00	Payment This Peric	0.00 Outstan	ding Balance at Close of This Period 37.10
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS	Payment This Peric	0.00 Outstan	ding Balance at Close of This Period 37.10 Debt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD	Payment This Peric	0.00 Outstan	ding Balance at Close of This Period 37.10 Debt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City	Payment This Peric or Creditor State Zip Code	0.00 Outstan	ding Balance at Close of This Period 37.10 Debt (Purpose):
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL	Payment This Peric	0.00 Outstan	ding Balance at Close of This Period 37.10 Debt (Purpose): AND LODGING
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Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL	Payment This Peric or Creditor State Zip Code	0.00 Outstan	ding Balance at Close of This Period 37.10 Debt (Purpose): AND LODGING
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Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00	Payment This Peric or Creditor State Zip Code NJ 08081	0.00 Outstan	ding Balance at Close of This Period 37.10 Debt (Purpose): AND LODGING
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period	Payment This Peric or Creditor State Zip Code NJ 08081	od Outstan 0.00 Nature of TRAVEL Transa od Outstan	ding Balance at Close of This Period 37.10 Debt (Purpose): AND LODGING
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period 0.00	Payment This Period or Creditor State Zip Code NJ 08081 Payment This Period	od Outstan 0.00 Nature of TRAVEL Transa od Outstan 0.00	ding Balance at Close of This Period 37.10 Debt (Purpose): AND LODGING ction ID : INV6010000112094 ding Balance at Close of This Period 206.00
Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period	Payment This Period or Creditor State Zip Code NJ 08081 Payment This Period	od Outstan 0.00 Nature of TRAVEL Transa od Outstan 0.00	ding Balance at Close of This Period 37.10 Debt (Purpose): AND LODGING
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Outstanding Balance Beginning This Period 37.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS Mailing Address 826 GARWOOD ROAD City ERIAL Outstanding Balance Beginning This Period 206.00 Amount Incurred This Period 0.00	Payment This Period or Creditor State Zip Code NJ 08081 Payment This Period	od Outstan 0.00 Nature of TRAVEL od Outstan 0.00 Transa	ding Balance at Close of This Period 37.10 Debt (Purpose): AND LODGING ction ID : INV6010000112094 ding Balance at Close of This Period 206.00
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SCHEDULE D (FEC Form 3X)		Г		PAGE 82 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
				X 10	
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D PRINTING	ebt (Purpose):	
EVELYN LANTZ					
Mailing Address 1826 NORIEGA STREET					
City State	Zip Codo				
City State SAN FRANCISCO	Zip Code CA	94122			
		04122	Transacti	on ID : INV6010000112386	
Outstanding Balance Beginning This Period					
60.98					
Amount Incurred This Period	Paymer	nt This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.0	0	60.98	
				, , , , , , , , , , , , , , , , , , , ,	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): ROOM RENTAL	
EXECUTIVE HOTEL & SPA					
Mailing Address 1055 FIRST AVE.					
Citu: Otata	Zie Oode				
City State SAN DIEGO	Zip Code CA	92101			
Outstanding Balance Beginning This Period			Tropost	ion ID : INV6010000114372	
			Transact	ION ID : IN V6010000114372	
100.00					
Amount Incurred This Period	Paymer	nt This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00)	100.00	
		,		, , , , , , , , , , , , , , , , , , , ,	
C. Full Name (Last, First, Middle Initial) of Debto EXECUTIVE RED CARPET INI			Nature of D ROOM RE	ebt (Purpose): NTALS	
	NO				
Mailing Address 4020 SOUTHWEST FREEWAY					
City	State Z	Zip Code			
HOUSTON		77027			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112317	
Outstanding Balance Deginning This Fellod			Tranoada		
22.00					
22.00 Amount Incurred This Period	Paymer	nt This Period	Outstandir	ng Balance at Close of This Period	
	Paymer	nt This Period 0.0		ng Balance at Close of This Period 22.00	
Amount Incurred This Period	Paymer				
Amount Incurred This Period		0.0	0	22.00	
Amount Incurred This Period		0.0	0		
Amount Incurred This Period		0.0	•	22.00	
Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	only)	0.0	• • • • • • • • • • • • • • • • • • •	22.00	
Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	only)	0.0	• • • • • • • • • • • • • • • • • • •	22.00	

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SCHEDULE D (FEC Form 3X)			(1)		PAGE 83 OF 143	
DEBTS AND OBLIGATIONS			(Use sep schedu		te	
Excluding Loans			for ea		(check only one) 9	
-			numbered	u line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	20					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor				bt (Purpose): PACKAGE SERVICE	
FEDERAL EXPRESS				VPKE99 F	ACKAGE SERVICE	
Mailing Address PO BOX 727, DEPT. A						
City State	Zip Code					
MEMPHIS	TN	38194				
Outstanding Balance Beginning This Period			 Ti	ransactio	on ID : INV6010000112318	
275.97						
Amount Incurred This Period	Payr	ment This Period	0	outstanding	g Balance at Close of This Period	
0.00			0.00		275.97	
	,					
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor				bt (Purpose): PACKAGE SERVICE	
FEDERAL EXPRESS					ACRAGE SERVICE	
Mailing Address PO BOX 727, DEPT. A						
City State	Zip Code					
MEMPHIS	TN	38194				
Outstanding Balance Beginning This Period			٦	Fransacti	on ID : INV6010000112319	
14.00						
Amount Incurred This Period	Pavi	ment This Period	0	outstandin	g Balance at Close of This Period	
0.00			0.00		14.00	
0.00			0.00		7	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nat	ure of De	ebt (Purpose):	
FERRANTE TRAVEL CENTER			TF	RAVEL-TA	ARPLEY/SENATE	
Mailing Address 135 BROAD AVENUE						
City	State	Zip Code				
PALISADES PARK	NJ	07650				
Outstanding Balance Beginning This Period			٦	Fransacti	on ID : INV6010000113745	
254.00						
	D		0		- Delever at Olever of This Deviat	
Amount Incurred This Period	Payr	ment This Period		outstanding	g Balance at Close of This Period	
0.00			0.00		254.00	
1) SUBTOTALS This Derived This Dage (optional)					543.97	
1) SUBTOTALS This Period This Page (optional)					7	
2) TOTALS This Period (last page this line number	only)		►			
			— i			
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page on	ly)	►		7	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summar	v Page (last page)	only) 🕨			

SCHEDULE D (FEC Form 3X)				PAGE 84 OF 143
. ,			(Use separate	
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
FERRANTE TRAVEL CENTER	र		TRAVEL-T	ARPLEY/SENATE
Mailing Address 135 BROAD AVENUE				
City State	Zip Code			
PALISADES PARK	NJ	07650		
Outstanding Balance Beginning This Period 57.00			Transacti	on ID : INV6010000113746
Amount Incurred This Period	Pavn	nent This Period	Outstandir	ng Balance at Close of This Period
	i uji			
0.00		0	.00	57.00
B. Full Name (Last, First, Middle Initial) of Debto				ebt (Purpose):
FUSION ENERGY FOUNDATION	DN		LIST PURC	HASE
Mailing Address 250 W 57TH ST. STE.1711				
City State	Zip Code			
NEW YORK	NY	10019		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112327
4439.10				
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	4439.10
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	ebt (Purpose):
HENRY MCBRIDE			MISC. EXF	
Mailing Address C/O HENRY'S AUTO PARTS				
Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City	State	Zip Code		
91 SO WHITE HORSE PIKE	State NJ	Zip Code 08009		
91 SO WHITE HORSE PIKE			Transact	ion ID : INV6010000112396
91 SO WHITE HORSE PIKE City BERLIN			Transact	ion ID : INV6010000112396
91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period	NJ			ion ID : INV6010000112396 ng Balance at Close of This Period
91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00	NJ	08009 nent This Period		
OF THE O	NJ Payn	08009 nent This Period	Outstandir	ng Balance at Close of This Period
91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00 Amount Incurred This Period 0.00	NJ Payn	08009 nent This Period	Outstandir	ng Balance at Close of This Period 233.00
91 SO WHITE HORSE PIKE City BERLIN Outstanding Balance Beginning This Period 233.00 Amount Incurred This Period 0.00	NJ Payn	08009 nent This Period	Outstandir	ng Balance at Close of This Period 233.00

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) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN	or or Creditor	Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address 1614 CENTRAL AVENUE			
City State ALBANY	Zip Code NY 12205		
Outstanding Balance Beginning This Period 40.00		Transactio	on ID : INV6010000112341
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	40.00
B. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN & HOLIDOME	or or Creditor	Nature of D ROOM REN	ebt (Purpose): NTALS
Mailing Address 1501 FREEWAY BLVD.			
City State MINNEAPOLIS	Zip Code MN 55430		
		· · · · · · · · · · · · · · · · · · ·	
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112996
Outstanding Balance Beginning This Period 42.00		Transact	ion ID : INV6010000112996
	Payment This Period		ion ID : INV6010000112996
42.00			
42.00 Amount Incurred This Period	0.	Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt	0.	Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN AIRPORT 2	0.	Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50	tor or Creditor State Zip Code MN 55437	Outstandir 000 Nature of D ROOM RE	ag Balance at Close of This Period 42.00 ebt (Purpose): NTALS
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period	0. tor or Creditor State Zip Code MN 55437 Payment This Period	Outstandir 000 Nature of D ROOM RE	ebt (Purpose):
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period	0. tor or Creditor State Zip Code MN 55437 Payment This Period	Outstandir 0.00 Nature of D ROOM RE D.00	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS ion ID : INV6010000112340 ng Balance at Close of This Period
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period 0.00	tor or Creditor State Zip Code MN 55437 Payment This Period 0	Outstandir .00 Nature of D ROOM RE Transact 0.00 Outstandir	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS ion ID : INV6010000112340 ng Balance at Close of This Period 157.50
42.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt HOLIDAY INN AIRPORT 2 Mailing Address 5401 GREEN VALLEY DRIVE City BLOOMINGTON Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	O. tor or Creditor State Zip Code MN 55437 Payment This Period 0 2 7 0 2 0 2 0 2 0 2 0 2 0 2 2 2 2 2 2 2 2 2 2 2 3 3 3 4 5 4 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 4 4 5	Outstandir .00 Nature of D ROOM RE Transact Outstandir 	ng Balance at Close of This Period 42.00 ebt (Purpose): NTALS ion ID : INV6010000112340 ng Balance at Close of This Period 157.50

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

SCHEDULE D (FEC Form 3X)			PAGE 87 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee	,	
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose):
HOLIDAY INN COLISEUM		ROOM RE	NTALS
Mailing Address 440 WEST 57TH STREET			
City State NEW YORK	Zip Code NY 10019		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112345
224.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	224.00
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
HOLIDAY INN CONCORD		ROOM REI	
Mailing Address 1050 BURNETT AVE.			
City State	Zip Code		
CONCORD	CA 94520		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112346
Outstanding Balance Beginning This Period 97.24		Transact	ion ID : INV6010000112346
	Payment This Period		ion ID : INV6010000112346 Ig Balance at Close of This Period
97.24			
97.24 Amount Incurred This Period	C C	Outstandir	ng Balance at Close of This Period 97.24 ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	C C	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 97.24 ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN DOWNTOWN	C C	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 97.24 ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 97.24 ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ebt (Purpose):
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00	tor or Creditor State Zip Code TX 75202 Payment This Period	Outstandir 0.00 Nature of D ROOM RE	ag Balance at Close of This Period 97.24 ebt (Purpose): NTALS
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period	tor or Creditor State Zip Code TX 75202 Payment This Period	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir 0.00	ag Balance at Close of This Period 97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ag Balance at Close of This Period
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period 0.00	tor or Creditor State Zip Code TX 75202 Payment This Period 0	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir 0.00	ng Balance at Close of This Period 97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period 52.00
97.24 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City DALLAS Outstanding Balance Beginning This Period 52.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional).	tor or Creditor State Zip Code TX 75202 Payment This Period () er only) ()	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir 0.00	ng Balance at Close of This Period 97.24 ebt (Purpose): NTALS ion ID : INV6010000112347 ng Balance at Close of This Period 52.00

SCHEDULE D (FEC Form 3X)				PAGE 88 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committe	е			
-			i	
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ROOM RE	Debt (Purpose): ENTALS
HOLIDAY INN ERIE				
Mailing Address 8040 PERRY HWY.				
City State	Zip Code			
ERIE	PA	16509		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112348
47.70				
41.70				
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	47.70
	0	,		
B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN HAUPPAUGE	or Creditor		ROOM RE	Debt (Purpose): ENTALS
HOLIDAT INN HAOFFAUGE				
Mailing Address				
City Ctoto	Zin Codo			
City State HAUPPAUGE	Zip Code NY	11788		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112349
			Tansac	uon 12 . 11440010000112349
60.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period
0.00		(0.00	60.00
	0	,		, ,
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN KENILWORTH	or Creditor		Nature of I ROOM RE	Debt (Purpose): ENTALS
Mailing Address BLVD. & SOUTH 31ST ST.				
City	State	Zip Code		
KENILWORTH	NJ	07033		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112352
			Tunsue	
45.00				
	Pay	ment This Period	Outstand	ing Balance at Close of This Period
Amount Incurred This Period				
Amount Incurred This Period 0.00			0.00	45.00
			0.00	45.00
0.00	7			
	,			45.00
0.00				
0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number of the second	only)			
0.00 1) SUBTOTALS This Period This Page (optional)	only)			

