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Image# 13940019891

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	lse Only	
1.	NAME OF COMMITTEE (in		PE OR F	PRINT ▼		mple: If typi r the lines.	ng, type	12FE4	lM5		
N	lational Demo	cratic Poli	су Сог	nmittee							1
AD	DRESS (number and		I13 HALI	FAX PLACE							
r	Check if diffe	rent									
L	than previous reported. (AC		LEESBU	RG				VA	2017	5	
2.	FEC IDENTIFICA	ATION NUME	BER ▼		CITY 🛦			STATE 🛦		ZIP COI	DE 🛦
	C C0013653			3.	IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF REP (Choose One)	ORT	(b) Mon	ort 🔲 '	eb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep	orts:	Due	On: M	lar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			А	pr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterly July 15	Report (Q1)	(c)	12-Day		Primary (12F	P)	Gen	eral (12G)		Runoff (12R)
	Quarterly	Report (Q2)		<b>PRE</b> -Election Report for the:	П	Convention (	(12C)	Spe	cial (12S)		
	October Quarterly	15 Report (Q3)					-				
	X January Year-End	31 Report (YE)		Elec	tion on	M M /	D   D /	Y   Y   Y	Y	in the State o	f
	July 31 M	Mid-Year Non-election	(d)	30-Day POST-Election		General (300	G)	Run	off (30R)		Special (30S)
	Terminati (TER)	on Report		Report for the:	tion on	M = M /	D D /	Y Y Y	Y	in the State o	f
5.	Covering Period	11	/ 27	2012		through	12	31		)12	
l ce	ertify that I have ex	amined this F	Report a	nd to the best	of my kno	wledge and	belief it is tru	ue, correc	t and comple	ete.	
Тур	e or Print Name of	Treasurer	Katherine	e Jenkins							
Sig	nature of Treasurer	. Katherine	e Jenkins			[Electronicall	y Filed]		M M / D	) /	2013
NO.	TE: Submission of fa	alse, erroneous	s, or inco	mplete information	tion may su	ubject the per	son signing t	his Report	to the penalt	ies of 2 l	J.S.C. §437g.
	Office								FEC	FOR	M 3X
	Use									Rev. 12/20	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### National Democratic Policy Committee

Report Covering the Period: From: 11 27 2012 To: 12 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a) Cash on Hand  January 1,  2012		3465.72	
	(b) Cash on Hand at Beginning of Reporting Period	3655.72		
	(c) Total Receipts (from Line 19)	55.00	695.00	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3710.72	4160.72	
7.	Total Disbursements (from Line 31)	40.00	490.00	
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3670.72	3670.72	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00		
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	449726.38		

×

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

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### National Democratic Policy Committee

Report Covering the Period: From: 11	27 2012 To	0: 12 31 2012	
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	0.00	
		205.06	
(ii) Unitemized	55.00	695.00	
(iii) TOTAL (add	55.00	695.00	
Lines 11(a)(i) and (ii)▶	33.00	000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)	55.00	695.00	
2. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
	0.00	0.00	
B. All Loans Received	0.00	0.00	
	0.00	0.00	
4. Loan Repayments Received	0.00	0.00	
5. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
5. Refunds of Contributions Made	7	0.00	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
7. Other Federal Receipts	7	7 7 7	
(Dividends, Interest, etc.)	0.00	0.00	
3. Transfers from Non-Federal and Levin Funds	7		
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
=			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))  9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	55.00	69	
Total Fodoral Possints			
D. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	55.00	695.0	
(Subtract Line To(c) Holl Line 19)	55.00	695.00	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II	. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:  (a) Allocated Federal/Non-Federal		Total Tillo I orloa	Odlemal Teal-10-Date
	y (from Schedule H4) ederal Share	0.00	0.00
(-)			
` '	on-Federal Share Federal Operating	0.00	0.00
	ditures	40.00	485.00
(c) Total (	Operating Expenditures		
	21(a)(i), (a)(ii), and (b))	40.00	485.00
	o Affiliated/Other Party s	0.00	0.00
Contributio			
and Other	Political Committees	0.00	0.00
-	nt Expenditures dule E)	0.00	0.00
Coordinate	d Party Expenditures		
(use Sched	§441a(d)) dule F)	0.00	0.00
Loan Rena	yments Made	0.00	0.00
Louir Hope	ymono maao		
Loans Mad	le Contributions To:	0.00	0.00
(a) Individuals/Persons Other		0.00	5.00
man	ontiour committees		
	al Party Committees	0.00	0.00
(-)	Political Committees as PACs)	0.00	0.00
/ D - T - 1 - 1	O		
` '	Contribution Refunds Lines 28(a), (b), and (c))▶	0.00	5.00
(add E	20(a), (b), and (0),		
Other Disb	ursements	0.00	0.00
Federal Ele	ection Activity (2 U.S.C. §431(20))		
` '	ted Federal Election Activity		
	Schedule H6) deral Share	0.00	0.00
(1) 1 60	derai Griare		
` '	evin" Share	0.00	0.00
	al Election Activity Paid Entirely  /ith Federal Funds	0.00	0.00
	Federal Election Activity (add		
Lines	30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbu	rsements (add Lines 21(c), 22,		
23, 24, 25,	26, 27, 28(d), 29 and 30(c))	40.00	490.00
	ral Disbursements		
	ine 21(a)(ii) and Line 30(a)(ii)	10.00	400.00
from Line (	31)	40.00	490.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	55.00	695.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55.00	690.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	40.00	485.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	40.00	485.00

SCHEDULE B (FEC Form 3X)		T 500	NUMBER PAGE 6 OF 143		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 6 OF 143		
II LIVIIZED DISBURSENIEN IS		X 21b	22 23 24 25	7 26	
	Detailed Summary Page	27	28a 28b 28c 29	30b	
Any information copied from such Reports and Statem	nents may not be sold or use	d by any perso	on for the purpose of soliciting contributions	s	
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
National Democratic Policy Commi	ttee				
/		-			
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. EFT CORPORATION	EFT CORPORATION				
Mailing Address 2911 DIXWELL AVE	12 05 2012				
•	State Zip Code		Transaction ID : 01000009301000008801		
HAMDEN	CT 06518		1141134341011 12 : 0100000001000000		
Purpose of Disbursement EFT PROCESSING FEE			Amount of Each Disbursement this Peri	od	
Candidate Name		Coto	carr of Each Blood Schiolit this I Gil	54	
		Category/ Type	40.00		
Office Sought: House Disbursen	nent For:		,		
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement		
ь.					
Mailing Address			M = M / D = D / Y = Y = Y		
City	State Zip Code				
Purpose of Disbursement					
i alpose of Dispulsefficial			Amount of Each Disbursement this Peri	od	
Candidate Name	Category/		111 1111 1111 1111 1111		
		Type		┙	
Office Sought: House Disbursen	nent For:				
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
p			Amount of Each Disbursement this Peri	od	
Candidate Name		Category/	dire of Eddin Blooding in this I die		
		Type			
Office Sought: House Disbursen			·		
	Primary General				
State: District:	Other (specify) ▼				
State. District.					
SUBTOTAL of Disbursements This Page (optional)			40.00		
CODITION DISDUISCING THIS LAGE (OPHONAI)				#	
TOTAL This Period (last page this line number only)			40.00	. 1	

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

separate schedule(s)
each category of the ailed Summary Page

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	ge   TOTT EINE 13 OF TOTTIN 3X
AME OF COMMITTEE (In Full)	amitta a	Tra	nnsaction ID : LOAN0010000004
lational Democratic Policy Con			
LOAN SOURCE Full Name (Last, First HARVEY E. HASCALL	, Middle Initial)	[PERSONAL FUNDS	Frimary 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 Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS  Date Incurred	Date Due	Interest Ra	ate Secured:
12 / 22 / 1986		1987 0.0	
List All Endorsers or Guarantors (if ar	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (option	nal)	<u>}</u>	1000.00
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 fo	rward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

		Detailed Summar	y Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	_		Transact	ion ID : LOAN000002009
National Democratic Policy Com				
LOAN SOURCE Full Name (Last, First, ALBERT E MC NAIR	Middle Initial)	[PERSONAL FU	INDS] Ele	ection: Primary General
Mailing Address 1657 EDDY DR				Other (specify) ▼
City NORTH TONAWANDA	State NY ZIP Co	de <sub>14120</sub>		
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	Intere	st Rate	Secured:
09 / 24 / 1984		1984 Y	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any	y) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	e ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (option	nal)	<b>&gt;</b>		1000.00
TOTALS This Period (last page in this line	only)	<b>&gt;</b>		7
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, car	ry forward	to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Page 1 311 211 21 31 1 31 1 31
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000002886
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]   Election:
ESTHER E. WILSON	Primary
	General
Mailing Address 6241 WARNER #132	Other (specify)
Mailing Address 6241 WARNER #132	Culti (openly) V
City HUNTINGTON BEACH State CA	ZIP Code 92647
Original Amount of Loan Cumulative	e Payment To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS  Date Incurred	Date Due Interest Rate Secured:
04 30 1984 04	30 1985 1200.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sou	urce
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	e Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount e Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	
Only State 211 South	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	
5, 5 211 564.	Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding halance only to LINE 3. Schedule D. fo	r this line. If no Schedule D, carry forward to appropriate line of Summary.
zarry satisfarialing balance only to Elite o, concodule D, to	. and mic. in the deficación b, dany formata to appropriate inte of duffillary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	ige   TOTT LINE 13 OF TOTTIVI 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN000003820
lational Democratic Policy Cor	ninittee		
LOAN SOURCE Full Name (Last, Firs MINEHART EDSEN	t, Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 1949 S MANCHESTER SPACE 104	AVE		Other (specify) ▼
City ANAHEIM	State CA ZIP C	ode 92802	
Original Amount of Loan	Cumulative Payment T	o Date Ba	alance Outstanding at Close of This Period
700.00		0.00	700.00
TERMS	Data Du	a Interest De	Conved.
Date Incurred    Mark   Mark	Date Duc	V V V	ate Secured:  00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial	)	Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta		Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optic	onal)	<u> </u>	700.00
OTALS This Period (last page in this line	e only)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3	. Schedule D. for this line. I	f no Schedule D. carry fo	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Amount Guaranteed Outstanding:  Name of Empl  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Name of Empl  Amount City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  Name of Empl  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Empl	Primary General Other (specify) ▼  Balance Outstanding at Close of This P  1250.00  nterest Rate Secured: 0.00  % (apr)  Yes
LOAN SOURCE Full Name (Last, First, Middle Initial)  Minehart Edden  Mailing Address 1949 S MANCHESTER AVE SPACE 104  City Anaheim State CA ZiP Code 92802  Original Amount of Loan Cumulative Payment To Date  TERMS Date Incurred Date Due In 1250.00  TERMS Date Incurred In 1250.00  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address Occupation  City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Name of Empl  Amount Guaranteed Outstanding:  Name of Empl	Primary General Other (specify) ▼  Balance Outstanding at Close of This P  1250.00  nterest Rate Secured: 0.00 % (apr) Yes   Yes
Mailing Address  1949 S MANCHESTER AVE SPACE 104  City ANAHEIM  State CA  ZIP Code 92802  Original Amount of Loan  Cumulative Payment To Date  1250.00  Date Due  10  10  12  12  13  14  15  15  16  17  18  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Empl  Amount Guaranteed Outstanding:  Name of Empl	Primary General Other (specify) ▼  Balance Outstanding at Close of This P  1250.00  nterest Rate Secured: 0.00 % (apr) Yes   Yes
Mailing Address 1949 S MANCHESTER AVE SPACE 104  City ANAHEIM State CA ZIP Code 92802  Original Amount of Loan Cumulative Payment To Date  1250.00 0.00  TERMS  Date Incurred Date Due In 12 / 1984  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  7. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address  City State ZIP Code Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Empl Mailing Address  Occupation	General Other (specify) ▼  Balance Outstanding at Close of This P  1250.00  nterest Rate Secured: 0.00 % (apr) Yes   Yes
City ANAHEIM  State CA ZIP Code 92802  Original Amount of Loan  Cumulative Payment To Date  1250.00  Date Due  109  120  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Name of Empl  Mailing Address  Occupation  Amount City  State ZIP Code  City  State ZIP Code  Occupation  Amount Guaranteed Outstanding:  Name of Empl	Other (specify) ▼  Balance Outstanding at Close of This P  1250.00  nterest Rate Secured:  0.00 % (apr) Yes   Yes
City ANAHEIM  State CA ZIP Code 92802  Original Amount of Loan  Cumulative Payment To Date  1250.00  Date Due  109  120  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Name of Empl  Mailing Address  Occupation  Amount City  State ZIP Code  City  State ZIP Code  Occupation  Amount Guaranteed Outstanding:  Name of Empl	Balance Outstanding at Close of This P  1250.00  nterest Rate Secured:  0.00  % (apr)  Yes
Original Amount of Loan  1250.00  Date Due  Mailing Address  Date Indian  City  State  ZIP Code  Mailing Address  Occupation  Mailing Address  Occupation  City  State  ZIP Code  Amount Guaranteed Outstanding:  Name of Empl	nterest Rate Secured:  0.00 % (apr) Yes
TERMS  Date Incurred  Date Due  M 99	nterest Rate Secured:  0.00 % (apr) Yes
TERMS  Date Incurred  Date Due  In Moy 12 1984  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Name of Empl	nterest Rate Secured:  0.00 % (apr) Yes
Date Incurred  Date Due  In Mo9	0.00 % (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Name of Empl  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Empl	0.00 % (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Name of Empl  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Empl	% (apr) Yes
1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Name of Empl  Name of Empl  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Empl	loyer
Mailing Address  City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Empl	loyer
City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial) Name of Empl  Mailing Address Occupation  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial) Name of Empl	
City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial) Name of Empl  Mailing Address Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial) Name of Empl	
Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Empl	
2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Empl	
Mailing Address  Occupation  Amount  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Empl	loyer
City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial) Name of Empl	
City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial) Name of Empl	
Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Empl	
Mailian Adduses	loyer
Mailing Address Occupation	
Walling Address	
Amount	
City State ZIP Code Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)  Name of Empl	loyer
Mailing Address Occupation	
J. San J.	
Amount	
City State ZIP Code Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	1250.00
OTALS This Period (last page in this line only)	<b>•</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D,	, carry forward to appropriate line of Summ

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

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FOR LINE 13 OF FORM 3X

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

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	ge FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN000004983
National Democratic Policy Com			
LOAN SOURCE Full Name (Last, First, EUGENE L DRUSELL	Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 1704 SAWYER			Other (specify) ▼
City WEST COVINA	State CA ZIP Co	de 91790	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS  Date Incurred	Date Due	Interest Ra	ate Secured:
M 08 / 08 / 1984		1984 0.0	
List All Endorsers or Guarantors (if any	r) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	77
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 0
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 (option	al)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line of	only)	<b>&gt;</b>	7
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry fo	rward to appropriate line of Summary.

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

PAGE 14 OF 143
FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOAN000005986
lational Democratic Policy Committee	Transaction ID: LOAN0000000986
ational Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]   Election:
BILL SUEDKAMP	Primary  General
Mailing Address 1211 DOUGLAS HWY	General Other (specify) ▼
Mailing Address 1211 DOUGLAS HWY	☐ Other (speedily) ▼
City GILLETTE State WY ZIP	Code 82716
Original Amount of Loan Cumulative Payment	
1000.00	0.00 1000.00
TERMS	
Date Incurred Date D	
09 26 1984 03 26	1985 0.00 % (apr) Yes X No
List All Endagage or Cuprentors (if any) to Loan Source	
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer
1. Full Ivalile (Last, 1 list, ivilouie ililiai)	Name of Employer
Mailing Address	Occupation
•	
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
2. Full Name (Last, 1 list, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
o. Fun Harrio (Eddy Fried, Missie Missie,	Traine of Employo.
Mailing Address	Occupation
Choic 7ID Code	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
Oily State Zii 3000	Outstanding:
JBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	······································
erry outstanding balance only to LINE 3. Schedule D. for this line	e. If no Schedule D, carry forward to appropriate line of Summary.
arry outstanding balance only to Ente o, concounce, i.e. and mis-	" II IIO Ocheanic D, carry forward to appropriate fine of Cammary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Fage 1 911 21112 19 91 191111 97
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000005987
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1211 DOUGLAS HWY	Other (specify) ▼
City GILLETTE State WY	ZIP Code 82716
Original Amount of Loan Cumulative	Payment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS  Date Incurred	Date Due Interest Rate Secured:
M = M / D = D / Y = Y = Y = Y = M = M / D	18 / 1984 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sour	ce
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
COTALS This Period (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

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FOR LINE 13 OF FORM 3X

		Detailed Summ	ary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	_	•	Transac	tion ID : LOAN000006929
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M HENRY C MAYBERRY	/liddle Initial)	[PERSONAL	FUNDS] E	ection: Primary General
Mailing Address 8071 E 19TH ST				Other (specify) ▼
City WESTMINSTER	State CA ZIP Co	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	Inte	rest Rate	Secured:
10 25 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	l)			500.00
OTALS This Period (last page in this line or	nly)	<b>&gt;</b>		
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, c	arry forward	d to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