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) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN NORWALK	r or Creditor	Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address 789 CONNECTICUT AVENUE			
City State NORWALK	Zip Code CT 06854		
Outstanding Balance Beginning This Period 90.00		Transactio	on ID : INV6010000112356
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	90.00
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF LAMAR	or Creditor	Nature of D ROOM REN	ebt (Purpose): NTALS
Mailing Address RD #2 EXIT 25 INTERSTATE 80)		
City State MILL HALL	Zip Code PA 17751		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112353
Outstanding Balance Beginning This Period 52.78		Transact	ion ID : INV6010000112353
	Payment This Period		ng Balance at Close of This Period
52.78			
52.78 Amount Incurred This Period		Outstandir	ng Balance at Close of This Period 52.78 ebt (Purpose):
52.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.78 ebt (Purpose):
52.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF NEWTON		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.78 ebt (Purpose):
52.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period	or or Creditor State Zip Code	Outstandir 0.00 Nature of D ROOM REI	ng Balance at Close of This Period 52.78 ebt (Purpose):
52.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00	or or Creditor State Zip Code MA 02211	Outstandir 0.00 Nature of D ROOM REI	ng Balance at Close of This Period 52.78 ebt (Purpose): NTALS
52.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period	or or Creditor State Zip Code MA 02211 Payment This Period	Outstandir 0.00 Nature of D ROOM REI	ng Balance at Close of This Period 52.78 ebt (Purpose): NTALS
52.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period	or or Creditor State Zip Code MA 02211 Payment This Period	Outstandir 0.00 Nature of D ROOM REI Transact Outstandir 0.00	ng Balance at Close of This Period 52.78 ebt (Purpose): NTALS ion ID : INV6010000112355
52.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period 0.00	or or Creditor State Zip Code MA 02211 Payment This Period	Outstandir 0.00 Nature of D ROOM REI	ng Balance at Close of This Period 52.78 ebt (Purpose): NTALS ion ID : INV6010000112355 ng Balance at Close of This Period 90.00
52.78 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtore HOLIDAY INN OF NEWTON Mailing Address P.O. BOX 4305 City BOSTON Outstanding Balance Beginning This Period 90.00 Amount Incurred This Period 0.00	or or Creditor State Zip Code MA 02211 Payment This Period <	Outstandir 0.00 Nature of D ROOM RE Transact Outstandir 0.00	ng Balance at Close of This Period 52.78 ebt (Purpose): NTALS ion ID : INV6010000112355 ng Balance at Close of This Period 90.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s)	PAGE 90 OF 143
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	96		
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN OF RICHMOND		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 4303 COMMERCE RD.			
City State RICHMOND	Zip Code VA 23234		
Outstanding Balance Beginning This Period 157.30		Transacti	on ID : INV6010000112358
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	C	0.00	157.30
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF WILLMAR	or Creditor	Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address P.O. BOX 1157			
City State WILLMAR	Zip Code MN 56201		
Outstanding Balance Beginning This Period 45.00		Transact	tion ID : INV6010000112362
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	0.00	45.00
C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN PROVIDENCE F		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address 21 ATWELLS AVENUE			
City PROVIDENCE	State Zip Code RI 02903		
Outstanding Balance Beginning This Period 75.00		Transact	tion ID : INV6010000112357
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	(0.00	75.00
1) SUBTOTALS This Period This Page (optional)		····· •	277.30
2) TOTALS This Period (last page this line number			
	only)		
3) TOTAL OUTSTANDING LOANS from Schedule			

BETS AND OBLIGATIONS Permetuly of a second processing of a second procesecond procesecond processing of a second processing of a second p	SCHEDULE D (FEC Form 3X)			PAGE 91 OF 143
Instruction of the each number of the pull for each number of the pull instruction of the pull Name of COMMITTEE (n Full) A Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): A Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Notes of the pull (Debtor of Creditor is period is 0.00 Amount Incurred This Period 0.00 0.00 0.00 B Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Outstanding Balance Beginning This Period is 0.00 0.00 B Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ROOM RENTALS Mulling Address 173 SURNISE HWY. ROOM RENTALS ROOM RENTALS City State Zp Code ROCM RENTALS Molling Address 173 SURNISE HWY. ROOM 0.00 City State Zp Code ROOM RENTALS Molling Address 0.00 0.00 50.00 Amount Incurred This Period 0.00 0.00 50.00 City State Zp Code ROOM RENTALS Mulling Address DOWNT TERRACE & FRANKLIN 0.00 0.00	. , ,			
VAME OF COMMITTEE (In Full) A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address 911 BROOKS AVENUE Dutstanding Balance Beginning This Period Outstanding Balance at Close of This Period Mailing Address 173 SUNRISE HWY. 0.00 0.00 Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN ROCKVILLE Nature of Debt (Purpose): Nature of Debt (Purpose): Mailing Address 173 SUNRISE HWY. 0.00 0.00 City State Zip Code ROCM RENTALS Nature of Debt (Purpose): ROOM RENTALS Mailing Address 173 SUNRISE HWY. Nature of Debt (Purpose): ROOM RENTALS City State Zip Code ROOM RENTALS Mailing Address DOUSTANDING LOBE Frequence Nature of Debt (Purpose): City State Zip Code Nature of Debt (Purpose): ROCM RENTALS Nature of Debt (Purpose): Nature of Debt (Purpose): City State Zip Code Nature of Debt (Purpose): ROM RENTALS Solo 0.00 Solo Solo				
National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Detion or Creditor Mailing Address get1 BROOKS AVENUE Nature of Debt (Purpose): ROOM RENTALS City State Zip Code ROCHESTER N1 14624 Outstanding Balance Boginning This Period Fransaction ID : NV6910009112359 Amount Incurred This Period 0.00 S0.00 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. Nature of Debt (Purpose): ROOM RENTALS Nature of Debt (Purpose): ROOM RENTALS Outstanding Balance Beginning This Period Nature of Debt (Purpose): ROOM RENTALS Nature of Debt (Purpose): ROOM RENTALS City State Zip Code 80.00 Nature of Debt (Purpose): ROOM RENTALS Nature of Debt (Purpose): ROOM RENTALS Outstanding Balance Beginning This Period 0.00 0.00 Dutstanding Balance at Close of This Period Outstanding Balance Beginning This Period 0.00 0.00 Dutstanding Balance at Close of This Period Outstanding Balance Beginning This Period 0.00 0.00 Dutstanding Balance at Close of This Period Outstanding Balance Beginning This Period 0.00 0.00 Dutstanding Balance at Close of This Period <th>Excluding Loans</th> <th></th> <th>numbered line)</th> <th>X 10</th>	Excluding Loans		numbered line)	X 10
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address 911 BROOKS AVENUE City State Zip Code ROCHESTER NY 14624 Outstanding Balance Beginning This Period S0.00 Amount Incurred This Period 0.00 0.00 0.00 S0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ROCM RENTALS Mailing Address 173 SUNRISE HWY. Nature of Debt (Purpose): ROCM RENTALS Mailing Address 173 SUNRISE HWY. NY 11570 Outstanding Balance Beginning This Period 0.00 S0.00 S0.00 City State Zip Code NY 11570 Outstanding Balance Beginning This Period 0.00 0.00 Outstanding Balance at Close of This Period 0.00 0.00 0.00 0.00 S0.00 S0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor N Nature of Debt (Purpose): ROOM RENTALS Mailing Address DOWNTOWN 1200 0.00 S0.00 S0.00 S0.00 City </th <th>NAME OF COMMITTEE (In Full)</th> <th>Itee</th> <th></th> <th></th>	NAME OF COMMITTEE (In Full)	Itee		
HOLIDAY INN ROCHESTER-AIRPORT ROOM RENTALS Mailing Address 911 BROCKS AVENUE City State NY Outstanding Balance Beginning This Period Transaction ID : INV6010000112359 Amount Incurred This Period 0.00 Amount Incurred This Period 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): HOLIDAY INN ROCKVILLE Nature of Debt (Purpose): Mailing Address 173 SUNRISE HWY. City State Zip Code ROCKVILLE L.I. NY 11570 Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period State Zip Code Outstanding Balance at Close of This Period State Doing 0.00 Code City State Zip Code Nature of Debt (Purpose): ROOM RENTALS Nature of Debt (Purpose): ROOM RENTALS Mailing Address DOWNTOWN Nature of Debt (Purpose): ROOM RENTALS City State Zip Code Schemeet Action ID : INV6010000112361 Schemeet Address DownTown Downott Incurred This Period Ou				
HOLIDAY INN ROCHESTER-AIRPORT Mailing Address 911 BROOKS AVENUE City State Zip Code ROCHESTER NY 14624 Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 60.00 B. Full Name (Last, First, Middle Initial) of Dobtor or Creditor NY 11570 HOLIDAY INN ROCKVILLE NY 11570 Mailing Address 173 SURRISE HWY. City City State Zip Code RCCKVILLE L.I. NY 11570 Outstanding Balance Beginning This Period Payment This Period 0.00 0.00 0.00 Amount Incurred This Period Payment This Period 0.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Dabtor or Creditor Outstanding Balance at Close of This Period 0.00 0.00 0.00 50.00 C. Full Name (Last, First, Middle Initial) of Dabtor or Creditor NY HOLIDAY INN SCHENECTADY NY 12305 Outstanding Balance Beginning This Period 0.00 </th <th>A. Full Name (Last, First, Middle Initial) of Deb</th> <th>tor or Creditor</th> <th>Nature of D</th> <th>ebt (Purpose):</th>	A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
City State Zip Code ROCHESTER NY 14624 Outstanding Balance Beginning This Period Transaction ID : INV6010000112359 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ROOM RENTALS Mailing Address 1r3 SUNRISE HWY. ROOM RENTALS ROOM RENTALS City State Zip Code ROOM RENTALS Mount Incurred This Period Payment This Period Outstanding Balance at Close of This Period Outstanding Balance Beginning This Period Transaction ID : INV6010000112360 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): HOLIDAY INN SCHENECTADY Nature of Debt (Purpose): Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKLIN ROOM RENTALS City State Zip Code SCHENECTADY NY 12305 Amount Incurred This Period Quot Tanading Balance at Close of This Period Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Outstanding Balance at Close of This Pe	HOLIDAY INN ROCHESTER-	AIRPORT	ROOM RE	NTALS
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Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 50.00 50.0	Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112360
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0.00 0.00 45.00 1) SUBTOTALS This Period This Page (optional)	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)				
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 2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	1) SUBTOTALS This Period This Page (optional).		····· ►	145.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	2) TOTALS This Period (last page this line numb	er only)		
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	····· ►	7 7 7
	4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page o	nly) 🕨	

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) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	ee			
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN-AIRPORT/NOR			Nature of D ROOM REI	ebt (Purpose): NTALS
Mailing Address 4545 N. LINDBURGH BLVD.				
City State BRIDGETON	Zip Code MO	63044		
Outstanding Balance Beginning This Period 79.22			Transactio	on ID : INV6010000112354
Amount Incurred This Period	Payme	nt This Period 0.	Outstandir	ng Balance at Close of This Period 79.22
B. Full Name (Last, First, Middle Initial) of Debtor HOOVER BROTHERS, INC.	or Creditor		Nature of D EQUIPMEN	ebt (Purpose): IT RENTAL
Mailing Address P.O. BOX 728 City State	Zip Code			
TEMPLE Outstanding Balance Beginning This Period	ТХ	76503	Transact	ion ID : INV6010000112369
33.90			Tansact	
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	33.90
C. Full Name (Last, First, Middle Initial) of Debto HOWARD JOHNSON'S	or or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS
Mailing Address P.O. BOX 3045				
City BOSTON	State MA	Zip Code 02107		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112365
102.92				
Amount Incurred This Period	Payme	nt This Period		ng Balance at Close of This Period
0.00		0.	00	102.92
1) SUBTOTALS This Period This Page (optional)			▶	, 216.04
2) TOTALS This Period (last page this line number	only)		▶	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)			<u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary I	Page (last page on	ly) ►	· · · · · · · · ·

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 93 OF 143
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):
HUDSON'S WASHINGTON NE	WS MEDIA			RECTORY PURCHASE
Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N				
City State BETHESDA	Zip Code MD			
	ND	20814		
Outstanding Balance Beginning This Period			Transact	on ID : INV6010000112370
88.04				
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	88.04
	7	Ĭ		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
HYATT PALO ALTO			ROOM RE	NTALS
Mailing Address 4290 EL CAMINO REAL				
City State	Zip Code			
PALO ALTO	CA	94306		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112371
58.43				
Amount Incurred This Period	Payme	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		0	.00	58.43
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
IVON BUCHANON			CREDIT C	ARD MERCHANT DISC
Mailing Address 423L UNIVERSITY BOULEVARI)			
City	State	Zip Code		
DALLAS	ТХ	75205		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112100
1000.00				
Amount Incurred This Period	Pavme	ent This Period	Outstandi	ng Balance at Close of This Period
0.00			.00	1000.00
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2) TOTALS This Period (last page this line number	only)		··· ·	7 7 7
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page of	nly) 🕨	

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SCHEDULE D (FEC Form 3X)			(1)	PAGE 94 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
			numbered inte)	X 10
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS
JACK TAR HOTEL				
Mailing Address VAN NESS GEARY				
City State	Zin Codo			
City State SAN FRANCISCO	Zip Code CA	94101		
		34101	Transacti	on ID : INV6010000112372
Outstanding Balance Beginning This Period				
16.40				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00		(0.00	16.40
B. Full Name (Last, First, Middle Initial) of Debto			Nature of D	ebt (Purpose):
JERRY LITTON MEMORIAL FL	IND		LITERATO	
Mailing Address PO BOX 220				
City State CHILLICOTHE	Zip Code MO	64601		
	MO	04001		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112390
10.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00		(0.00	10.00
	7			5 5 6
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor			ebt (Purpose):
KAREN BRUBAKER			ROOM RE	NTALS
Mailing Address 1516 VINEWOOD #207				
City	State	Zip Code		
DETROIT	State MI	Zip Code 48216		
			Transact	ion ID : INV6010000112098
DETROIT			Transact	ion ID : INV6010000112098
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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) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto KING COLE PROJECTION SE			ebt (Purpose): NT RENTAL
Mailing Address 36-16 29TH STREET			
City State LONG ISLAND CITY	Zip Code NY 11106		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112377
84.95 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period 84.95
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		ebt (Purpose): ENTERED IN 1987
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115120
45071.87			
Amount Incurred This Period	Payment This Period	Outstandir).00	ng Balance at Close of This Period 45071.87
C. Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO.	or or Creditor		ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State Zip Code VA 22170		
Outstanding Balance Beginning This Period 1649.60		Transact	ion ID : INV6010000115123
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	7 7	0.00	1649.60
1) SUBTOTALS This Period This Page (optional)		····· ►	46806.42
2) TOTALS This Period (last page this line number	r only)	····	7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	►	7
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	only) 🕨	····