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

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FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Cor	mmittoo	Transaction	n ID : LOAN000009557
alional Democratic Policy Col	mmuee		
LOAN SOURCE Full Name (Last, Firs ROBERT LOFTUS	t, Middle Initial)		on: Primary General
Mailing Address 2446 N SUMMIT			Other (specify)
City DECATUR	State IL ZIP (	Code 62526	
Original Amount of Loan	Cumulative Payment		utstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			•
Date Incurred  06 / 05 / Y 1984	Date Du	e Interest Rate 1985 0.00	Secured:    % (apr)   Yes   No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	.,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (optic	onal)	<u>}</u>	1000.00
OTALS This Period (last page in this line	e only)	<b>&gt;</b>	, , , , , ,
arry outstanding balance only to LINE 3	S. 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

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

AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000010472
lational Democratic Policy Committee	
LOAN COURCE Full Name (Lock First Middle Initia	I) Election:
LOAN SOURCE Full Name (Last, First, Middle Initial SCOTT BEARD	[PERSONAL FUNDS]   Election:   Primary
00011 527 415	General
Mailing Address 4125 HAWTHORNE	Other (specify) ▼
City DALLAS State T	
Original Amount of Loan Cumula	titive Payment To Date  Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	Data Dua Interest Data Convent
Date Incurred	Date Due Interest Rate Secured:
04 09 1984 07	09 1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan S	Source
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed
Only State 211 St	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
-	
	Amount
City State ZIP Co	ode Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Co	
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Co	ode Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	<b>&gt;</b>
arry 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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FOR LINE 13 OF FORM 3X

		Detailed Suffilliary	y rage
AME OF COMMITTEE (In Full)			Transaction ID : LOAN0000010652
National Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle In NANCY J STEINER	itial)	[PERSONAL FU	INDS] Election: Primary General
Mailing Address 2809 GREER RD			Other (specify)
City PALO ALTO State	CA ZIP Co	ode 94303	
Original Amount of Loan Cum	ulative Payment To	Date	Balance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interes	st Rate Secured:
12 / 29 / 1986 12 12 12 12 12 12 12 12 12 12 12 12 12	/ 12 / Y	1987	0.00 % (apr) Yes X N
List All Endorsers or Guarantors (if any) to Loa	n Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			1000.00
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If	no Schedule D, carr	ry forward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Tron	
AME OF COMMITTEE (In Full)  National Democratic Policy Committe	0	ıran	saction ID : LOAN0000011262
valional Democratic Policy Committee	e		
LOAN SOURCE Full Name (Last, First, Middle	Initial)	[PERSONAL FUNDS]	
RAY BRANDENBERG			Primary
Mailing Address			General Other (specify) ▼
Mailing Address 1303 AMORETTI			Other (specify)
City THERMOPOLIS Sta	ate WY ZIP Co	de 82443	
	umulative Payment To	Date Bala	ance Outstanding at Close of This Period
200.00		0.00	200.00
TERMS			
Date Incurred	Date Due	Interest Rate	
05 14 1984 08		1984 1800.	O/ /amm) Yes X INO
List All Endorsers or Guarantors (if any) to L	oan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
A 11			
Mailing Address		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address		Occupation	
		Amount	
City State 2	ZIP Code	Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional)		<b>&gt;</b>	200.00
OTALS This Period (last page in this line only)		<b>&gt;</b>	
Carry outstanding balance only to LINE 3, Schedu	ule D for this line If	no Schedule D. carry for	ward to appropriate line of Summary
arry carotanianing salarios office to Elite o, other	2,	Jonicadic D, carry lort	to appropriate into or outfillary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge   TOTT LINE 13 OF TOTTWISK
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000011993
lational Democratic Policy Com	nmittee		
LOAN SOURCE Full Name (Last, First, JACKSON B BREEZE	Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 419 QUARTZ ST			Other (specify) ▼
City REDWOOD CITY	State CA ZIP Co	de 94062	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS  Date Incurred	Date Due	Interest Ra	te Secured:
M 11 / 30 / 1984		1985 0.0	
List All Endorsers or Guarantors (if an			
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7 1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This Page (option	nal)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3.	Schedule D. for this line. If	no Schedule D. carry for	rward to appropriate line of Summary.

Use separate schedule for each category of the Detailed Summary Pace

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

AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012031
lational Democratic Policy Committee	Transaction in . LOANOUUUT2031
•	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
RICHARD ROPER	Primary General
Mailing Address 630 W DUARTE RD #33	Other (specify)
630 W DUARTE RD #33	
City MONROVIA State CA ZIP	Code 91016
Original Amount of Loan Cumulative Payment	t To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
Date Incurred Date D	
05 31 1984 11 30	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Cib. 710.0-1	Amount
City State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	<b>&gt;</b>
carry outstanding halance only to LINE 3. Schedule D. for this line	. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)  Iational Democratic Policy Com	amittoo	Tra	nsaction ID : LOAN0000012946
alional Democratic Policy Con	millee		
LOAN SOURCE Full Name (Last, First, FLOYD T WRIGHT	Middle Initial)	[PERSONAL FUNDS	Primary General
Mailing Address 4207 PATRICIA ST			Other (specify)
City FREMONT	State CA ZIP C	Code 94536	-
Original Amount of Loan	Cumulative Payment		lance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred  08 / 24 / Y 1984	Date Du	e Interest Ra	
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	77
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	
arry outstanding balance only to LINE 3,	Schedule D. for this line.	If no Schedule D. carry for	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000013379	
National Democratic Policy Committee				
LOAN SOURCE Full Name (Last, First, MARGARET MAMULA	Ӣiddle Initial)	[PERSONAL FUNDS]	7 Election: Primary General	
Mailing Address 4321 N EL BURRITO			Other (specify) ▼	
City TUCSON	State AZ ZIP Cod	de 85705		
Original Amount of Loan	Cumulative Payment To	Date Bal	lance Outstanding at Close of This Period	
1000.00		0.00	1000.00	
TERMS  Date Incurred	Date Due	Interest Ra	te Secured:	
06 / 15 / 1984		1984 0.0		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optiona	ul)	<b>&gt;</b>	1000.00	
OTALS This Period (last page in this line o	nly)			
Carry outstanding balance only to LINE 3, S	Chedule D, for this line. If	no Schedule D, carry for	rward to appropriate line of Summary.	

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Con	nmittee	Trans	saction ID : LOAN0000013410
-			
LOAN SOURCE Full Name (Last, First, BILL DRAKE	, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address RT 4 BOX 126			Other (specify) ▼
City DEXTER	State MO ZIP C	Code 63841	
Original Amount of Loan	Cumulative Payment <sup>-</sup>		nce Outstanding at Close of This Perio
100.00		0.00	100.00
TERMS	Deta Du	- Interest Date	Canalina di
Date Incurred  06 19 1984	Date Du	e Interest Rate	
List All Endorsers or Guarantors (if ar			
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)	<u> </u>	100.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	
arry outstanding balance only to LINE 3,	Schedule D. for this line	If no Schedule D. carry forw	vard to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Page 1 311 211 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1
AME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID : LOAN0000017823
·	
LOAN SOURCE Full Name (Last, First, Middle Initial) HAROLD N LYNGE MD	[PERSONAL FUNDS] Election: Primary General
Mailing Address 2 S 13TH ST	Other (specify) ▼
City SAN JOSSE State CA	ZIP Code 95112
Original Amount of Loan Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS  Date Incurred	Date Due Interest Rate Secured:
M 08 / 08 / 1984 10 / 08	0.00
List All Endorsers or Guarantors (if any) to Loan Source	)
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
COTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for the	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Cor	mmittoo	Transaction ID : LOAN0000018351
ational Democratic Policy Col	mmuee	
LOAN SOURCE Full Name (Last, Firs GREGORY R WOLF	t, Middle Initial)	[PERSONAL FUNDS] Election: Primary General
Mailing Address 5258 CARTWRIGHT		Other (specify) ▼
City NORTH HOLLYWOOD	State CA ZIP	Code 91601
Original Amount of Loan	Cumulative Payment	
300.00		0.00 300.00
TERMS		
Date Incurred  M 08	Date D	ue Interest Rate Secured:  1984  0.00  (apr)  Yes  N
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initia	1)	Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta		Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	te ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City Sta	ite ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optic	onal)	300.00
OTALS This Period (last page in this line	e only)	<b>&gt;</b>
arry outstanding balance only to LINE 3	3. Schedule D. for this line	. If no Schedule D, carry forward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mittoo	Transa	ction ID : LOAN0000018352
ational Democratic Policy Com	mitee		
LOAN SOURCE Full Name (Last, First, GREGORY R WOLF	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 5258 CARTWRIGHT			Other (specify) ▼
City NORTH HOLLYWOOD	State CA ZIP (	Code 91601	
Original Amount of Loan	Cumulative Payment		e Outstanding at Close of This Perio
100.00		0.00	100.00
TERMS			
Date Incurred    Mark	Date Du	e Interest Rate 1984 0.00	Secured:  % (apr)  Yes X No
List All Endorsers or Guarantors (if any	r) 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:	
JBTOTALS This Period This Page (option	al)	<u> </u>	100.00
OTALS This Period (last page in this line of	only)	<b>-</b>	. , ,
arry outstanding balance only to LINE 3,	Schedule D. for this line.	If no Schedule D. carry forwa	rd to appropriate line of Summary

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

PAGE 31 OF 143
FOR LINE 13 OF FORM 3X

	Botalioa Gaillinary Fago		
IAME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID : LOAN0000018353		
National Democration only Committee			
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]   Election:		
GREGORY R WOLF	Primary		
	General		
Mailing Address 5258 CARTWRIGHT	Other (specify) ▼		
- 3230 OAKTWIGHT			
City NORTH HOLLYWOOD State CA ZIP Cod	de 91601		
Original Amount of Loan Cumulative Payment To	·		
100.00	0.00		
TERMS			
Date Incurred Date Due	Interest Rate Secured:		
08 14 1984 11 14	1984 0.00 % (apr) Yes X No		
	1984		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed		
	Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occur elian		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
City State ZIF Code	Outstanding:		
400.00			
SUBTOTALS This Period This Page (optional)	<u>100.00</u>		
TOTAL 0 TILL D. 1.1 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
TOTALS This Period (last page in this line only)	<b>&gt;</b>		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D. carry forward to appropriate line of Summer:		
carry outstanding balance only to Line 3, Schedule D, for this line. If i	no ochequie D, carry forward to appropriate line of outfillary.		

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

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		Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	•		Transactio	n ID : LOAN0000018611
National Democratic Policy Comn	nittee			
LOAN SOURCE Full Name (Last, First, M WILLIAM O MC KAY	fliddle Initial)	[PERSONAL FUN		ion: Primary General
Mailing Address 4627 W 137TH PL				Other (specify)
City HAWTHORNE	State CA ZIP Cod	de 90250		
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at Close of This Period
1000.00	,,	0.00		1000.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
08 / 17 / 1984		V V V	0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	.,	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	- 7	
UBTOTALS This Period This Page (optional	 I)	<b>&gt;</b>		1000.00
OTALS This Period (last page in this line or	nly)	<b>&gt;</b>		2
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry	forward to	appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Fage
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018612
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) ALFRED MONTEROS	[PERSONAL FUNDS] Election:
ALFRED MONTEROS	Primary General
Mailing Address 1210 W PUENTE AVE	Other (specify) ▼
City WEST COVINA State CA	ZIP Code 91790
Original Amount of Loan Cumulative P	ayment To Date  Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS  Date Incurred	Date Due Interest Rate Secured:
08 / 17 / Y Y Y Y Y 1984 11 17	D / Y Y Y Y O OO
List All Endorsers or Guarantors (if any) to Loan Source	9
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	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 the	nis line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Suffillary	raye			0, 1
AME OF COMMITTEE (In Full)			Transactio	n ID : LOAN00	00018817	
National Democratic Policy Committee						
LOAN SOURCE Full Name (Last, First, Middle Initi	al)	[PERSONAL FUN		tion: Primary General		
Mailing Address 5343 CALLISTER AVE				Other (specify)	▼	
City SACRAMENTO State		le 95819				
Original Amount of Loan Cumu	ative Payment To I	Date	Balance O	utstanding at C	lose of Thi	s Period
1000.00		0.00	<u> </u>		1000.	.00
TERMS  Date Incurred	Date Due	Interest	Rate		Secured:	
08 / 20 / Y 1984 11	/ D D / Y	1984	0.00	% (apr)	Yes	No
List All Endorsers or Guarantors (if any) to Loan						
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 (		Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State ZIP (	Code	Amount Guaranteed Outstanding:	- 1			]
SUBTOTALS This Period This Page (optional)				7	1000.	00
Carry outstanding balance only to LINE 3, Schedule D	, for this line. If n	no Schedule D, carry	forward to	o appropriate	line of Sur	nmary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Page 1 911 21112 19 91 1 91111 911
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000019658
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) WARREN BANDY	[PERSONAL FUNDS] Election: Primary General
Mailing Address 934 TAMARACK LN #6	Other (specify) ▼
City SUNNYVALE State CA	ZIP Code 94086
Original Amount of Loan Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS  Date Incurred	Date Due Interest Rate Secured:
M 09 / D 06 / Y 1984 Y 12 / D 06	0.00
List All Endorsers or Guarantors (if any) to Loan Source	3
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
COTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for thi	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Suffillary Page		
IAME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID : LOAN0000019945		
LOAN SOURCE Full Name (Last, First, Middle Initial) IAN MC CLASHAN	[PERSONAL FUNDS] Election: Primary		
Mailing Address 245 W LORRAINE ST APT 121	General Other (specify) ▼		
City GLENDALE State CA ZIP Co	ode 91202		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
1500.00	0.00		
TERMS  Date Incurred  Date Due	Interest Rate Secured:		
M 09 / D D / Y 1984   M 12 / D D / Y	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)			
TOTALS This Period (last page in this line only)  Carry outstanding balance only to LINE 3, Schedule D, for this line. If			
,	, in the second		

## SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	ige FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN0000021069
National Democratic Policy Comn			
LOAN SOURCE Full Name (Last, First, M LOUIS HARDING	fliddle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 815 N MADISON			Other (specify) ▼
City PIERRE	State SD ZIP Cod	de 57501	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
1000.00	, , , ,	0.00	1000.00
TERMS  Date Incurred	Date Due	Interest Ra	ate Secured:
M 09 / 27 / 1984		VVV	00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	99
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9.1.9.1.
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
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	 I)		1000.00
TOTALS This Period (last page in this line or	nly)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, carry fo	prward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	age FOR LINE 13 OF FO	ORM 3X
AME OF COMMITTEE (In Full)		Tı	ransaction ID : LOAN000002141	2
National Democratic Policy Comr				
LOAN SOURCE Full Name (Last, First, MARJORIE CZECZOK	Middle Initial)	[PERSONAL FUND	Election: Primary General	
Mailing Address 820 LAKE ST S			Other (specify) ▼	
City KIRKLAND	State WA ZIP Co	de 98033		
Original Amount of Loan	Cumulative Payment To	Date B	Balance Outstanding at Close of	This Period
250.00		50.00	2	200.00
TERMS  Date Incurred	Date Due	Interest R	Rate Secure	ed.
10 / 25 / 1984		V V V	100	es 🔀 No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7	
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 (optiona	l)	······ [	2	200.00
OTALS This Period (last page in this line of	nly)	<b>&gt;</b>		
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry f	orward to appropriate line of	Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	Je FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000022667
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, MROBERT A FUDO	Middle Initial)	[PERSONAL FUNDS]	Flection: Primary General
Mailing Address 24922 MUIRLANDS SP 36			Other (specify) ▼
City EL TORO	State CA ZIP Cod	de 92630	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
750.00		0.00	750.00
TERMS  Date Incurred	Date Due	Interest Ra	te Secured:
10 22 1984		1985 0.0	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	<b>y</b>
SUBTOTALS This Period This Page (optiona	l)	<b>&gt;</b>	750.00
FOTALS This Period (last page in this line or	nly)	<b>&gt;</b>	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

### SCHEDULE C (FEC Form 3X)

**LOANS** 

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) KEITH J ORR	[PERSONAL FUNDS] Election: Primary General
Mailing Address 441 PUERTO PL	Other (specify)
	ode 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 / Y 1984 M 12 / 24 / Y	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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	500.00
TOTALS This Period (last page in this line only)	<b>&gt;</b>
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