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 96 OF 143 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee		
A. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	otor or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22	7in Oodo		
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115207
1349.80			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	0.00	1349.80
B. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115362
Outstanding Balance Beginning This Period 1000.00		Transact	ion ID : INV6010000115362
	Payment This Period		ion ID : INV6010000115362
1000.00			
1000.00 Amount Incurred This Period	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period
1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 1000.00 ebt (Purpose):
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1000.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 1410.40	btor or Creditor State Zip Code VA 22170	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 1000.00 ebt (Purpose): PTIONS PURCHASE
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SCHEDULE D (FEC Form 3X)			PAGE 97 OF 143
		(Use separate	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		schedule(s) for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115365
1350.85			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	1350.85
B. Full Name (Last, First, Middle Initial) of Del	ptor or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115368
Outstanding Balance Beginning This Period 554.90		Transact	ion ID:INV6010000115368
554.90	Payment This Pariod		
554.90 Amount Incurred This Period	Payment This Period	Outstandii	ng Balance at Close of This Period
554.90			
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C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO.	C C	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 554.90 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De	C C	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 554.90 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO.	C C	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 554.90 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO.	abtor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 554.90 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	bbor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 554.90 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	bbor or Creditor State Zip Code	Outstandir	ebt (Purpose): PTIONS PURCAHSE
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554.90 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Dete KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 239.90 Amount Incurred This Period	State Zip Code VA 22170 Payment This Period	Outstandin 0.00 Nature of D SUBSCRIF Transact Outstandin	ng Balance at Close of This Period 554.90 ebt (Purpose): PTIONS PURCAHSE ion ID : INV6010000115371 ng Balance at Close of This Period 239.90
554.90 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deter KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 239.90 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional 2) 2) TOTALS This Period (last page this line num	State Zip Code VA 22170 Payment This Period	Outstandin	ng Balance at Close of This Period 554.90 ebt (Purpose): PTIONS PURCAHSE ion ID : INV6010000115371 ng Balance at Close of This Period 239.90
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SCHEDULE D (FEC Form 3X)			
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DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		ebt (Purpose):
KMW PUBLISHING CO.		SUBSCRIF	TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115372
119.75			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	119.75
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID:INV6010000115375
Outstanding Balance Beginning This Period 185.10		Transact	ion ID : INV6010000115375
185.10	Pourport This Poriod		
185.10 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
185.10	Payment This Period		
185.10 Amount Incurred This Period		Outstandir 0.00 Nature of D	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 185.10 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 185.10 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 185.10 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	tor or Creditor	0.00 Outstandir	ng Balance at Close of This Period 185.10 ebt (Purpose): PTIONS PURCHASE
185.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	0.00 Outstandir	ng Balance at Close of This Period 185.10 ebt (Purpose):
185.10 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 81.00	tor or Creditor State Zip Code VA 22170	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 185.10 ebt (Purpose): PTIONS PURCHASE
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SCHEDULE D (FEC Form 3X)		(1)	PAGE 99 OF	143
DEBTS AND OBLIGATIONS		(Use se schedu		_
Excluding Loans		for e	ach (check only one)	9
-		numbere	d line)	10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
	; C			
A. Full Name (Last, First, Middle Initial) of Debto	or Creditor		ture of Debt (Purpose):	
KMW PUBLISHING CO.		S	JBSCRIPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period		г	ransaction ID : INV6010000115378	
62.35				
Amount Incurred This Period	Payment This Per	riod	Outstanding Balance at Close of This	Period
0.00		0.00	62.3	5
	on One liter			
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		ture of Debt (Purpose): JBSCRIPTIONS PURCHASE	
KWW FUBLISHING CO.				
Mailing Address RT. 1, BOX 22				
	7			
City State STERLING	Zip Code VA 22170			
	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID : INV6010000115379	
42.10				
Amount Incurred This Period	Payment This Per	riod (Outstanding Balance at Close of This	Period
0.00		0.00	42.1	0
		0.00		
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Na	ture of Debt (Purpose):	
KMW PUBLISHING CO.		S	UBUCRITOINS PURCHASE	
Mailing Address RT. 1, BOX 22				
City	State Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID : INV6010000115380	
51.10				
Amount Incurred This Period	Payment This Per	riod C	Outstanding Balance at Close of This	Period
0.00		0.00	51.1	0
7 7			, , , , , , , , , , , , , , , , , , , ,	
			455	
1) SUBTOTALS This Period This Page (optional)		····· ►	155.5	5
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)		(Use separate	PAGE 100 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(chock chily chic) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ttee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.		SUBSURIP	TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000115381
13.45			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0	.00	13.45
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.		SUBSCRIP	TIONS PURCHASES
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115383
Outstanding Balance Beginning This Period 4567.27		Transact	ion ID : INV6010000115383
4567.27	Payment This Period		
	Payment This Period		ion ID : INV6010000115383 ng Balance at Close of This Period 4567.27
4567.27 Amount Incurred This Period	0.	Outstandir .00 Nature of D	ng Balance at Close of This Period
4567.27 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	0.	Outstandir .00 Nature of D	ng Balance at Close of This Period 4567.27 ebt (Purpose):
4567.27 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	0.	Outstandir .00 Nature of D	ng Balance at Close of This Period 4567.27 ebt (Purpose):
4567.27 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	otor or Creditor State Zip Code	Outstandir	ng Balance at Close of This Period 4567.27 ebt (Purpose):
4567.27 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	otor or Creditor State Zip Code	Outstandir	ebt (Purpose): PTIONS PURCHASE
4567.27 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	otor or Creditor State Zip Code	Outstandir .00 Nature of D SUBSCRIF	ebt (Purpose): PTIONS PURCHASE
4567.27 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 19.20	otor or Creditor State Zip Code VA 22170 Payment This Period	Outstandir .00 Nature of D SUBSCRIF	ag Balance at Close of This Period 4567.27 ebt (Purpose): PTIONS PURCHASE
4567.27 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 19.20 Amount Incurred This Period	Outor or Creditor State Zip Code VA 22170 Payment This Period 0	Outstandir .00 Nature of D SUBSCRIF Transact Outstandir .00	ng Balance at Close of This Period 4567.27 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115384
4567.27 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 19.20 Amount Incurred This Period 0.00	State Zip Code VA 22170 Payment This Period	Outstandir .00 Nature of D SUBSCRIF Transact Outstandir	ng Balance at Close of This Period 4567.27 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115384 ng Balance at Close of This Period 19.20
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Image# 15950128977				
SCHEDULE D (FEC Form 3X)		(1)		PAGE 101 OF 143
DEBTS AND OBLIGATIONS			e separate nedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9
		Indin		X 10
National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D SUBSCRIP	ebt (Purpose): TIONS PURCHASE
KMW PUBLISHING CO.			002001	
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000115385
25.34				
Amount Incurred This Period	Payment This P	eriod	Outstandir	ng Balance at Close of This Period
0.00		0.00		25.34
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
KMW PUBLISHING CO.				TIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115386
397.04				
Amount Incurred This Period	Payment This P	oriod	Outstandir	ng Balance at Close of This Period
	Fayment This F		Outstandi	
0.00		0.00		397.04
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
KMW PUBLISHING CO.				TIONS PURCHASE
Mailing Address				
Mailing Address RT. 1, BOX 22				
City	State Zip Code			
City STERLING	State Zip Code VA 22170			
-			Transact	ion ID : INV6010000115387
STERLING			Transact	ion ID : INV6010000115387
STERLING Outstanding Balance Beginning This Period 33.88	VA 22170			
STERLING Outstanding Balance Beginning This Period 33.88 Amount Incurred This Period		eriod		ng Balance at Close of This Period
STERLING Outstanding Balance Beginning This Period 33.88	VA 22170			
STERLING Outstanding Balance Beginning This Period 33.88 Amount Incurred This Period	VA 22170	eriod		ng Balance at Close of This Period
STERLING Outstanding Balance Beginning This Period 33.88 Amount Incurred This Period	VA 22170 Payment This P	eriod 0.00		ng Balance at Close of This Period
STERLING Outstanding Balance Beginning This Period 33.88 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	VA 22170 Payment This P	eriod 0.00		ng Balance at Close of This Period 33.88
STERLING Outstanding Balance Beginning This Period 33.88 Amount Incurred This Period 0.00	VA 22170 Payment This P	eriod 0.00		ng Balance at Close of This Period 33.88
STERLING Outstanding Balance Beginning This Period 33.88 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	VA 22170 Payment This P	eriod 0.00		ng Balance at Close of This Period 33.88
STERLING Outstanding Balance Beginning This Period 33.88 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number	VA 22170 Payment This P Only) C (last page only)	eriod 0.00		ng Balance at Close of This Period 33.88

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) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		I
A. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period 101.14		Transacti	on ID : INV6010000115388
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		.00	101.14
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115410
Outstanding Balance Beginning This Period 121.51		Transact	ion ID : INV6010000115410
	Payment This Period		ion ID : INV6010000115410
121.51			
121.51 Amount Incurred This Period	0.	Outstandin .00 Nature of D	ng Balance at Close of This Period 121.51
C. Full Name (Last, First, Middle Initial) of Debt	0.	Outstandin .00 Nature of D	ng Balance at Close of This Period 121.51 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	0.	Outstandin .00 Nature of D	ng Balance at Close of This Period 121.51 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	tor or Creditor State Zip Code	Outstandin	ng Balance at Close of This Period 121.51 ebt (Purpose):
121.51 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	tor or Creditor State Zip Code VA 22170	Outstandin .00 Nature of D SUBSCRIF	ng Balance at Close of This Period 121.51 ebt (Purpose): PTIONS PURCHASE
121.51 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 25.00	tor or Creditor State Zip Code VA 22170 Payment This Period	Outstandin .00 Nature of D SUBSCRIF	ng Balance at Close of This Period 121.51 ebt (Purpose): PTIONS PURCHASE
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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) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ittee		!
A. Full Name (Last, First, Middle Initial) of Del KMW PUBLISHING CO.	otor or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22 City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115444
1125.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	, , , , , , , , , , , , , , , , , , ,	0.00	1125.00
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.		SUBSCRIP	TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115457
Outstanding Balance Beginning This Period 800.00		Transact	ion ID : INV6010000115457
	Payment This Period		ion ID : INV6010000115457
800.00			
800.00 Amount Incurred This Period	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 800.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO.	0	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 800.00 ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	btor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 800.00 ebt (Purpose):
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Detection KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 12.75	btor or Creditor State Zip Code VA 22170	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 800.00 ebt (Purpose): PTIONS PURCHASE
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	btor or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF	ebt (Purpose): PTIONS PURCHASE
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 12.75 Amount Incurred This Period	btor or Creditor State Zip Code VA 22170 Payment This Period 0	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ng Balance at Close of This Period 800.00 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115458
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 12.75 Amount Incurred This Period 0.00	btor or Creditor State Zip Code VA 22170 Payment This Period 0	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir	ng Balance at Close of This Period 800.00 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115458 ng Balance at Close of This Period 12.75
800.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 12.75 Amount Incurred This Period 0.00	btor or Creditor State Zip Code VA 22170 Payment This Period 0	Outstandir	ng Balance at Close of This Period 800.00 ebt (Purpose): PTIONS PURCHASE ion ID : INV6010000115458 ng Balance at Close of This Period 12.75

Image# 15950128980				
SCHEDULE D (FEC Form 3X)				PAGE 104 OF 143
DEBTS AND OBLIGATIONS			se separate chedule(s)	FOR LINE NUMBER:
			for each	(check only one) 9
Excluding Loans		nu	mbered line)	X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committe	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			SUBSCRIF	
			_	
Mailing Address RT. 1, BOX 22				
City State	Zip Code		_	
STERLING		2170		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000115469
50.00				
Amount Incurred This Period	Payment -	This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		50.00
		7		9 9
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
KMW PUBLISHING CO.			SUBSCRIF	TION PURCHASES
			_	
Mailing Address RT. 1, BOX 22				
City State	Zip Code		_	
STERLING		2170		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115470
Outstanding Balance Beginning This Ferred			Transact	ION ID . INVOOTOODOT 15470
750.00				
	Payment ⁻	This Period	Outstandir	ng Balance at Close of This Period
750.00	Payment -	This Period 0.00	Outstandir	ng Balance at Close of This Period 750.00
750.00 Amount Incurred This Period	Payment		Outstandir	
C. Full Name (Last, First, Middle Initial) of Debto				
750.00 Amount Incurred This Period 0.00			Nature of D	750.00
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.			Nature of D	750.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto			Nature of D	750.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor	0.00	Nature of D	750.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or or Creditor State Zip		Nature of D	750.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	or or Creditor State Zip	0.00 Code	Nature of D SUBSCRIF	750.00 ebt (Purpose):
750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	or or Creditor State Zip	0.00 Code	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	or or Creditor State Zip	0.00 Code	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES
750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	or or Creditor State Zip VA 22	0.00 Code	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES
750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00	or or Creditor State Zip VA 22	0.00 Code 170	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES
750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period	or or Creditor State Zip VA 22	0.00 Code 170 This Period	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES ion ID : INV6010000115471 ng Balance at Close of This Period
750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period	or or Creditor State Zip VA 22	0.00 Code 170 This Period	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES ion ID : INV6010000115471 ng Balance at Close of This Period
750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period	or or Creditor State Zip VA 22 Payment	0.00 Code 170 This Period 0.00	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES ion ID : INV6010000115471 ng Balance at Close of This Period
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750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	or or Creditor State Zip VA 22 Payment	0.00 Code 170 This Period 0.00	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES ion ID : INV6010000115471 ng Balance at Close of This Period 50.00
750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	or or Creditor State Zip VA 22 Payment 1 only) 1	0.00 Code 170 This Period 0.00 ↓	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES ion ID : INV6010000115471 ng Balance at Close of This Period 50.00
750.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor State Zip VA 22 Payment 1 only) 1	0.00 Code 170 This Period 0.00 ↓	Nature of D SUBSCRIF	750.00 ebt (Purpose): PTION PURCHASES ion ID : INV6010000115471 ng Balance at Close of This Period 50.00