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FOR LINE 13 OF FORM 3X

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

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

rate schedule(s)
category of the
Summary Page

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000023612
lational Democratic Policy Cor	nmittee		
LOAN COURCE Full Name / Lock Fired	Middle Initial)		Election:
LOAN SOURCE Full Name (Last, First JACOB S PAINTER	., Middle Initial)	[PERSONAL FUNDS]	Finary
			General
Mailing Address 4371 SUNRISE DR			Other (specify) ▼
City CASPER		ode 82604	
Original Amount of Loan	Cumulative Payment To	o Date Bal	ance Outstanding at Close of This Period
250.00		0.00	250.00
TERMS	Date Due	Interest De	to Constradi
Date Incurred	Date Due		
10 22 1984	01 22	1985 0.0	% (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial	)	Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed	
Cita	211 0000	Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
•			
		Amount	
City Stat	te ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	te ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	715 0	Amount	
City Stat	te ZIP Code	Guaranteed Outstanding:	7
UBTOTALS This Period This Page (option	nal)	<b>&gt;</b>	250.00
OTAL O This De to 1 // or			
OTALS This Period (last page in this line	only)		7 7
arry outstanding balance only to LINE 3	, Schedule D, for this line. If	f no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary P	Page FOR LINE 13 OF FO	RM 3X
AME OF COMMITTEE (In Full)		Т	Fransaction ID : LOAN0000023623	
National Democratic Policy Comr				
LOAN SOURCE Full Name (Last, First, I RONALD A BOWDEN	Middle Initial)	[PERSONAL FUND	DSJ Election: Primary General	
Mailing Address 46 SOMERSET AVE			Other (specify) ▼	
City RIVERSIDE	State RI ZIP Cod	de 02915		
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of T	his Period
1000.00		0.00	100	0.00
TERMS  Date Incurred	Date Due	Interest F	Rate Secure	d:
10 / 22 / 1984		V V V	0.00	s X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	ul)	<b>&gt;</b> [	100	0.00
<b>TOTALS</b> This Period (last page in this line o	nly)	<b>&gt;</b>		
Carry outstanding balance only to LINE 3, S	Chedule D, for this line. If	no Schedule D, carry 1	forward to appropriate line of S	ummary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mittoo	Trai	nsaction ID : LOAN0000023624
ational Democratic Policy Com	millee		
<b>LOAN SOURCE</b> Full Name (Last, First, BRYCE JONES	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 213 W OAKRIDGE DR			Other (specify)
City FARMINGTON	State UT ZIP C	ode 84025	
Original Amount of Loan	Cumulative Payment T		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred  10 22 1984	Date Duc	e Interest Rat	
List All Endorsers or Guarantors (if any	r) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7.1.7.1.8.1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	al)	<b>&gt;</b>	1000.00
OTALS This Period (last page in this line of	only)		
arry outstanding balance only to LINE 3	Schedule D. for this line. I	If no Schedule D. carry for	ward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Suffillary Page
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000023627
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
MRS BRYCE JONES	Primary
	General
Mailing Address	Other (specify)
Mailing Address 213 W OAKRIDGE DR	Cuter (speedly)
	P Code 84025
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS	
Date Incurred Date	
10 / 22 / 1984 O1 / 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	Amount Guaranteed
Oity State ZIF Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	2-3-8400.
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
FOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this lin	ne. If no Schedule D, carry forward to appropriate line of Summary.

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

edule(s) PAGE 47 OF 143
of the Page FOR LINE 13 OF FORM 3X

	Botaliou Guillinary 1 ago
IAME OF COMMITTEE (In Full)  National Democratic Policy Committee	Transaction ID : LOAN0000023628
National Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS]   Election:
MRS DONALD MILLS	Primary
	General
Mailing Address 4495 WOODLAWN	Other (specify)
	de 77703
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
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
	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)	> 500.00
TOTALS This Period (last page in this line only)	
	7 7
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

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FOR LINE 13 OF FORM 3X

		Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transacti	ion ID : LOAN0000023683
National Democratic Policy Comn	nittee			
LOAN SOURCE Full Name (Last, First, MAMY G BRAINARD	fiddle Initial)	[PERSONAL FUI	NDSJ Ele	ection: Primary General
Mailing Address 1202 S GLADYS AVE				Other (specify)
City SAN GABRIEL	State CA ZIP Cod	de 91776		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Interes	t Rata	Secured:
10 25 / 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of 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:	- T	7
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional	1)	<b>&gt;</b>		1000.00
OTALS This Period (last page in this line or	nly)	<b>&gt;</b>		7 1 7 1 7
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, carr	y forward	to appropriate line of Summary.

Use separate schedule(s) for each category of the

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		Detailed Su	ımmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transac	ction ID : LOAN0000024453
National Democratic Policy Comr				
LOAN SOURCE Full Name (Last, First, N JAMES HOWARD PETERS	Middle Initial)	[PERSON	AL FUNDS]	lection:
JAMES HOWARD PETERS				Primary  General
Mailing Address 2380 GRANADA AVE				Other (specify)
2300 GIVANADA AVE				
City LONG BEACH	State CA ZIP Co	de 90815		
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS  Date Incurred	Date Due		Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y	YYY	0.00	
11 26 1984	05 26	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Emp	olover	
(2023, 1 103, 1 104, 1 104)			<del>)</del>	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed		
		Outstanding:	7	7
4. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
Cih.	7ID Cod-	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
L				
UBTOTALS This Period This Page (optional	ul)	·····	<u> </u>	1000.00
OTALS This Period (last page in this line o	nly)		<b>.</b>	
Carry outstanding balance only to LINE 2.5	Schodulo D. for this line 16	no Cobodule I	D corry forwar	d to appropriate line of Cummani
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no schedule I	ט, carry forwar	u to appropriate lifte of Suffiffary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summ	ary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transac	etion ID : LOAN0000024908
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M LARS THELANDER	fiddle Initial)	[PERSONAL I	FUNDS]	lection:
LARS THELANDER				Primary  General
Mailing Address 14 MOUNT CASTLE PL				Other (specify)
	717.0			
City JOHNSON CITY		de 37601		
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
500.00		0.00		500.00
TERMS  Date Incurred	Date Due	Inte	rest Rate	Secured:
11 02 1984	02 / D D / Y	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
City State	ZIP Gode	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle Initial)		Name of Employe	er	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
1				
SUBTOTALS This Period This Page (optional	i)	<b>&gt;</b>		500.00
OTALS This Period (last page in this line or	ıly)	<b>&gt;</b>		
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, ca	arry forwar	d to appropriate line of Summary.

## SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

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

## SCHEDULE C (FEC Form 3X)

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	amitta a	Transaction	ID : LOAN0000026096
ational Democratic Policy Con	nmittee		
LOAN SOURCE Full Name (Last, First, GABRIEL DICK	, Middle Initial)		n: imary eneral
Mailing Address BOX 274		Of	ther (specify)
City CARMEL	State CA ZIP (	Code 93921	
Original Amount of Loan	Cumulative Payment <sup>-</sup>		standing at Close of This Perio
500.00	,	0.00	500.00
TERMS			
Date Incurred  11 30 1984	Date Du	e Interest Rate 1984 0.00	Secured:  % (apr)  Yes X No
List All Endorsers or Guarantors (if ar	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	.,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (option	nal)	<u> </u>	500.00
OTALS This Period (last page in this line	only)	<b>&gt;</b>	7
arry outstanding balance only to LINE 3,	Schedule D. for this line	If no Schedule D. carry forward to	appropriate line of Summary

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) Ational Democratic Policy Comm	ittee	Tra	nsaction ID : LOAN0000032658
-			
LOAN SOURCE Full Name (Last, First, Mi JOHN PRICE	ddle Initial)	[PERSONAL FUNDS	Frimary  General
Mailing Address 101 S COTTAGE RD			Other (specify) ▼
City STERLING	State VA ZIP (	Code 22170	
Original Amount of Loan	Cumulative Payment	To Date Bal	lance Outstanding at Close of This Peri
750.00	, ,	0.00	750.00
TERMS  Date Incurred	Date Du	ie Interest Ra	te Secured:
M 05 / 20 / 1985	05 / 20 /	1986 0.0	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7 7 7
BTOTALS This Period This Page (optional)		. [	750.00
-			41400.00
TALS This Period (last page in this line onl	у)		71400.00

**Excluding Loans** 

(Use separate schedule(s) for each

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9

	rading Louno			Tidilibered line)	X   10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
	AIRBORNE FREIGHT CORP.				S PACKAGE SERVICE
Ì	Mailing Address POBOX 662				
ı	City State	Zip Code			
	SEATTLE	WA	98111		
	Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112089
	12.50				
	Amount Incurred This Period	Pavr	nent This Period	Outstandi	ing Balance at Close of This Period
	0.00			0.00	12.50
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor	or Craditor		Noture of F	Oakt (Durmaga)
	AMFAC HOTEL	or Creditor		ROOM RE	Debt (Purpose): :NTAL
	Mailing Address P O BOX 1926				
ŀ	City State	Zip Code			
	ALBUQUERQUE	NM	87119		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112090
	198.49				
	Amount Incurred This Period	Payr	ment This Period	Outstandi	ing Balance at Close of This Period
	0.00	, , ,	C	0.00	198.49
	C. Full Name (Last, First, Middle Initial) of Debtor ARLINGTON HILTON	or Creditor		Nature of E ROOM RE	Debt (Purpose): ENTALS
	Mailing Address 2401 EAST LAMAR BOULEVARD	)			
ŀ	City	State	Zip Code		
	ARLINGTON	TX	76011		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112363
	139.00				
	Amount Incurred This Period	Payr	nent This Period	Outstandi	ing Balance at Close of This Period
	0.00	,	(	0.00	139.00
					040.00
1)	SUBTOTALS This Period This Page (optional)			···· •	349.99
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>	7
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	}	, , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summar	y Page (last page o	only) 🕨	7

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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Lacidding Loans			numbered line)	<b>X</b>   10
NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of EQUIPME	Debt (Purpose): ENT RENTAL		
Mailing Address 235 NORTH BROAD STREET				
City State PHILADELPHIA	Zip Code PA	19107		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112091
25.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00		,	0.00	25.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AUDIO VISUAL HEADQUARTERS CORP				Debt (Purpose): ENT RENTAL
Mailing Address 361 NORTH OAK STREET				
City State INGLEWOOD	Zip Code CA	90301		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112092
11.08				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling Balance at Close of This Period
0.00			0.00	11.08
C. Full Name (Last, First, Middle Initial) of Debte AVW AUDIO VISUAL INC	or or Creditor			Debt (Purpose): ENT RENTAL
Mailing Address 1372 WYCLIFF AVE				
City DALLAS	State TX	Zip Code 75207		
Outstanding Balance Beginning This Period 65.64			Transa	ction ID : INV6010000112093
Amount Incurred This Period	Pav	ment This Period	Outstand	ling Balance at Close of This Period
0.00			0.00	65.64
1) SUBTOTALS This Period This Page (optional)			>	101.72
2) TOTALS This Period (last page this line number	r only)		<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	>	, , , , , , , , , , , , , , , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate	only) ▶	7		

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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	9
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MISC. EXPENSE BANK OF THE COMMONWEALTH Mailing Address PO BOX 32900 City State Zip Code **DETROIT** 48232 Transaction ID: INV6010000112095 Outstanding Balance Beginning This Period 1430.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1430.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** BELMONT RESTAURANT Mailing Address 541 LEXINGTON AVE. City State Zip Code **NEW YORK** NY 10022 Outstanding Balance Beginning This Period Transaction ID: INV6010000112096 110.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 110.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS BROWN PALACE HOTEL** Mailing Address P.O. BOX 1440 Zip Code City State **DENVER** 80201 CO Transaction ID: INV6010000112097 Outstanding Balance Beginning This Period 273.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 273.00 0.00 1813.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEES-ZIEGLER/CONG BRUKOFF, BERAS & STEWART, P.C. Mailing Address 3000 TOWN CENTER **SUITE 2550** State Zip Code SOUTHFIELD 48075 Transaction ID: INV6010000112099 Outstanding Balance Beginning This Period 285.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 285.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111880 2700.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2700.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111909 Outstanding Balance Beginning This Period 64.51 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 64.51 0.00 3049.51 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111912 Outstanding Balance Beginning This Period 1567.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1567.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111913 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 60.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111914 Outstanding Balance Beginning This Period 7316.85 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 7316.85 0.00 8943.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	1	Nature of Debt (Purpose): RENT		
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 800.00				Transaction ID : INV6010000111915
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	800.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  CAMPAIGNER PUBLICATIONS				Nature of Debt (Purpose): PHOTOCOPIER USAGE
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 250.00				Transaction ID: INV6010000111916
	Amount Incurred This Period	Pay	ment This Period	-	Outstanding Balance at Close of This Period
	0.00		0.	0.00	250.00
•	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			1	Nature of Debt (Purpose): TELECOMMUNICATIONS
	Mailing Address P.O. BOX 17726				
	City WASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period 1000.00				Transaction ID: INV6010000111917
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	1000.00
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	2050.00
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	▶	
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**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committed	е			
	A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	1	lature of Debt (Purpose): PRESS RELATIONS SERVICE		
-	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000111918
	8170.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00				8170.00
	B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS		lature of Debt (Purpose): ADVERTISING		
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
ŀ		DC	20041		Towns of the ID INVESTIGATION
	Outstanding Balance Beginning This Period 1310.00				Transaction ID : INV6010000111919
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0.	0.00	1310.00
	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				lature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
	Mailing Address P.O. BOX 17726				
	City WASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000111920
	11948.30				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		, 0	0.00	11948.30
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**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS			Nature RENT	of Debt (Purpose):
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 800.00	_	_	Trans	saction ID: INV6010000111921
	Amount Incurred This Period 0.00	Payı	ment This Period	Outst	anding Balance at Close of This Period 800.00
	B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	r Creditor			of Debt (Purpose): OCOPIER USAGE
ļ	Mailing Address P.O. BOX 17726	Zin Codo			
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 250.00			Tran	nsaction ID : INV6010000111922
	Amount Incurred This Period	Payı	ment This Period	Outst	anding Balance at Close of This Period
	0.00	7	0	0.00	250.00
	C. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS				of Debt (Purpose): COMMUNICATIONS
	Mailing Address P.O. BOX 17726				
Ì	City WASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period			Tran	nsaction ID : INV6010000111923
	Amount Incurred This Period 0.00	Payı	ment This Period	Outst	anding Balance at Close of This Period 1000.00
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	2050.00
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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Oebt (Purpose):
	CAMPAIGNER PUBLICATIONS	3		PRESS RE	ELATIONS SERVICE
	Mailing Address P.O. BOX 17726				
Ī	City State	Zip Code			
	WASHINGTON	DC	20041		
	Outstanding Balance Beginning This Period			Transacti	ion ID : INV6010000111924
	8170.00				
	Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00		, 0	0.00	8170.00
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTIS	Debt (Purpose): SING
	Mailing Address P.O. BOX 17726				
Ī	City State	Zip Code			
-	WASHINGTON	DC	20041		
	Outstanding Balance Beginning This Period 150.00			Transac	tion ID : INV6010000111925
	Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00	,	0	.00	150.00
	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of D	Debt (Purpose): SING
-	Mailing Address P.O. BOX 17726				
ŀ	City	State	Zip Code		
	WASHINGTON	DC	20041		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000111926
	30.00				
	Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
	0.00		C	0.00	30.00
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**Excluding Loans** numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111927 Outstanding Balance Beginning This Period 5852.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5852.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112054 13773.65 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 13773.65 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112055 Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 302 50 0.00 19928.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) Ational Democratic Policy Committe	e			
,	A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature SUBS	of Debt (Purpose): CRIPTIONS PURCHASE
١	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 7910.00			Trans	saction ID: INV6010000112056
	Amount Incurred This Period 0.00	Pay	yment This Period	Outst	anding Balance at Close of This Period
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	3. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			of Debt (Purpose): RTISING
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period 40.00			Tran	saction ID : INV6010000112057
	Amount Incurred This Period	Pay	yment This Period	Outst	anding Balance at Close of This Period
	0.00		(	0.00	40.00
(	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				of Debt (Purpose): CRIPTIONS PURCHASE
1	Mailing Address P.O. BOX 17726				
	City WASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period 7989.60			Tran	saction ID : INV6010000112058
	Amount Incurred This Period	Pay	ment This Period	Outst	anding Balance at Close of This Period
	0.00			0.00	7989.60
1)	SUBTOTALS This Period This Page (optional)			<u>}</u>	15939.60
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**Excluding Loans** 

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ee				
or Creditor			Debt (Purpose):	
CAMPAIGNER PUBLICATIONS				
7: 0 !				
Zip Code DC	20041			
	20011	Transa	ction ID : INV6010000112059	
Dev	This Davied	Outstan	dies Deleves et Oless et This Devied	
Pay			nding Balance at Close of This Period	
		0.00	800.00	
or Creditor			Debt (Purpose):	
		TELECC	OMMUNICATIONS	
•	20041			
ЪС	20041			
		Iransa	action ID : INV6010000112060	
Pay	ment This Period	Outstar	nding Balance at Close of This Period	
	(	0.00	1000.00	
or Creditor		Nature of	Debt (Purpose):	
3		RENT		
	Zip Code 20041			
		Transa	action ID : INV6010000112061	
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**Excluding Loans** 

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000112062 Outstanding Balance Beginning This Period 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112063 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 800.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELECOMMUNICATIONS** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112064 Outstanding Balance Beginning This Period 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1000.00 0.00 2800.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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

**Excluding Loans** 

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

**Excluding Loans** 

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

**Excluding Loans** 

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

**Excluding Loans** 

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

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  CAUCUS DISTRIBUTORS INC.			Nat FII	Nature of Debt (Purpose): FIELD OFFICE RENT	
	Mailing Address PO BOX 748 RADIO CITY STATION					
	City State NEW YORK	Zip Code NY	10101			
	Outstanding Balance Beginning This Period 2200.00			Т	ransaction ID : IN\	V6010000112292
	Amount Incurred This Period	Payment This Period		C	Outstanding Balance at Close of This Period	
	0.00			0.00		2200.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.				Nature of Debt (Purpose): FIELD OFFICE RENT	
	Mailing Address PO BOX 748  RADIO CITY STATION					
	City State NEW YORK	Zip Code NY	10101			
	Outstanding Balance Beginning This Period 2000.00				Transaction ID : IN	V6010000112293
	Amount Incurred This Period	Payment This Period		C	utstanding Balance	e at Close of This Period
	0.00		-	0.00		2000.00
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.				Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE	
	Mailing Address PO BOX 748 RADIO CITY STATION					
	City NEW YORK	State NY	Zip Code 10101			
	Outstanding Balance Beginning This Period			7	Transaction ID : IN	IV6010000112294
	9170.00  Amount Incurred This Period	Pay	ment This Period	C	outstanding Balance	e at Close of This Period
	0.00			0.00		9170.00
1)	SUBTOTALS This Period This Page (optional)			<u> </u>		13370.00
2)	TOTALS This Period (last page this line number of	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 only) ▶						