Image# 15950128981			
SCHEDULE D (FEC Form 3X)		(1100 000000000	PAGE 105 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committe	e .		
A. Full Name (Last, First, Middle Initial) of Debto	or Creditor		Debt (Purpose):
KMW PUBLISHING CO.		SUBSCRI	PTION PRUCHASES
Mailing Address			
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000115472
50.00			
Amount Incurred This Period	Payment This Per	riod Outstand	ing Balance at Close of This Period
0.00		0.00	50.00
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Debt (Purpose): PTION PURCHASE
KIVIVY PUBLISHING CO.		000001	
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transac	ction ID : INV6010000115481
3734.90			
Amount Incurred This Period	Payment This Per	riod Outstand	ing Balance at Close of This Period
			3734.90
0.00		0.00	-11
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of [Debt (Purpose):
KMW PUBLISHING CO.			PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City	State Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000115482
199.25			
Amount Incurred This Period	Payment This Per	riod Outstand	ing Balance at Close of This Period
0.00		0.00	199.25
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1) SUBTOTALS This Period This Page (optional)		······ L	3984.15
2) TOTALS This Period (last page this line number	only)	•	
3) TOTAL OUTSTANDING LOANS from Schedule	2 (last page only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	······ ·	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS		(Use separate schedule(s)	PAGE 106 OF 143
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose): TIONS PURCHASE
KMW PUBLISHING CO.			
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transactio	on ID : INV6010000115483
2030.98			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	(0.00	2030.98
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor		ebt (Purpose): TIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000115484
Outstanding Balance Beginning This Period 25.00		Transact	ion ID:INV6010000115484
25.00	Payment This Period		
	Payment This Period		ion ID : INV6010000115484 ng Balance at Close of This Period
25.00 Amount Incurred This Period		Outstandir 0.00 Nature of D	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb		Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ng Balance at Close of This Period 25.00 ebt (Purpose):
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ebt (Purpose): PTION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period	tor or Creditor State Zip Code	Outstandir 0.00 Nature of D SUBSCRIF	ebt (Purpose): PTION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 10.00	tor or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF	ag Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period	tor or Creditor State Zip Code VA 22170 Payment This Period	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir 0.00	ng Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE ion ID : INV6010000115486
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 10.00 Amount Incurred This Period 0.00	tor or Creditor State Zip Code VA 22170 Payment This Period 0	Outstandir 0.00 Nature of D SUBSCRIF Transact Outstandir	ag Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE ion ID : INV6010000115486 ag Balance at Close of This Period 10.00
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Image# 15950128983				
SCHEDULE D (FEC Form 3X)		(1)		PAGE 107 OF 143
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9
NAME OF COMMITTEE (In Full)		num	bered line)	X 10
National Democratic Policy Committee	ее			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose): PTION PURCHASE
KMW PUBLISHING CO.				
Mailing Address RT. 1, BOX 22			-	
City State	Zip Code		-	
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000115487
25.00				
	Deumeent This De	viad	Outotoradia	- Delense et Class of This Deviad
Amount Incurred This Period	Payment This Pe	riod	Outstandir	ng Balance at Close of This Period
0.00		0.00		25.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
KMW PUBLISHING CO.				TION PURCHASE
			_	
Mailing Address RT. 1, BOX 22				
City State	Zip Code		-	
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000115488
Outstanding Balance Beginning This Period 25.00			Transact	ion ID : INV6010000115488
25.00	Payment This Pe	riod		
25.00 Amount Incurred This Period	Payment This Pe			ng Balance at Close of This Period
25.00	Payment This Pe	riod 0.00		
25.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
25.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.			Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto			Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.			Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City	r or Creditor State Zip Code		Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22	r or Creditor State Zip Code		Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE
25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00	r or Creditor State Zip Code VA 22170	0.00	Outstandir	ag Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE
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25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00	r or Creditor State Zip Code VA 22170	0.00	Outstandir	ag Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE
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25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	r or Creditor State Zip Code VA 22170 Payment This Pe	0.00 riod 0.00	Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE ion ID : INV6010000115489 ng Balance at Close of This Period 50.00
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25.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page (optional) 2) TOTALS This Period (last page this line number)	r or Creditor State Zip Code VA 22170 Payment This Pe 0nly) C (last page only)	0.00 riod 0.00	Outstandir	ng Balance at Close of This Period 25.00 ebt (Purpose): PTION PURCHASE ion ID : INV6010000115489 ng Balance at Close of This Period 50.00

Image# 15950128984			
SCHEDULE D (FEC Form 3X)		(1)	PAGE 108 OF 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)	to o		
National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
KMW PUBLISHING CO.		PURCHAS	ES OF SUBSCRITIONS
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115490
25.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	25.00
	7 7		7 7
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		ebt (Purpose):
KMW PUBLISHING CO.		SUBSCRIP	TION PURCHASES
Marthur Address			
Mailing Address RT. 1, BOX 22			
City State	Zip Code		
	VA 22170		
STERLING	VA 22170		
	VA 22170	Transact	ion ID - INV6010000115491
Outstanding Balance Beginning This Period	VA 22170	Transact	ion ID : INV6010000115491
	VA 22170	Transact	ion ID : INV6010000115491
Outstanding Balance Beginning This Period	Payment This Period		ion ID : INV6010000115491 ng Balance at Close of This Period
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SCHEDULE D (FEC Form 3X)		(Llas concrete	PAGE 109 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each numbered line)	(check only one) 9	
			X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D MEDIA-RA	ebt (Purpose):	
KVAR-FM				
Mailing Address TEXAS LOTAS CORP.				
8400 DAPAPOINT ST. 535				
City State	Zip Code TX 78220			
SAN ANTONIO	IX 78229			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112385	
544.00				
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
			544.00	
0.00		0.00	544.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
LOS ANGELES LABOR COMM			RENT AND PHONE	
Mailing Address 711 S. VERMONT AVE. #207				
City State	Zip Code			
	•			
LOS ANGELES	CA 90005			
	CA 90003	Transact	ion ID · INV6010000112391	
Outstanding Balance Beginning This Period	CA 90005	Transact	ion ID : INV6010000112391	
Outstanding Balance Beginning This Period	Payment This Period		ion ID : INV6010000112391	
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SCHEDULE D (FEC Form 3X)			(Llos constato	PAGE 110 OF 143
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committe	е			
-				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D PRINTING	ebt (Purpose):
MARK CALNEY				
Mailing Address 269 E. NEWTON ST.				
City State	Zip Code			
SEATTLE	WA	98102		
Outstanding Balance Beginning This Period			Transact	on ID : INV6010000112101
205.80				
	_			
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	205.80
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	-	Noture of D	habt (Durnaga);
MARRIOT HOTEL PITTSBURG			ROOM RE	ebt (Purpose): NTALS
Mailing Address 101 MALL BLVD.				
City State	Zip Code			
MONROEVILLE	PA	15146		
			Transac	tion ID : INV6010000112395
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112395
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Outstanding Balance Beginning This Period 227.73 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MARRIOTT - SANTA CLARA Mailing Address GREAT AMERICAN PARKWAY City SANTA CLARA Outstanding Balance Beginning This Period 24.50 Amount Incurred This Period	Payn r or Creditor State CA	Zip Code	Outstandi 0.00 Nature of D ROOM RE Transac Outstandi	ng Balance at Close of This Period 227.73 Pebt (Purpose): INTALS tion ID : INV6010000112997 ng Balance at Close of This Period
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Image# 15950128987				
SCHEDULE D (FEC Form 3X)		(1)	PAGE 111 OF 143	
DEBTS AND OBLIGATIONS		(Use separa schedule(s	FOR LINE NUMBER:	
	luding Loans		(check only one) 9	
			ne) X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	20			
	66			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		of Debt (Purpose):	
MARTY SIMON		FREI	GHT AND POSTAGE	
Mailing Address 2971 W 8TH ST. #111				
2971 W 811131. #111				
City State	Zip Code			
LOS ANGELES	CA 96402			
Outstanding Balance Beginning This Period		Tran	saction ID : INV6010000112907	
154.47				
Amount Incurred This Period	Payment This Peri	od Outsi	anding Balance at Close of This Period	
0.00		0.00	154.47	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature	of Debt (Purpose):	
MC GUINESS & WILLIAMS			RNEY EXPENSES	
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200 City State	Zip Code			
	DC 20005			
WASHINGTON				
		Trar	saction ID · INV6010000114180	
Outstanding Balance Beginning This Period		Trai	nsaction ID : INV6010000114180	
		Trar	nsaction ID : INV6010000114180	
Outstanding Balance Beginning This Period	Payment This Peri		nsaction ID : INV6010000114180	
Outstanding Balance Beginning This Period 446.69				
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00	Payment This Peri	od Outs 0.00	anding Balance at Close of This Period 446.69	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	Payment This Peri	od Outs 0.00 Nature	anding Balance at Close of This Period 446.69 of Debt (Purpose):	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00	Payment This Peri	od Outs 0.00 Nature	anding Balance at Close of This Period 446.69	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS	Payment This Peri	od Outs 0.00 Nature	anding Balance at Close of This Period 446.69 of Debt (Purpose):	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	Payment This Peri	od Outs 0.00 Nature	anding Balance at Close of This Period 446.69 of Debt (Purpose):	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City	Payment This Peri or or Creditor	od Outs 0.00 Nature	anding Balance at Close of This Period 446.69 of Debt (Purpose):	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City WASHINGTON	Payment This Peri	od Outs 0.00 Nature ATTC	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City	Payment This Peri or or Creditor	od Outs 0.00 Nature ATTC	anding Balance at Close of This Period 446.69 of Debt (Purpose):	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City WASHINGTON	Payment This Peri or or Creditor	od Outs 0.00 Nature ATTC	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period	Payment This Peri or or Creditor	od Outs 0.00 Nature ATTC	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period	Payment This Peri pr or Creditor / State Zip Code DC 20005	od Outs 0.00 Nature ATTC Tran	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES	
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Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period	Payment This Peri or or Creditor / State Zip Code DC 20005 Payment This Peri	od Outs 0.00 Nature ATTC od Outs 0.00	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payment This Peri	od Outs 0.00 Nature ATTC Od Outs 0.00	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES hsaction ID : INV6010000114182 anding Balance at Close of This Period 626.32	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NM SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period 0.00	Payment This Peri	od Outs 0.00 Nature ATTC Od Outs 0.00	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES hsaction ID : INV6010000114182 anding Balance at Close of This Period 626.32	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	Payment This Peri or or Creditor / State Zip Code DC 20005 Payment This Peri 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	od Outs 0.00 Nature ATTC Od Outs 0.00 Outs 0.00 Outs	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES hsaction ID : INV6010000114182 anding Balance at Close of This Period 626.32	
Outstanding Balance Beginning This Period 446.69 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 626.32 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	Payment This Peri or or Creditor / State Zip Code DC 20005 Payment This Peri 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	od Outs 0.00 Nature ATTC Od Outs 0.00 Outs 0.00 Outs	anding Balance at Close of This Period 446.69 of Debt (Purpose): RNEY FEES & EXPENSES hsaction ID : INV6010000114182 anding Balance at Close of This Period 626.32	

SCHEDIILE D (EEC Form 2V)			
SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 112 OF 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			× 10
National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
MC GUINESS & WILLIAMS		ATTORNE	FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NM	/		
SUITE 1200 City State	Zip Code		
WASHINGTON	DC 20005		
	20003	Trop cost:	
Outstanding Balance Beginning This Period		Transaction	on ID : INV6010000114183
800.00			
Amount Insurred This Pariod	Pourmont This Poriod	Qutatandir	a Palance et Class of This Pariad
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	800.00
			, , , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):
MC GUINESS & WILLIAMS		ATTORNE	FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW	1		
SUITE 1200 City State	Zip Code		
WASHINGTON	DC 20005		
	80 20000		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114184
Outstanding Balance Beginning This Period 3179.29		Transact	ion ID:INV6010000114184
3179.29	Payment This Period		
3179.29 Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
3179.29			
3179.29 Amount Incurred This Period 0.00		Outstandir	g Balance at Close of This Period 3179.29
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte		Outstandir 0.00 Nature of D	g Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00		Outstandir 0.00 Nature of D	g Balance at Close of This Period 3179.29
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS	or or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 3179.29 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV	or or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS	or or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200	pr or Creditor	Outstandir 0.00 Nature of D	g Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON	or or Creditor	Outstandir 0.00 Nature of D ATTORNE	g Balance at Close of This Period 3179.29 ebt (Purpose):
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period	or or Creditor	Outstandir 0.00 Nature of D ATTORNE	g Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
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3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period	or or Creditor	Outstandir 0.00 Nature of D ATTORNE	g Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period	or or Creditor V State Zip Code DC 20005	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir	Ig Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32	or or Creditor V State Zip Code DC 20005	Outstandir 0.00 Nature of D ATTORNE	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
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3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period	or or Creditor V State Zip Code DC 20005 Payment This Period	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir 0.00	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period 0.00	or or Creditor V State Zip Code DC 20005 Payment This Period	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir 0.00	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor V State Zip Code DC 20005 Payment This Period	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir 0.00	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
3179.29 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debta MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NV SUITE 1200 City WASHINGTON Outstanding Balance Beginning This Period 3.32 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	r only)	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir 0.00	ag Balance at Close of This Period 3179.29 ebt (Purpose): Y EXPENSES
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SCHEDULE D (FEC Form 3X)			se separate	PAGE 113 OF 143
DEBTS AND OBLIGATIONS		s	chedule(s)	FOR LINE NUMBER:
Excluding Loans			for each	(check only one) 9
-			mbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
MC GUINESS & WILLIAMS			ATTORNE	Y EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	,			
City State	Zip Code		_	
WASHINGTON		20005		
Outstanding Balance Beginning This Period 5.50			Transacti	on ID : INV6010000114186
Amount Incurred This Period	Payment	This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00		5.50
B. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		Nature of D ATTORNE	ebt (Purpose): / FEES
Mailing Address 1015 FIFTEENTH STREET, NW			_	
SUITE 1200				
City State	Zip Code		_	
WASHINGTON	DC 2	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114189
Outstanding Balance Beginning This Period 255.00			Transact	ion ID : INV6010000114189
255.00	Payment	This Period		
	Payment	This Period 0.00		ion ID : INV6010000114189 ng Balance at Close of This Period 255.00
255.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period 255.00
255.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto MEDIAWIRE Mailing Address 117 SOUTH 17TH ST.	r or Creditor	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210	r or Creditor	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose):
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period	r or Creditor	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose):
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA	r or Creditor	0.00	Outstandir	ebt (Purpose): ELEASE DISTRIBUTN
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period	r or Creditor State Zip PA 15	0.00	Outstandir	ebt (Purpose): ELEASE DISTRIBUTN
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00	r or Creditor State Zip PA 15	0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose): ELEASE DISTRIBUTN
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period	r or Creditor State Zip PA 19 Payment	0.00 0 Code 0103 This Period 0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose): ELEASE DISTRIBUTN ion ID : INV6010000112397
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	r or Creditor State Zip PA 19 Payment	0.00 0 Code 0103 This Period 0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose): ELEASE DISTRIBUTN ion ID : INV6010000112397 ng Balance at Close of This Period 60.00
255.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE Mailing Address 117 SOUTH 17TH ST. SUITE 210 City PHILADELPHIA Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	r or Creditor State Zip PA 19 Payment 19 only) 19	0.00 0 Code 0103 This Period 0.00	Outstandir	ng Balance at Close of This Period 255.00 ebt (Purpose): ELEASE DISTRIBUTN ion ID : INV6010000112397 ng Balance at Close of This Period 60.00

SCHEDULE D (FEC Form 3X)		· · · · · · · · · · · · · · · · · · ·	
		(Use separate	PAGE 114 OF 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one)
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	ttee		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
MEDIAWIRE		PRS REL D	NST-ELDER/USS
Mailing Address 117 SOUTH 17TH ST. SUITE 210			
City State	Zip Code		
PHILADELPHIA	PA 19103		
Outstanding Balance Beginning This Period 65.00		Transactio	on ID : INV6010000112398
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00		0.00	65.00
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		ebt (Purpose):
MEDIAWIRE		PRS REL D	DIST-DOUGLAS/GOV
Mailing Address 117 SOUTH 17TH ST.			
SUITE 210 City State	Zip Code		
PHILADELPHIA	PA 19103		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112399
Outstanding Balance Beginning This Period 35.00		Transact	ion ID : INV6010000112399
35.00	Payment This Period		
35.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
35.00			
35.00 Amount Incurred This Period	C C	Outstandir 0.00 Nature of D	ng Balance at Close of This Period
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 35.00 ebt (Purpose):
35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 35.00 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH	otor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 35.00 ebt (Purpose):
35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE City MARIETTA Outstanding Balance Beginning This Period	N.E. State Zip Code	Outstandir 0.00 Nature of D ATTORNE	ng Balance at Close of This Period 35.00 ebt (Purpose):
35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE City MARIETTA	N.E. State Zip Code	Outstandir 0.00 Nature of D ATTORNE	ig Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES
35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE City MARIETTA Outstanding Balance Beginning This Period	N.E. State Zip Code	Outstandir 0.00 Nature of D ATTORNE	ig Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES
35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE City MARIETTA Outstanding Balance Beginning This Period 2354.40	N.E. State Zip Code GA 30060 Payment This Period	Outstandir 0.00 Nature of D ATTORNE	ag Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES
35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period	N.E. State Zip Code GA 30060 Payment This Period	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir 0.00	ag Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114254 ag Balance at Close of This Period
35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00	N.E. State Zip Code GA 30060 Payment This Period	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir 0.00	ig Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114254 ig Balance at Close of This Period 2354.40
35.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Det MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE City MARIETTA Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	N.E. State Zip Code GA 30060 Payment This Period	Outstandir 0.00 Nature of D ATTORNE Transact Outstandir 0.00	ig Balance at Close of This Period 35.00 ebt (Purpose): Y FEES & EXPENSES ion ID : INV6010000114254 ig Balance at Close of This Period 2354.40

Image# 15950128991					
SCHEDULE D (FEC Form 3X)				PAGE 115 OF 143	
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each (hbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)		I			
National Democratic Policy Committ	ee				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
MELVIN S. NASH				Y FEES & EXPENSES	
Mailing Address 204 WASHINGTON AVENUE, N	I.E.				
City State	Zip Code		_		
MARIETTA	GA 30	0060			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000114255	
1496.91					
	.		.		
Amount Incurred This Period	Payment T	his Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00		1496.91	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Natura of D	lebt (Purpose):	
MICHAEL FRANK, ESQ.				S-WINTER/CONG	
Mailing Address 434 SPITZER BLDG					
City State	Zip Code		_		
TOLEDO		3604			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112321	
			Tranoad		
400.00					
Amount Incurred This Period	Payment T	his Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00		400.00	
	, ,	,		, , ,	
C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS	or or Creditor		PRINTING	ebt (Purpose):	
Mailing Address 1265 48TH AVE.					
City	State Zip	Code	_		
SAN FRANCISCO	CA 941				
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112368	
			manouo		
127.20					
Amount Incurred This Period	Payment T	his Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00		127.20	
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				2024.11	
1) SUBTOTALS This Period This Page (optional)		····· ►		2024.11	
2) TOTALS This Period (last page this line number	only)				
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3) TOTAL OUTSTANDING LOANS from Schedule					
	C (last page only)	••••••		7 7 7 7	
4) ADD 2) and 3) and carry forward to appropriate				7	

SCHEDULE D (FEC Form 3X)			PAGE 116 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s) for each	FOR LINE NUMBER:	
Excluding Loans	ing Loans		(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)		numbered line)		
National Democratic Policy Committe	ee			
A. Full Name (Last, First, Middle Initial) of Debto			ebt (Purpose): RE PURCHASE	
NEW BENJAMIN FRANKLIN H	IOUSE	LITERATO	RE FURCHASE	
Mailing Address 304 W 58TH ST.				
City State	Zip Code			
NEW YORK	NY 10019			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112400	
176.50				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.00	176.50	
			7 7 7	
B. Full Name (Last, First, Middle Initial) of Debtor			ebt (Purpose):	
NEW HAMPSHIRE HIGHWAY H	HOTEL	ROOM RE	NTALS	
Mailing Address FT. EDDY ROAD				
City State CONCORD	Zip Code NH 03301			
		Transact	ion ID - INV6040000442404	
Outstanding Balance Beginning This Period		Transaci	tion ID : INV6010000112401	
75.20				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	(0.00	75.20	
C. Full Name (Last, First, Middle Initial) of Debto	nr or Creditor	Nature of D	obt (Purpaca):	
NEW SOLIDARITY INT'L PRES		ADVERTIS	ebt (Purpose): SING	
Mailing Address 304 W. 58TH ST. 5TH FL.				
City	State Zip Code			
NEW YORK	NY 10019			
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112402	
540.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
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3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	···· ►	7 7 7 7 7	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page of	only) 🕨		
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SCHEDULE D (FEC Form 3X)		(1)	oonoroto	PAGE 117 OF 143	
DEBTS AND OBLIGATIONS			e separate nedule(s)	FOR LINE NUMBER:	
Excluding Loans			or each bered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee	е				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
NEW YORK TELEPHONE			TELEPHO		
Mailing Address 10 COLUMBUS CIRCLE					
City State	Zip Code				
NEW YORK	NY 10	019			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112403	
236.83					
Amount Incurred This Period	Payment TI	nie Pariod	Outstandir	ng Balance at Close of This Period	
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0.00		0.00		236.83	
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):	
PATRICK F ADAMS P.C.				S - NY BEAM DEMS	
Mailing Address ATTORNEY AT LAW					
ONE EAST MAIN STREET City State	Zip Code				
BAY SHORE	NY 11	706			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112085	
5762.50					
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Amount Incurred This Period	Payment TI		Outstandi	ng Balance at Close of This Period	
0.00		0.00		5762.50	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
PATRICK F ADAMS P.C.				FEES-NY BEAM DEM	
Mailing Address ATTORNEY AT LAW					
ONE EAST MAIN STREET	State Zip (Code			
	State Zip (NY 117	Code 06			
City			Transact	ion ID : INV6010000112086	
City BAY SHORE			Transact	ion ID : INV6010000112086	
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SCHEDULE D (FEC Form 3X)		Г		PAGE 118 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
			numbered line)	X 10	
National Democratic Policy Committee	9e				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): ND LODGING	
PETER ENNIS					
Mailing Address 65 SEAMAN AVE.					
City State	Zip Code				
NEW YORK	NY	10034			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112316	
16.76					
Amount Insurred This Deviad	Dourmo	nt This Daviad	Quitatandir	an Balance at Class of This Deviad	
Amount Incurred This Period	Payme	nt This Period		ng Balance at Close of This Period	
0.00		0.0	0	16.76	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
PMR PRINTING			PRINTING		
Mailing Address INDIAN CREEK CENTER III					
RT. 1, BOX 22 City State	Zip Code				
Oity State					
STERLING	VA	22170			
	VA	22170	Transact	ion ID : INV6010000112882	
STERLING	VA	22170	Transact	ion ID : INV6010000112882	
STERLING Outstanding Balance Beginning This Period 2500.00					
STERLING Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period		nt This Period	Outstandir	ng Balance at Close of This Period	
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STERLING Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor	Payme	nt This Period	Outstandir 0 Nature of D	ng Balance at Close of This Period	
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STERLING Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City	Payme	nt This Period 0.0	Outstandir 0 Nature of D	ng Balance at Close of This Period 2500.00	
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STERLING Outstanding Balance Beginning This Period 2500.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City STERLING Outstanding Balance Beginning This Period 6123.00 Amount Incurred This Period	Payme	nt This Period 0.0 Zip Code 22170 nt This Period	Outstandir 0 Nature of D PRINTING Transact Outstandir	ng Balance at Close of This Period 2500.00 ebt (Purpose): ion ID : INV6010000112885	
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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) 9 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	ee			
A. Full Name (Last, First, Middle Initial) of Debto PROVIDENCE MARRIOTT INN			Nature of D ROOM REI	ebt (Purpose): NTAL
Mailing Address CHARLES & ORMS STREETS				
City State PROVIDENCE	Zip Code RI	02904		
Outstanding Balance Beginning This Period 125.00			Transactio	on ID : INV6010000113747
Amount Incurred This Period	Paym	ent This Period		ng Balance at Close of This Period
0.00		0	.00	125.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MC				ebt (Purpose): ING & DP SERVICE
Mailing Address P.O. BOX 836				
City State LEESBURG	Zip Code VA	22075		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112654
1700.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	1700.00
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL M				ebt (Purpose): ING & DP SERVICE
Mailing Address P.O. BOX 836				
City LEESBURG	State VA	Zip Code 22075		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112656
3000.00				
Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	3000.00
1) SUBTOTALS This Period This Page (optional)				, 4825.00
2) TOTALS This Period (last page this line number	only)		>	7 1 7 1 1 A
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only	/)		<u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page or	nlv) ▶	7

SCHEDULE D (FEC Form 3X)			PAGE 120 OF 143
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
PUBLICATION & GENERAL M	GMT.	MANAGEN	IENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112657
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor			ebt (Purpose): IENT & DP SERVICES
PUBLICATION & GENERAL M	11/1	NI TO CEN	
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112658
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debte PUBLICATION & GENERAL M			ebt (Purpose): /ENT & DP SERIVCES
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112661
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Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
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2) TOTALS This Period (last page this line number			<u></u>
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 or	nly) 🕨	

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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 121 OF 143	
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each	(check only one) 9	
-		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committed	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):	
PUBLICATION & GENERAL M	GMT.	MANAGEN	IENT & DP SREVICES	
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112662	
3000.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	(0.00	3000.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
PUBLICATION & GENERAL MO			IENT & DP SERVICES	
	. 1101			
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112666	
		Tranodo		
3000.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
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O Full Name (Least First Middle Initial) of Dalat				
C. Full Name (Last, First, Middle Initial) of Debto			ebt (Purpose): /IENT &DP SERVICES	
PUBLICATION & GENERAL M	GMT.	MANAGEN	ILINI OF SERVICES	
Mailing Address P.O. BOX 836				
City	State Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112667	
3000.00				
3000.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
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3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	🕨 📘 🗍		
	() F ···O · · · //		7	
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Control Contrector Contrecont Contecont Control Control Control Control Control	SCHEDULE D (FEC Form 3X)			PAGE 122 OF 143
Description for each number of purpose) (deck only one) 9 NAME OF COMMITTEE (in Full) National Democratic Policy Committee A. Full Name (Last, First, Midde Initial) of Dector or Creditor MANAGEMENT & DP SERVICES Mailing Address P.O. BOX 836 City State Zip Code LEESBURG 0.00 B. Full Name (Last, First, Midde Initial) of Dector or Creditor Nature of Dect (Purpose) Munder of This Period 0.00 B. Full Name (Last, First, Midde Initial) of Dector or Creditor Nature of Dect (Purpose) Multing Address P.O. BOX 836 City State Zip Code LEESBURG VA 22075 Dubtanding Balance Beginning This Period 0.00 B. Full Name (Last, First, Midde Initial) of Dector or Creditor Nature of Dect (Purpose) Mailing Address P.O. BOX 836 City State Zip Code LEESBURG VA 22075 Outstanding Balance Beginning This Period 0.00 3000.00 Amount Incurred This Period 0.00 3000.00 3000.00 Chilling Address P.O. BOX 836 City 3				
NAME OF COMMITTEE (In Full) Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address P.O. BOX 836 City State Zp Code LEESBURG VA 22075 Outstanding Balance Beginning This Period 0.00 0.000 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PUBLICATION & GENERAL MGMT. Nature of Debt (Purpose): Mailing Address P.O. BOX 836 City State Zip Code LEESBURG VA 22075 Outstanding Balance Beginning This Period 0.00 0.000 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Malling Address P.O. BOX 836 City City State Zip Code LEESBURG VA 22075 Outstanding Balance Beginning This Period 0.00 0.00 Soudo.00 Anount Incurred This Period 0.00 Outstanding Balance Beginning This Period 0.00 0.00 City State Zip Code			for each	
National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code LEESBURG VA 22075 Outstanding Balance Beginning This Pariod Transaction ID : INV6010000112668 3000.00 Amount Incurred This Pariod Outstanding Balance at Close of This Pariod B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Dabt (Purpose); PUBLICATION & GENERAL MGMT. Nature of Dabt (Purpose); Mailing Address P.O. BOX 836 City State Zip Code LEESBURG VA Z2075 Outstanding Balance Beginning This Pariod Outstanding Balance at Close of This Pariod Mailing Address P.O. BOX 836 Outstanding Balance at Close of This Pariod Outstanding Balance Beginning This Pariod Outstanding Balance at Close of This Pariod Outstanding Balance Beginning This Pariod Outstanding Balance at Close of This Pariod Outstanding Balance Beginning This Pariod Outstanding Balance at Close of This Pariod Outstanding Balance Beginning This Pariod Outstanding Balance at Close of This Pariod	-		numbered line)	X 10
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SCHEDULE D (FEC Form 3X)			PAGE 123 OF 143
		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ebt (Purpose):
PUBLICATION & GENERAL M	IGMT.	MANAGEN	IENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112671
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	3000.00
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B. Full Name (Last, First, Middle Initial) of Debto			ebt (Purpose): IENT &D P SERVICES
PUBLICATION & GENERAL M	JNII.	MANAGEN	IEINI QD F SERVICES
Mailing Address P.O. BOX 836			
City State	Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112672
		Trancac	
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	3000.00
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C. Full Name (Last, First, Middle Initial) of Debte PUBLICATION & GENERAL M			ebt (Purpose): /ENT &DP SERVICES
Mailing Address			
Mailing Address P.O. BOX 836			
City	State Zip Code		
LEESBURG	VA 22075		
Outstanding Balance Beginning This Period		Transact	tion ID : INV6010000112673
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Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
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4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or	nly) ►	