**Excluding Loans** 

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

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

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADJUST 1986 TEL USAGE CHG CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112298 Outstanding Balance Beginning This Period 18135.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 18135.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112299 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE USAGE** CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112300 Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9170.00 0.00 29305.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): MISC. EXPENSES		
Mailing Address CCSI COLLECTION DEPARTM P.O. BOX C5216	ENT		
City State MELVILLE	Zip Code NY 11750		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112302	
760.00	D		
Amount Incurred This Period  0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 760.00	
B. Full Name (Last, First, Middle Initial) of Debtor	an Condition	Notes of Data (Data)	
CLIFFORD B KOENIG	or Creditor	Nature of Debt (Purpose): TRAVEL AND LODGING	
Mailing Address 7195 COOPER SPUR ROAD			
City State MT HOOD/PARKDALE	Zip Code OR 97041		
Outstanding Balance Beginning This Period 556.76		Transaction ID : INV6010000112378	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	556.76	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 123 E. POST RD. (RT 22)			
City WHITE PLAINS	State Zip Code NY 10610		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112303	
120.00			
Amount Incurred This Period  0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period  120.00	
0.00	0.00	12000	
1) SUBTOTALS This Period This Page (optional)		1436.76	
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedule	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate			

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** COACHMAN INN & RESTAURANT Mailing Address 10 JACKSON DRIVE City State Zip Code **CRANFORD** 07016 Transaction ID: INV6010000112304 Outstanding Balance Beginning This Period 150.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 150.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** DALE ANDERSON'S Mailing Address 7041 FIRST AVE. City State Zip Code **SCOTTSDALE** 85251 ΑZ Outstanding Balance Beginning This Period Transaction ID: INV6010000112308 238.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 238.50 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES DAVID JAY, ESQ. Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, STE 100 City State Zip Code **BUFFALO** 14202 NY Transaction ID: INV6010000112373 Outstanding Balance Beginning This Period 306.35 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 306.35 0.00 694.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committ	ee	•				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor					
DAVID KILBUR	POSTA					
Mailing Address 1901 NORIEGA #5						
City State	Zip Code					
SAN FRANCISCO	CA 94122					
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112376			
194.93						
Amount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period			
0.00		0.00	194.93			
B. Full Name (Last, First, Middle Initial) of Debtor DOUBLEWOOD INN BEST WE			of Debt (Purpose): RENTAL			
Mailing Address 3333 13TH AVE. SOUTH						
City State	Zip Code					
FARGO	ND 58103					
Outstanding Balance Beginning This Period		Tran	saction ID: INV6010000113252			
36.40						
Amount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period			
0.00		0.00	36.40			
C. Full Name (Last, First, Middle Initial) of Debto			of Debt (Purpose): OFFICE RENT			
Mailing Address P.O. BOX 268						
City	State Zip Code					
DREXEL HILL	PA 19026					
Outstanding Balance Beginning This Period		Tran	saction ID: INV6010000114470			
200.00						
Amount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period			
0.00	7	0.00	200.00			
SUBTOTALS This Period This Page (optional)		<b>)</b>	431.33			
2) TOTALS This Period (last page this line number	only)	<b>.</b>				
3) TOTAL OUTSTANDING LOANS from Schedule	) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	e only) ►	7			

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Comm	ittee					
A. Full Name (Last, First, Middle Initial) of De		Nature of Deb	ot (Purpose): ELEPHONE USAGE			
	EASTERN STATES DISTRIBUTORS					
Mailing Address P.O. BOX 268						
City State	Zip Code					
DREXEL HILL	PA 19026					
Outstanding Balance Beginning This Period		Transaction	n ID : INV6010000114471			
915.00						
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period			
0.00		0.00	915.00			
B. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBI		Nature of Deb FIELD OFFIC				
Mailing Address P.O. BOX 268						
City State	Zip Code					
DREXEL HILL	PA 19026					
Outstanding Balance Beginning This Period 200.00		Transactio	on ID : INV6010000114472			
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period			
0.00		0.00	200.00			
C. Full Name (Last, First, Middle Initial) of De EASTERN STATES DISTRIE		Nature of Det FLD OFFC T	ot (Purpose): ELEPHONE USAGE			
Mailing Address P.O. BOX 268						
City DREXEL HILL	State Zip Code PA 19026					
Outstanding Balance Beginning This Period 915.00		Transactio	on ID : INV6010000114473			
Amount Incurred This Period	Payment This Period	Outstanding	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	per only)	>	, , , , , , , , , , , , , , , , , , , ,			
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)					
4) ADD 2) and 3) and carry forward to appropria	ate line of Summary Page (last page	only) ▶	, ,			

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee			
	A. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU	Nature of Debt (Purpose): FIELD OFFICE RENT			
	Mailing Address P.O. BOX 268				
	City State DREXEL HILL	Zip Code PA	19026		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000114474
	200.00				
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	200.00
	B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT		Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE		
	Mailing Address P.O. BOX 268				
	City State DREXEL HILL	Zip Code PA	19026		
	Outstanding Balance Beginning This Period		Transaction ID : INV6010000114475		
	915.00				
	Amount Incurred This Period	Pa	yment This Period		Outstanding 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 Debt (Purpose): RENT
	Mailing Address P.O. BOX 268				
	City DREXEL HILL	State PA	Zip Code 19026		
	Outstanding Balance Beginning This Period				Transaction ID: INV6010000114476
	200.00				
	Amount Incurred This Period	Pa	yment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	200.00
1)	SUBTOTALS This Period This Page (optional)			▶	1315.00
2)	TOTALS This Period (last page this line number	only)		▶	
3)	TOTAL OUTSTANDING LOANS from Schedule (	▶	7 7 7		
4)	ADD 2) and 3) and carry forward to appropriate	only) ►			

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е				
	A. Full Name (Last, First, Middle Initial) of Debtor  EASTERN STATES DISTRIBUT	Nature TELE	of Debt (Purpose): PHONE USAGE			
	Mailing Address P.O. BOX 268					
	City State DREXEL HILL	Zip Code PA	19026			
	Outstanding Balance Beginning This Period			Tran	saction ID : INV60100001	14477
	915.00					
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close	of This Period
	0.00	,	,	0.00		915.00
	B. Full Name (Last, First, Middle Initial) of Debtor ( EDGEWATER INN	or Creditor			of Debt (Purpose): MRENTAL	
	Mailing Address PIER 67					
- 1	City State SEATTLE	Zip Code WA	98121			
ŀ	Outstanding Balance Beginning This Period	VVA		Tra	nsaction ID : INV60100001	113744
	205.00			114	isaction ib . iivvooroooo	1107-4-4
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close	of This Period
	0.00	,		0.00		205.00
_	C. Full Name (Last, First, Middle Initial) of Debtor EDWARD CORPUS	or Creditor		Nature PRIN	of Debt (Purpose): TING	
	Mailing Address 1339 MARYLAND ST. APT. 1					
	City LOS ANGELES	State CA	Zip Code 90017			
	Outstanding Balance Beginning This Period 22.95			Tra	nsaction ID : INV6010000 <sup>2</sup>	112307
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close	of This Period
	0.00	7		0.00	7	22.95
1)	SUBTOTALS This Period This Page (optional)			<u>}</u>	7	1142.95
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	, , , , , , , , , , , , , , , , , , , ,	
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page o	only) ▶		

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e			
	A. Full Name (Last, First, Middle Initial) of Debtor  EMERY WORLDWIDE		Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE		
İ	Mailing Address P.O. BOX 100				
	City State	Zip Code			
	BALTIMORE	MD	21277		Turner in ID INNOCACOCA ACCAS
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112315
	11.50				
	Amount Incurred This Period	Pay	ment This Period	-	Outstanding Balance at Close of This Period
	0.00		0	0.00	11.50
	B. Full Name (Last, First, Middle Initial) of Debtor				Nature of Debt (Purpose):
	ERIE HILTON HOTELERIE/PA				ROOM RENTALS
f	Mailing Address C/O METROPOLITAN HOTELS, I	INC.			
	2 EAST FAYETTE STREET				
	City State BALTIMORE	Zip Code	04000		
-		MD	21202		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112364
	37.10				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	37.10
	C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS	or Creditor			Nature of Debt (Purpose): TRAVEL AND LODGING
ŀ	Mailing Address 826 GARWOOD ROAD				
-	City	State	Zip Code		
	ERIAL	NJ	08081		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112094
	206.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		C	0.00	206.00
1)	SUBTOTALS This Period This Page (optional)			▶	254.60
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			<b>&gt;</b>	
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ary Page (last page o	only) <b>&gt;</b>	