SCHEDULE D (FEC Form 3X) Image: PAGE 124 OF DEBTS AND OBLIGATIONS Schedule(s) Excluding Loans for each NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PUBLICATION & GENERAL MGMT. Mailing Address Mailing Address P.O. BOX 836	143 9 10
Excluding Loans for each numbered line) (check only one) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PUBLICATION & GENERAL MGMT. Nature of Debt (Purpose):	{
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PUBLICATION & GENERAL MGMT.	
Mailing Address P.O. BOX 836	
City State Zip Code	
LEESBURG VA 22075	
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):	
PUBLICATION & GENERAL MGMT. MANAGEMENT & DP SERVICES	
Mailing Address P.O. BOX 836	
City State Zip Code	
LEESBURG VA 22075	
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose):	
PUBLICATION & GENERAL MGMT. MANAGEMENT & DP SERVICES	
Mailing Address P.O. BOX 836	
City State Zip Code	
LEESBURG VA 22075	
Outstanding Balance Beginning This Period Transaction ID : INV6010000112676	
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SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 125 OF 143	
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
-				X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	ee				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):	
PUBLICATION & GENERAL M	GMT.		MANAGEN	IENT & DP SERVICE	
Mailing Address P.O. BOX 836					
City State	Zip Code				
LEESBURG	VA	22075			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112677	
3000.00					
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Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period	
0.00		0	0.00	3000.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
PUROLATOR COURIER CORP				PACKAGE SERVICE	
Mailing Address 3333 NEW HYDE PARK ROAD					
City State	Zip Code				
NEW HYDE PARK	NY	11042			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112891	
55.10					
Amount Incurred This Period	Pavn	nent This Period	Outstandi	ng Balance at Close of This Period	
Amount incurica mis renou	i ayı		Outstandi		
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C. Full Name (Last, First, Middle Initial) of Debto QUALITY INN ALBANY	or or Creditor		ROOM RE	ebt (Purpose): NTALS	
Mailing Address 1-3 WATERVLIET AVE.					
City	State	Zip Code			
ALBANY	NY	12206			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112892	
43.45					
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period	
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SCHEDULE D (FEC Form 3X)			PAGE 126 OF 143
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DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Naturo of D	ebt (Purpose):
RAMADA INN CASPER		ROOM RE	
Mailing Address PO BOX 2917			
City State CASPER	Zip Code WY 82602		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112893
108.85			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.00	108.85
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of D	ebt (Purpose):
RAMADA INN ST. LOUIS		ROOM REI	
Mailing Address 9636 NATURAL BRIDGE RD.			
City State	Zip Code		
ST. LOUIS	MO 63134		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112894
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52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.31 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.31 ebt (Purpose):
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA	tor or Creditor	Outstandir 0.00 Nature of D	ng Balance at Close of This Period 52.31 ebt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA	AY State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose):
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO	AY State Zip Code	Outstandir 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period	AY State Zip Code	Outstandin 0.00 Nature of D ROOM RE	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00	tor or Creditor AY State Zip Code TX 78219 Payment This Period	Outstandin 0.00 Nature of D ROOM RE	ag Balance at Close of This Period 52.31 ebt (Purpose): NTALS
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period	ay State Zip Code TX 78219 Payment This Period	Outstandin D.00 Nature of D ROOM RE Transact Outstandin 0.00	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00	ary State Zip Code TX 78219	Outstandin 0.00 Nature of D ROOM RE Transact Outstandin	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period 60.00
52.31 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt RAMADA INN-SAN ANTONIO Mailing Address 3645 N. PAN AM EXPRESSWA City SAN ANTONIO Outstanding Balance Beginning This Period 60.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	AY State Zip Code TX 78219 Payment This Period ar only)	Outstandin	ng Balance at Close of This Period 52.31 ebt (Purpose): NTALS ion ID : INV6010000112897 ng Balance at Close of This Period 60.00

SCHEDULE D (FEC Form 3X)				PAGE 127 OF 143	
DEBTS AND OBLIGATIONS			e separate hedule(s)	parate	
		f	or each	(check only one) 9	
Excluding Loans		num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ee				
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of D	ebt (Purpose):	
RENAISSANCE MARKETING			OFFICE RE		
Mailing Address 1249 WASHINGTON BLVD. ST	E. 626		-		
City State DETROIT	Zip Code MI 48226	3	-		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112898	
600.00					
Amount Incurred This Period	Payment This	Period	Outstandir	ng Balance at Close of This Period	
0.00	· · · · · · · · · · · · · · · · · · ·	0.00		600.00	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
RHEA, BOYD & RHEA				Y FEES & EXPENSES	
Mailing Address 930 FORREST AVENUE			-		
City State	Zip Code		-		
GADSDEN	AL 35901				
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114208	
24.60					
Amount Incurred This Period	Payment This	Period	Outstandir	ng Balance at Close of This Period	
			Outstandi		
0.00		0.00		24.60	
C. Full Name (Last, First, Middle Initial) of Debte RICHARD MAGRAW	or or Creditor		Nature of D AUTO REN	ebt (Purpose): ITAL	
Mailing Address 22-60 23RD ST.					
City	State Zip Cod	e	-		
ASTORIA	NY 11105				
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112394	
114.90					
Amount Incurred This Period	Payment This	Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00		114.90	
1) SUBTOTALS This Period This Page (optional)			· · · ·	739.50	
2) TOTALS This Period (last page this line number					
3) TOTAL OUTSTANDING LOANS from Schedule					
4) ADD 2) and 3) and carry forward to appropriate				7	

Image# 15950129004					
SCHEDULE D (FEC Form 3X)				PAGE 128 OF 143	
DEBTS AND OBLIGATIONS			se separate chedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each	(check only one) 9	
		nu	mbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	<u>م</u> د				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D ROOM RE	ebt (Purpose): NTALS	
ROBERT COLE					
Mailing Address 4119 W. BELLEPLAINE #2W					
City State	Zip Code				
CHICAGO	IL 6	60641			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112305	
1243.95					
Amount Incurred This Period	Payment -	This Period	Outetandii	ng Balance at Close of This Period	
	Fayment		Outstandi		
0.00		0.00		1243.95	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
ROBERT KAY					
Mailing Address 22-49 38TH ST.					
City State	Zip Code				
ASTORIA	NY 1	1105			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112375	
19.74					
	Payment 1	This Period	Outstandi	ng Balance at Close of This Period	
Amount Incurred This Period	Payment 1	This Period	Outstandi	ng Balance at Close of This Period	
	Payment 7	This Period 0.00	Outstandi	ng Balance at Close of This Period 19.74	
Amount Incurred This Period				19.74	
Amount Incurred This Period 0.00				19.74 ebt (Purpose):	
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Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor			Nature of D	19.74 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM	r or Creditor		Nature of D	19.74 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST	r or Creditor	0.00	Nature of D	19.74 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City	r or Creditor	0.00 Code	Nature of D ROOM RE	19.74 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City NEW YORK CITY	r or Creditor	0.00 Code	Nature of D ROOM RE	19.74 ebt (Purpose): NTALS	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City NEW YORK CITY Outstanding Balance Beginning This Period 207.82	r or Creditor State Zip NY 10	0.00 Code 033	Nature of D ROOM RE	19.74 ebt (Purpose): NTALS	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City NEW YORK CITY Outstanding Balance Beginning This Period 207.82 Amount Incurred This Period	r or Creditor State Zip NY 10	0.00 Code 033 This Period	Nature of D ROOM RE	19.74 ebt (Purpose): NTALS ion ID : INV6010000112330	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City NEW YORK CITY Outstanding Balance Beginning This Period 207.82	r or Creditor State Zip NY 10	0.00 Code 033	Nature of D ROOM RE	19.74 ebt (Purpose): NTALS	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM Mailing Address 2 PINEHURST City NEW YORK CITY Outstanding Balance Beginning This Period 207.82 Amount Incurred This Period	r or Creditor State Zip NY 10	0.00 Code 033 This Period	Nature of D ROOM RE	19.74 ebt (Purpose): NTALS ion ID : INV6010000112330	
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е				
an Onaditan		Netwo		
or Creditor				
Zip Code				
VA	22075			
		Tra	nsaction ID : INV601	10000114750
Pav	ment This Period	Out	standing Balance at	Close of This Period
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or Creditor		Natur	e of Debt (Purpose):	
		CON	ISULTING	
Zip Code				
VA	22075			
		Tra	ansaction ID : INV60	10000114756
Pav	ment This Period	Out	standing Balance at	Close of This Period
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7		0.00		
or Creditor			(1)	
		PRI	NTING	
State				
CA	90020			
		Tra	ansaction ID : INV60	10000112901
Pay	ment This Period	Out	standing Balance at	Close of This Period
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	or Creditor Zip Code VA Pay or Creditor Zip Code VA Pay Pay or Creditor	or Creditor Zip Code 22075 Payment This Period or Creditor Zip Code VA 22075 Payment This Period Or Creditor Payment This Period Payment This Period Or Creditor Payment This Period Payment This Period	Schedule(for each numbered I or Creditor Nature CON Zip Code VA 22075 Payment This Period Out 0.00 0.00 or Creditor Nature CON Zip Code VA 22075 Traine 0.00 or Creditor Nature CON Zip Code VA 22075 Zip Code VA 22075 Traine Out Out 0.00 or Creditor Nature Payment This Period State Zip Code CA 90020 Traine Traine Payment This Period Out Out 0.00 Or Creditor Nature PRIN State Zip Code CA 90020 Traine Payment This Period Out	(Use separate schedule) FOR LINE N (check only for each numbered line) e or Creditor Nature of Debt (Purpose): CONSULTING Zip Code VA 22075 Payment This Period Outstanding Balance at 0.00 or Creditor Nature of Debt (Purpose): CONSULTING Payment This Period Outstanding Balance at 0.00 or Creditor Nature of Debt (Purpose): CONSULTING Zip Code VA 22075 Zip Code VA 22075 Transaction ID : INV60 Payment This Period Outstanding Balance at 0.00 or Creditor Nature of Debt (Purpose): PRINTING State Zip Code CA 90020 Transaction ID : INV60 Payment This Period Outstanding Balance at 0.00 State Zip Code CA 90020 Payment This Period Outstanding Balance at 0.00 Outstanding Balance at 0.00 Outstanding Balance at

Image# 15950129006				
SCHEDULE D (FEC Form 3X)		(110)	oonoroto	PAGE 130 OF 143
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9
-		num	bered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	סנ			
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):
SAN FRANCISCO LABOR CTT	E.		POSTAGE	
Mailing Address 1826 NOREIGA ST.			-	
Tozo NOREIGA ST.				
City State	Zip Code			
SAN FRANCISCO	CA 941	22		
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112902
413.47				
Amount Incurred This Period	Payment This	e Period	Outstandir	ng Balance at Close of This Period
	r aymont mi		Outstandi	
0.00	,	0.00		413.47
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
SANS SOUCI TRAVEL			AIR TRAVE	
Mailing Address 253 - 12 UNION TURNPIKE				
City State	Zip Code		-	
Olly State	•	24		
FLORAL PARK	NY 110	J4		
	NY	J4	Transact	ion ID · INV6010000113737
Outstanding Balance Beginning This Period	NY 110	J4	Transact	ion ID : INV6010000113737
	<u>NY</u> 110	J4	Transact	ion ID : INV6010000113737
Outstanding Balance Beginning This Period	NY THU Payment This			ion ID : INV6010000113737
Outstanding Balance Beginning This Period 290.00				
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00	Payment This	s Period		ng Balance at Close of This Period
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	Payment This	s Period	Outstandir Nature of D	ng Balance at Close of This Period 290.00 ebt (Purpose):
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00	Payment This	s Period	Outstandir Nature of D	ng Balance at Close of This Period 290.00
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL	Payment This	s Period	Outstandir Nature of D	ng Balance at Close of This Period 290.00 ebt (Purpose):
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	Payment This	s Period 0.00	Outstandir Nature of D	ng Balance at Close of This Period 290.00 ebt (Purpose):
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City	Payment This r or Creditor State Zip Co	s Period 0.00	Outstandir Nature of D	ng Balance at Close of This Period 290.00 ebt (Purpose):
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE	Payment This	s Period 0.00	Outstandir Nature of D	ng Balance at Close of This Period 290.00 ebt (Purpose):
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City	Payment This r or Creditor State Zip Co	s Period 0.00	Outstandir	ng Balance at Close of This Period 290.00 ebt (Purpose):
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK	Payment This r or Creditor State Zip Co	s Period 0.00	Outstandir	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period 40.00	Payment This r or Creditor State Zip Co NY 11004	s Period 0.00 ode 4	Outstandir Nature of D ADDER TO	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL
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Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period 40.00	Payment This r or Creditor State Zip Co NY 11004	s Period 0.00 ode 4	Outstandir Nature of D ADDER TO	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL
Outstanding Balance Beginning This Period 290.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL Mailing Address 253 - 12 UNION TURNPIKE City FLORAL PARK Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period	Payment This r or Creditor State Zip Co NY 11004	s Period 0.00 ode 4	Outstandir Nature of D ADDER TO	ng Balance at Close of This Period 290.00 ebt (Purpose): 0 4/10 INV-TRAVEL ion ID : INV6010000113743 ng Balance at Close of This Period
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DEB	IS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one)
Exclue	ding Loans			numbered line)	
NAME	OF COMMITTEE (In Full)			· · ·	
	onal Democratic Policy Committe	ee			
	-				
Α.	Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D ATTORNE	ebt (Purpose):
	SEGAL, MORAN & FEINBERG	ì		ATTORNE	FEES
Ma	iling Address 210 COMMERCIAL STREET				
Ivia	iling Address 210 COMMERCIAL STREET				
Cit	y State	Zip Code			
BC	DSTON	MA	02109		
(Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000113750
	712.50				
	Amount Incurred This Period	Paym	ent This Period	Outstandir	g Balance at Close of This Period
	0.00		0	0.00	712.50
В.	Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	SEVEN SEAS MOTOR INN			ROOM REI	NTALS
Ma	iling Address 1823 OLD RED TRAIL				
Cit	y State	Zip Code			
City	NDAN	ND	58554		
(Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112903
	Outstanding Balance Beginning This Period 46.12			Transact	ion ID : INV6010000112903
	46.12	Paym	ent This Period		
	46.12 Amount Incurred This Period	Paym	ent This Period	Outstandir	ng Balance at Close of This Period
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	46.12 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period 46.12
	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Outstandir	ng Balance at Close of This Period
	46.12 Amount Incurred This Period 0.00	or or Creditor		Outstandir	ng Balance at Close of This Period 46.12 ebt (Purpose):
C.	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Outstandir	ng Balance at Close of This Period 46.12 ebt (Purpose):
C. Ma	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debto SHERATON COLUMBUS PLAX	or or Creditor	0	Outstandir	ng Balance at Close of This Period 46.12 ebt (Purpose):
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C. Ma City	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET	or or Creditor ZA	0 Zip Code	Outstandir	ebt (Purpose): SCOTT/CONG
C. Ma City	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET y DLUMBUS Dutstanding Balance Beginning This Period 50.00	or or Creditor ZA State OH	Zip Code 43215	Outstandir .00 Nature of D RM-RNTL- Transact	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG
C. Ma City	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET	or or Creditor ZA State OH	0 Zip Code	Outstandir .00 Nature of D RM-RNTL- Transact	ebt (Purpose): SCOTT/CONG
C. Ma City	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET y DLUMBUS Dutstanding Balance Beginning This Period 50.00	or or Creditor ZA State OH	Zip Code 43215 ent This Period	Outstandir .00 Nature of D RM-RNTL- Transact	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG
C. Ma City	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debto SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET y DLUMBUS Dutstanding Balance Beginning This Period 50.00 Amount Incurred This Period	or or Creditor ZA State OH	Zip Code 43215 ent This Period	Outstandir 0.00 Nature of D RM-RNTL- Transact Outstandir	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG
C. Ma City	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debto SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET y DLUMBUS Dutstanding Balance Beginning This Period 50.00 Amount Incurred This Period	or or Creditor ZA State OH	Zip Code 43215 ent This Period	Outstandir 0.00 Nature of D RM-RNTL- Transact Outstandir	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG ion ID : INV6010000112906 ag Balance at Close of This Period 50.00
C. Ma City C	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debto SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET y DLUMBUS Dutstanding Balance Beginning This Period 50.00 Amount Incurred This Period	or or Creditor ZA State OH Paym	Zip Code 43215 ent This Period	Outstandir 0.00 Nature of D RM-RNTL- Transact Outstandir 0.00	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG
C. Ma City CC (46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET y DLUMBUS Dutstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	or or Creditor ZA State OH Paym	Zip Code 43215 ent This Period	Outstandir .00 Nature of D RM-RNTL- Transact 0.00	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG ion ID : INV6010000112906 ag Balance at Close of This Period 50.00
C. Ma City CC (46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debto SHERATON COLUMBUS PLAX iling Address 50 NORTH THIRD STREET y DLUMBUS Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	or or Creditor ZA State OH Paym	Zip Code 43215 ent This Period	Outstandir .00 Nature of D RM-RNTL- Transact 0.00	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG ion ID : INV6010000112906 ag Balance at Close of This Period 50.00
C. Ma City CC () () () () () () () () ()	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET 2 DLUMBUS Dutstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00 UBTOTALS This Period This Page (optional) DTALS This Period (last page this line number	only)	Zip Code 43215 ent This Period	Outstandir .00 Nature of D RM-RNTL- Transact Outstandir 0.00	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG ion ID : INV6010000112906 ag Balance at Close of This Period 50.00
C. Ma City CC () () () () () () () () ()	46.12 Amount Incurred This Period 0.00 Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAX illing Address 50 NORTH THIRD STREET y DLUMBUS Dutstanding Balance Beginning This Period 50.00 Amount Incurred This Period 0.00	only)	Zip Code 43215 ent This Period	Outstandir .00 Nature of D RM-RNTL- Transact Outstandir 0.00	ag Balance at Close of This Period 46.12 ebt (Purpose): SCOTT/CONG ion ID : INV6010000112906 ag Balance at Close of This Period 50.00

SCHEDIILE D (EEC Form 2V)				
SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 132 OF 143
DEBTS AND OBLIGATIONS			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	
NAME OF COMMITTEE (In Full)			· · · ·	
National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
SOLOMON, FOLEY & MORAN			ATTY FE	E: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112908
538.45				
Amount Incurred This Period	Pavr	ment This Period	Outetand	ing Balance at Close of This Period
	i ayı		Outstand	
0.00			0.00	538.45
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
SOLOMON, FOLEY & MORAN				E: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING	Zie Cada			
City State DETROIT	Zip Code MI	48226		
	IVII	40220		
Outstanding Balance Beginning This Period			Transad	ction ID : INV6010000112909
538.45				
Amount Incurred This Period	Pavr	nent This Period	Outstand	ing Balance at Close of This Period
0.00	7		0.00	538.45
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
SOLOMON, FOLEY & MORAN				E: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING City	State	Zip Code		
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112910
538.46				
Amount Incurred This Period	Payr	ment This Period	Outstand	ing Balance at Close of This Period
0.00			0.00	538.46
	7			/y
1) SUBTOTALS This Period This Page (optional)				1615.36
2) TOTALS This Period (last page this line number of	only)		····· • •	<u></u>
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	····· •	7 7 7 7
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summar	y Page (last page	only) 🕨	· · · · · · · · · ·

SCHEDIILE D (EEC Form 2V)					
SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 133 OF 143	
DEBTS AND OBLIGATIONS			schedule(s)		
Excluding Loans			for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):	
SOLOMON, FOLEY & MORAN			ATTY FEE	: S. JOHNSON/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING					
City State	Zip Code				
DETROIT	MI	48226			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112911	
538.46					
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period	
Amount incurred This Feriod	i ayı		Outstandi		
0.00		(0.00	538.46	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
SOLOMON, FOLEY & MORAN			ATTY FEE	E.SEFCOVIC/CONG	
Mailing Address ATTORNEYS AT LAW					
2280 PENOBSCOT BUILDING					
City State	Zip Code	40000			
DETROIT	MI	48226			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112912	
538.46					
, , , , , , , , , , , , , , , , , , , ,					
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period	
0.00		C	0.00	538.46	
				7	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
SOLOMON, FOLEY & MORAN			ATTY FEE	: G SHEPPARD/CONG	
Mailing Address ATTORNEYS AT LAW					
2280 PENOBSCOT BUILDING	Chata	Zin Oada			
City DETROIT	State MI	Zip Code 48226			
	IVII	40220			
Outstanding Balance Beginning This Period			Transact	tion ID : INV6010000112913	
538.46					
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period	
0.00		(0.00	538.46	
1) SUBTOTALS This Period This Page (optional)			►	1615.38	
2) TOTALS This Period (last page this line number	only)				
3) TOTAL OUTSTANDING LOANS from Schedule C				7 7 7 7 7	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary	Page (last page o	nly) 🕨		

SCHEDULE D (FEC Form 3X)			(1)	PAGE 134 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)			numbered line)	X 10	
National Democratic Policy Committee	e				
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):	
SOLOMON, FOLEY & MORAN			ATTY FEE	H. SHORE/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING					
City State DETROIT	Zip Code MI	48226			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112914	
538.46					
Amount Incurred This Period	Pavn	nent This Period	Outstandi	ng Balance at Close of This Period	
	I Qyii				
0.00			0.00	538.46	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): J. STAMPS/CONG	
SOLOMON, FOLEY & MORAN			ATTTPEE.	J. STAMPS/CONG	
Mailing Address ATTORNEYS AT LAW					
2280 PENOBSCOT BUILDING					
City State DETROIT	Zip Code MI	48226			
			–		
Outstanding Balance Beginning This Period			Iransact	ion ID : INV6010000112915	
538.46					
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period	
0.00		(0.00	538.46	
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C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	[·] or Creditor			ebt (Purpose): : J. VAUGHN/CONG	
Mailing Address ATTORNEYS AT LAW					
2280 PENOBSCOT BUILDING		Zin Opela			
City DETROIT	State MI	Zip Code 48226			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112916	
538.46					
Amount Incurred This Period	Payn	nent This Period	Outstandir	ng Balance at Close of This Period	
0.00			0.00	538.46	
	,				
1) SUBTOTALS This Period This Page (optional)				1615.38	
2) TOTALS This Period (last page this line number	only)				
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page onl	 ly)	►	7 7	
4) ADD 2) and 3) and carry forward to appropriate I	line of Summary	y Page (last page d	only) 🕨		

SCHEDULE D (FEC Form 3X)		41.	PAGE 135 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ebt (Purpose):	
SOLOMON, FOLEY & MORAN	l		O. WALKER/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI 48226			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112917	
538.46				
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period	
0.00		0.00	538.46	
B. Full Name (Last, First, Middle Initial) of Debtor			ebt (Purpose):	
SOUTHEAST POLITICAL LITE	RATURE	FLD OFFC	TELEPHONE USAGE	
Mailing Address SALES & DISTRIBUTION, INC.				
3916-A VERO ROAD				
City State BALTIMORE	Zip Code MD 21227			
Outstanding Balance Beginning This Period		Transact	ion ID:INV6010000114478	
915.00				
, , , ,				
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period	
Amount Incurred This Period 0.00	Payment This Period	Outstandir 0.00	ng Balance at Close of This Period 915.00	
0.00	1 1 1 1 1 1 1	0.00	915.00	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	0.00	915.00 ebt (Purpose):	
0.00	or or Creditor	0.00 Nature of D	915.00 ebt (Purpose):	
0.00 C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC.	or or Creditor	0.00 Nature of D	915.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE	or or Creditor RATURE	0.00 Nature of D	915.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	or or Creditor RATURE	0.00 Nature of D	915.00 ebt (Purpose):	
0.00 C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City	or or Creditor RATURE State Zip Code	0.00 Nature of D FIELD OFF	915.00 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE	or or Creditor RATURE State Zip Code	0.00 Nature of D FIELD OFF	915.00 ebt (Purpose): ICE RENT	
0.00 C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00	or or Creditor RATURE State Zip Code MD 21227	0.00 Nature of D FIELD OFF	915.00 ebt (Purpose): FICE RENT	
0.00 C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	or or Creditor RATURE State Zip Code	0.00 Nature of D FIELD OFF Transact Outstandin	915.00 ebt (Purpose): ICE RENT ion ID : INV6010000114479 ng Balance at Close of This Period	
0.00 C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00	or or Creditor RATURE State Zip Code MD 21227	0.00 Nature of D FIELD OFF	915.00 ebt (Purpose): FICE RENT	
0.00 C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	or or Creditor RATURE State Zip Code MD 21227	0.00 Nature of D FIELD OFF Transact Outstandin	915.00 ebt (Purpose): ICE RENT ion ID : INV6010000114479 ng Balance at Close of This Period 200.00	
0.00 C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	or or Creditor RATURE State Zip Code MD 21227 Payment This Period	0.00 Nature of D FIELD OFF Transact Outstandir 0.00	915.00 ebt (Purpose): ICE RENT ion ID : INV6010000114479 ng Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00	or or Creditor RATURE State Zip Code MD 21227 Payment This Period	0.00 Nature of D FIELD OFF Transact Outstandir 0.00	915.00 ebt (Purpose): ICE RENT ion ID : INV6010000114479 ng Balance at Close of This Period 200.00	
0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor RATURE State Zip Code MD 21227 Payment This Period	0.00 Nature of D FIELD OFF Transact Outstandir 0.00	915.00 ebt (Purpose): ICE RENT ion ID : INV6010000114479 ng Balance at Close of This Period 200.00	
0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City BALTIMORE Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period This Page (optional)	or or Creditor RATURE State Zip Code MD 21227 Payment This Period	0.00 Nature of D FIELD OFF U Outstandir 0.00 Outstandir	915.00 ebt (Purpose): ICE RENT ion ID : INV6010000114479 ng Balance at Close of This Period 200.00	

SCHEDULE D (FEC Form 3X)				PAGE 136 OF 143	
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DEBTS AND OBLIGATIONS		5	schedule(s) for each	(check only one)	
Excluding Loans		nu	mbered line)	X 10	
NAME OF COMMITTEE (In Full)		•			
National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):	
SOUTHEAST POLITICAL LITE	RATURE		FLD OFFC	TELEPHONE USAGE	
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
City State	Zip Code		_		
BALTIMORE	MD 2	1227			
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000114480	
915.00					
Amount Incurred This Period	Payment 1	This Period	Outstandir	ng Balance at Close of This Period	
0.00					
0.00		0.00		915.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
SOUTHEAST POLITICAL LITER	RATURE		FIELD OFF	ICE RENT	
Mailing Address SALES & DISTRIBUTION, INC.					
3916-A VERO ROAD City State	Zip Code		_		
BALTIMORE		1227			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114481	
200.00					
Amount Incurred This Period	Payment 1	This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00	J L	200.00	
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
SOUTHEAST POLITICAL LITE			TELEPHO		
Mailing Address SALES & DISTRIBUTION INC			_		
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
City	State Zip	Code	-		
BALTIMORE	MD 21	227			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114482	
915.00					
Amount Incurred This Period	Payment 1	This Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00	1 [915.00	
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1) SUBTOTALS This Pariod This Page (antianal)				2030.00	
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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 Pag	e (last page only) ►		<u>л і д і і т і</u>	

D	CHEDULE D (FEC Form 3X) EBTS AND OBLIGATIONS cluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 137 OF 143 FOR LINE NUMBER: 9 (check only one) 9 X 10
	AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE			Nature of E RENT	Debt (Purpose):
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State	Zip Code			
	BALTIMORE	MD	21227		
	Outstanding Balance Beginning This Period 200.00			Transact	ion ID : INV6010000114483
	Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
	0.00	, .	, (0.00	200.00
	B. Full Name (Last, First, Middle Initial) of Debtor STATE OF CALIFORNIA	or Creditor		Nature of E PRINTING	Debt (Purpose):
	Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM				
	City State SACRAMENTO	Zip Code CA	95814		
	Outstanding Balance Beginning This Period 53.00			Transac	tion ID : INV6010000112389
	Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
	0.00		, C	.00	53.00
	C. Full Name (Last, First, Middle Initial) of Debto STATLER BUFFALO	r or Creditor		Nature of E ROOM RE	Debt (Purpose): ENTALS
	Mailing Address 107 DELAWARE AVENUE				
	City BUFFALO	State NY	Zip Code 14202		
	Outstanding Balance Beginning This Period 85.00			Transac	tion ID : INV6010000112918
	Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
	0.00	, i cym		0.00	85.00
1) SUBTOTALS This Period This Page (optional)				, 338.00
2) TOTALS This Period (last page this line number	only)		····· •	<u></u>
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 o	nly) 🕨	

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SCHEDULE D (FEC Form 3X)			// les conoroto	PAGE 138 OF 143	
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)				X 10	
National Democratic Policy Committee	е				
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of D	ebt (Purpose):	
SYRACUSE AIRPORT INN	0. 0.0111		ROOM RE		
NA-Terra Address					
Mailing Address HANCOCK AIRPORT					
City State	Zip Code				
NORTH SYRACUSE	NY	13212			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112921	
19.00					
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period	
0.00		0	0.00	19.00	
		7		7 7 7	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): S & EXP-GA DEM SL	
TED HERBERT			ATTTPE	S & EAF-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.					
City State	Zip Code				
MARIETTA	GA	30060			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114387	
1088.20					
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period	
	i dynio			1088.20	
0.00			.00	, , , ,	
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor			ebt (Purpose):	
TED HERBERT			ATTY FEE	S & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.					
City	State	Zip Code			
MARIETTA	GA	30060			
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114393	
800.00					
Amount Incurred This Period	Payme	nt This Period	Outstandir	ng Balance at Close of This Period	
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				1007.00	
1) SUBTOTALS This Period This Page (optional)			···· • •	1907.20	
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3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)		►		
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary	Page (last nage of	nlv) 🕨		

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SCHEDULE D (FEC Form 3X)			PAGE 139 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	e	
Excluding Loans		for each numbered line)	(check only one) 9	
			X 10	
National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of I	Debt (Purpose):	
THE CHANCELLOR HOTEL		ROOM RE		
Mailing Address 1501 SOUTH NEIL STREET				
City State	Zip Code			
CHAMPAIGN	IL 61820			
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000112301	
25.00				
Amount Incurred This Period	Payment This Peric	od Outstand	ng Balance at Close of This Period	
0.00		0.00	25.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of I	Debt (Purpose):	
THE COLONNADE		ROOM RE		
Mailing Address 120 HUNTINGTON AVENUE				
City State	Zip Code			
BOSTON	MA 02116			
BOSTON Outstanding Balance Beginning This Period	MA 02116	Transac	tion ID : INV6010000112306	
Outstanding Balance Beginning This Period	MA 02116	Transac	tion ID : INV6010000112306	
Outstanding Balance Beginning This Period 75.00				
Outstanding Balance Beginning This Period	MA 02116 Payment This Peric		ng Balance at Close of This Period	
Outstanding Balance Beginning This Period 75.00				
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00	Payment This Peric	0.00 Outstand	ng Balance at Close of This Period 75.00	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period	Payment This Perio	0.00 Outstand	ng Balance at Close of This Period 75.00 Debt (Purpose):	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST	Payment This Perio	od Outstand	ng Balance at Close of This Period 75.00 Debt (Purpose):	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER	Payment This Perio	od Outstand	ng Balance at Close of This Period 75.00 Debt (Purpose):	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor THE PRESS CLUB OF HOUST	Payment This Perio	od Outstand	ng Balance at Close of This Period 75.00 Debt (Purpose):	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE	Payment This Perio	od Outstand	ng Balance at Close of This Period 75.00 Debt (Purpose):	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City	Payment This Perio or or Creditor ΓΟΝ State Zip Code	od Outstand	ng Balance at Close of This Period 75.00 Debt (Purpose):	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period	Payment This Perio or or Creditor ΓΟΝ State Zip Code	od Outstand	ng Balance at Close of This Period 75.00 Debt (Purpose): INTALS	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00	Payment This Perio	od Outstand	ng Balance at Close of This Period 75.00 Debt (Purpose): :NTALS	
Outstanding Balance Beginning This Period 75.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debtor THE PRESS CLUB OF HOUST Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City HOUSTON Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period	Payment This Perio or or Creditor ΓΟΝ State Zip Code	od Outstand 0.00 Nature of I ROOM RE Transac	ng Balance at Close of This Period 75.00 Debt (Purpose): INTALS tion ID : INV6010000112890 ng Balance at Close of This Period	
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			PAGE 140 OF 143	
		(Use separate schedule(s)	FOR LINE NUMBER:	
		for each	(check only one) 9	
		numbered line)	X 10	
е				
or Creditor			ebt (Purpose):	
Zip Code		———		
WA	98144			
		Transacti	on ID : INV6010000112374	
Boym	This Daviad	Qutatandi	Delance at Class of This Derived	
Payn			ng Balance at Close of This Period	
	().00	30.15	
or Creditor		Nature of D	ebt (Purpose):	
Zip Code		—		
NJ	07101			
		Transact	tion ID : INV6010000112922	
Pavm	nent This Period	Outstandir	ng Balance at Close of This Period	
,			100.00	
).00	7 7 7	
or Creditor			ebt (Purpose):	
		ROOM RE	NTALS	
.Eλ)				
State	Zip Code			
MO	64112			
		Transact	tion ID : INV6010000112923	
Paym	nent This Period	Outstandir	ng Balance at Close of This Period	
	(0.00	50.00	
			400.45	
		···· ►	180.15	
onlv)				
(last page only	V)			
(last page en	<i>y</i>)		, , ,	
	WA Paym or Creditor Zip Code NJ Paym or Creditor EX) State MO Paym	or Creditor	for each numbered line) e or Creditor Nature of D POSTAGE Zip Code WA 98144 Transaction Payment This Period Outstandir or Creditor Nature of D POSTAGE Payment This Period Outstandir or Creditor Nature of D ROOM REI Zip Code NJ OUtstandir Zip Code NJ OUtstandir Outstandir OUtstandir Zip Code NJ OUtstandir Outstandir ROOM REI Zip Code NJ Outstandir EX) State Zip Code MO Nature of D ROOM REI EX) State Zip Code MO Nature of D ROOM REI MO 64112 Transact	

mage# 15950129017				
SCHEDULE D (FEC Form 3X)		(1)	PAGE 141 OF 143	
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)			X 10	
National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Croditor	Noture of D	ebt (Purpose):	
VITA OBERSCHNEIDER		ROOM RE		
VITA OBERSCHNEIDER				
Mailing Address 544 OAK HILL RD.				
City State	Zip Code			
ELGIN	IL 60120			
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000112404	
149.16				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	,	0.00	149.16	
0.00		0.00	143.10	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
WESTBOROUGH PLAZA HOTE	EL	MEETING	ROOM RENTAL	
Mailing Address 5 TURNPIKE ROAD				
5 TURNPIKE ROAD				
City State	Zip Code			
WESTBOROUGH	MA 01581			
		· · · · · ·		
Outstanding Balance Beginning This Period		Transact	ion ID : INV6010000114249	
Outstanding Balance Beginning This Period 54.25		Transact	tion ID : INV6010000114249	
	Payment This Period		tion ID : INV6010000114249	
54.25	Payment This Period			
54.25 Amount Incurred This Period 0.00		Outstandi	ng Balance at Close of This Period 54.25	
C. Full Name (Last, First, Middle Initial) of Debto	pr or Creditor	Outstandi	ng Balance at Close of This Period 54.25 ebt (Purpose):	
54.25 Amount Incurred This Period 0.00	pr or Creditor	Outstandi	ng Balance at Close of This Period 54.25 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto	pr or Creditor	Outstandi	ng Balance at Close of This Period 54.25 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA.	or or Creditor IONAL	Outstandi	ng Balance at Close of This Period 54.25 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto WESTERN UNION INTERNAT	pr or Creditor	Outstandi	ng Balance at Close of This Period 54.25 ebt (Purpose):	
C. Full Name (Last, First, Middle Initial) of Debto WESTERN UNION INTERNAT Mailing Address BOX 6022 CHRUCH ST. STA.	or or Creditor IONAL State Zip Code	Outstandi 0.00 Nature of D TELEPHO	ng Balance at Close of This Period 54.25 ebt (Purpose):	
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Image# 15950129018					
SCHEDULE D (FEC Form 3X)		(1)		PAGE 142 OF 143	
DEBTS AND OBLIGATIONS			e separate chedule(s)	FOR LINE NUMBER:	
Excluding Loans			for each	(check only one) 9	
-		nun	nbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	too				
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor			ebt (Purpose):	
WORLDCOMP			TYPE SET	ling	
Mailing Address 722 EAST MARKET STREET			-		
TZZ EAST MARKET STREET					
City State	Zip Code		-		
LEESBURG	VA 220	075			
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112983	
741.67					
Amount Incurred This Period	Payment Th	is Poriod	Outstandi	ng Balance at Close of This Period	
	Fayinent III		Outstandi		
0.00		0.00		741.67	
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):	
WORLDCOMP			TYPE & AF		
Mailing Address 722 EAST MARKET STREET					
City State	Zip Code		_		
LEESBURG		075			
Outstanding Palance Paginning This Pariod			Turnera		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112988	
Outstanding Balance Beginning This Period 926.37			Transact	ion ID : INV6010000112988	
	Payment Th	nis Period		ion ID : INV6010000112988 ng Balance at Close of This Period	
926.37	Payment Th	is Period 0.00			
926.37 Amount Incurred This Period	Payment Th			ng Balance at Close of This Period	
926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):	
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926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt WORLDCOMP			Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):	
926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):	
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926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt WORLDCOMP Mailing Address 722 EAST MARKET STREET City	or or Creditor State Zip C	0.00 Code	Outstandir	ng Balance at Close of This Period 926.37 ebt (Purpose):	
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926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58	or or Creditor State Zip C VA 2207	0.00	Outstandin	ebt (Purpose):	
926.37 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt WORLDCOMP Mailing Address 722 EAST MARKET STREET City LEESBURG Outstanding Balance Beginning This Period 71.58 Amount Incurred This Period	or or Creditor State Zip C	0.00 Code 75	Outstandin	ng Balance at Close of This Period 926.37 ebt (Purpose): RT ion ID : INV6010000112992 ng Balance at Close of This Period	
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Image# 15950129019					
SCHEDULE D (FEC Form 3X)			eparate	PAGE 143 OF 143	
DEBTS AND OBLIGATIONS Excluding Loans		for	· · ·	R LINE NUMBER: eck only one) 9 X 10	
NAME OF COMMITTEE (In Full)				A 10	
National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	N	ature of Debt (P TYPE SETTING	Purpose):	
WORLDCOMP					
Mailing Address 722 EAST MARKET STREET					
City State	Zip Code				
LEESBURG	VA 2207		Transaction	INN/0040000440000	
Outstanding Balance Beginning This Period			I ransaction ID	: INV6010000112993	
50.00					
Amount Incurred This Period	Payment This	Period	Outstanding Bal	ance at Close of This Period	
0.00		0.00		50.00	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	N	ature of Debt (P	Purpose):	
YMCA SYRACUSE		F	ROOM RENTALS	8	
Mailing Address 340 MONTGOMERY STREET					
City State	Zip Code				
SYRACUSE	NY 1320	02			
Outstanding Balance Beginning This Period			Transaction ID) : INV6010000112994	
25.00					
Amount Incurred This Period	Payment This	B Period	Outstanding Bal	ance at Close of This Period	
0.00		0.00		25.00	
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		ature of Debt (P		
ZELLER & LETICA INC.			MAILING LABEL	S-SUB LISTS	
Mailing Address 15 E. 26TH ST.					
City	State Zip Co				
NEW YORK	NY 10010)			
Outstanding Balance Beginning This Period			Transaction ID) : INV6010000112995	
57.84					
Amount Incurred This Period	Payment This	Period	Outstanding Bal	ance 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	
	e (last page enly)			7	