**Excluding Loans** 

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

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AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): PRINTING		
EVELYN LANTZ			
Mailing Address 1826 NORIEGA STREET			
City State	Zip Code		
SAN FRANCISCO	CA 94122	Transaction ID : INV6040000442206	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112386	
60.98			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Pe	riod
0.00	0.00	60.98	_
B. Full Name (Last, First, Middle Initial) of Debtor EXECUTIVE HOTEL & SPA	or Creditor	Nature of Debt (Purpose): MEETING ROOM RENTAL	
Mailing Address 1055 FIRST AVE.			
City State	Zip Code		
SAN DIEGO	CA 92101		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114372	
100.00	D T D		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Pe	rioa
0.00	0.00	100.00	_
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 4020 SOUTHWEST FREEWAY			
City HOUSTON	State Zip Code TX 77027		
Outstanding Balance Beginning This Period 22.00		Transaction ID : INV6010000112317	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Pe	riod
0.00	0.00	22.00	
CURTOTAL C This Deviced This Deve (antique)		182.98	$\overline{}$
) SUBTOTALS This Period This Page (optional)  ) TOTALS This Period (last page this line number		102.00	╡
) TOTAL OUTSTANDING LOANS from Schedule			╡
		_ <del> </del>	╡
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A State Zip Code TN **MEMPHIS** 38194 Transaction ID: INV6010000112318 Outstanding Balance Beginning This Period 275.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 275.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A City State Zip Code **MEMPHIS** TN 38194 Outstanding Balance Beginning This Period Transaction ID: INV6010000112319 14.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 14.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City State Zip Code PALISADES PARK 07650 NJ Transaction ID: INV6010000113745 Outstanding Balance Beginning This Period 254.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 254.00 0.00 543.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE State Zip Code PALISADES PARK 07650 Transaction ID: INV6010000113746 Outstanding Balance Beginning This Period 57.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 57.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): LIST PURCHASE FUSION ENERGY FOUNDATION Mailing Address 250 W 57TH ST. STE.1711 City State Zip Code **NEW YORK** NY 10019 Outstanding Balance Beginning This Period Transaction ID: INV6010000112327 4439.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4439.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MISC. EXPENSE HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City State Zip Code **BERLIN** 08009 NJ Transaction ID: INV6010000112396 Outstanding Balance Beginning This Period 233.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 233.00 0.00 4729.10 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e				
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN	Na R	Nature of Debt (Purpose): ROOM RENTALS			
	Mailing Address 1614 CENTRAL AVENUE					
	City State ALBANY	Zip Code NY				
	Outstanding Balance Beginning This Period	INI	12205	7	ransaction ID : IN	W6010000112341
	40.00					
	Amount Incurred This Period	Pay	ment This Period	(	Outstanding Baland	ce at Close of This Period
	0.00			0.00		40.00
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN & HOLIDOME				ture of Debt (Purp OOM RENTALS	pose):
	Mailing Address 1501 FREEWAY BLVD.					
	City State MINNEAPOLIS	Zip Code MN	55430			
	Outstanding Balance Beginning This Period 42.00				Transaction ID : I	NV6010000112996
	Amount Incurred This Period	Pay	ment This Period	(	Outstanding Baland	ce at Close of This Period
	0.00	7		0.00		42.00
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2	or Creditor			ture of Debt (Purp OOM RENTALS	oose):
	Mailing Address 5401 GREEN VALLEY DRIVE					
	City BLOOMINGTON	State MN	Zip Code 55437			
	Outstanding Balance Beginning This Period				Transaction ID : I	NV6010000112340
	157.50  Amount Incurred This Period	Pov	ment This Period	(	Outstanding Raland	ce at Close of This Period
	0.00	T ay	ment mis i endu	0.00	Juistanding Balan	157.50
						220.50
1)	SUBTOTALS This Period This Page (optional)			<u> </u>		239.50
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>		. ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	<b>&gt;</b>		. ,
4)	ADD 2) and 3) and carry forward to appropriate I	only) ▶	,			

**Excluding Loans** 

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHEEKTOWAGA Mailing Address 609 DINGENS ST. State Zip Code **CHEEKTOWAGA** 14206 Transaction ID: INV6010000112342 Outstanding Balance Beginning This Period 23.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 23.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHERRY HILL Mailing Address RTE 70 & SAYRE AVENUE City State Zip Code **CHERRY HILL** 08034 NJ Outstanding Balance Beginning This Period Transaction ID: INV6010000112343 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 50.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHICO Mailing Address 685 MANZANITA COURT Zip Code City State CHICO 95926 CA Transaction ID: INV6010000112344 Outstanding Balance Beginning This Period 45.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 45 00 0.00 118.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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

**Excluding Loans** 

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN COLISEUM Mailing Address 440 WEST 57TH STREET State Zip Code NY **NEW YORK** 10019 Transaction ID: INV6010000112345 Outstanding Balance Beginning This Period 224.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 224.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CONCORD Mailing Address 1050 BURNETT AVE. City State Zip Code CONCORD CA 94520 Outstanding Balance Beginning This Period Transaction ID: INV6010000112346 97.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 97.24 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN DOWNTOWN Mailing Address 1015 ELM STREET City State Zip Code **DALLAS** 75202 TX Transaction ID: INV6010000112347 Outstanding Balance Beginning This Period 52.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 52 00 0.00 373.24 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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

**Excluding Loans** 

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

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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 ROOM RE	ebt (Purpose): NTALS
Mailing Address 8040 PERRY HWY.				
City State ERIE	Zip Code PA	16509		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112348
47.70				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00		,	0.00	47.70
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN HAUPPAUGE	or Creditor		Nature of D ROOM RE	lebt (Purpose): NTALS
Mailing Address				
City State HAUPPAUGE	Zip Code NY	11788		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112349
60.00				
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period
0.00	,	(	0.00	60.00
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN KENILWORTH	or or Creditor		Nature of D ROOM RE	lebt (Purpose): NTALS
Mailing Address BLVD. & SOUTH 31ST ST.				
City KENILWORTH	State NJ	Zip Code 07033		
Outstanding Balance Beginning This Period 45.00			Transact	tion ID : INV6010000112352
Amount Incurred This Period	Pav	ment This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	45.00
1) SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	152.70
2) TOTALS This Period (last page this line number	only)		<b>&gt;</b>	, , , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page or	nly)	>	7
4) ADD 2) and 3) and carry forward to appropriate	only) ►	7		

**Excluding Loans** 

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

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committed	е				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN OF RICHMOND BELLS					Nature of Debt (Purpose): ROOM RENTALS	
Ī	Mailing Address 4303 COMMERCE RD.					
	City State RICHMOND	Zip Code VA 23234				
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112358	
	157.30					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00	7		0.00	157.30	
Ì	B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN OF WILLMAR	or Creditor			Nature of Debt (Purpose): ROOM RENTALS	
Ì	Mailing Address P.O. BOX 1157					
	City State WILLMAR	Zip Code MN	56201			
	Outstanding Balance Beginning This Period 45.00				Transaction ID : INV6010000112362	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00			0.00	45.00	
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN PROVIDENCE R				Nature of Debt (Purpose): ROOM RENTALS	
Ì	Mailing Address 21 ATWELLS AVENUE					
	City PROVIDENCE	State RI	Zip Code 02903			
-	Outstanding Balance Beginning This Period 75.00				Transaction ID : INV6010000112357	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00			0.00	75.00	
1)	SUBTOTALS This Period This Page (optional)			▶	277.30	
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	ıly)	<b>&gt;</b>		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)						

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN ROCHESTER-AIRPORT Mailing Address 911 BROOKS AVENUE City State Zip Code NY **ROCHESTER** 14624 Transaction ID: INV6010000112359 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN ROCKVILLE Mailing Address 173 SUNRISE HWY. City State Zip Code ROCKVILLE. L.I. NY 11570 Outstanding Balance Beginning This Period Transaction ID: INV6010000112360 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 50.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN SCHENECTADY Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKLIN City State Zip Code **SCHENECTADY** 12305 NY Transaction ID: INV6010000112361 Outstanding Balance Beginning This Period 45.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 45 00 0.00 145.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Po	licy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOLIDAY INN-AIRPORT/NORTH  Mailing Address 4545 N. LINDBURGH BLVD.				
Mailing Address 4545 N. LINE					
City State BRIDGETON		Zip Code MO	63044		
Outstanding Balance Beginn	ing This Period			Transa	action ID : INV6010000112354
Amount Incurred This	Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period
	0.00	,	9	0.00	79.22
, , , , , , , , , , , , , , , , , , , ,	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOOVER BROTHERS, INC.				of Debt (Purpose): MENT RENTAL
Mailing Address P.O. BOX 72	3				
City State TEMPLE		Zip Code TX	76503		
Outstanding Balance Beginn	ing This Period 33.90			Trans	saction ID : INV6010000112369
Amount Incurred This	Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period
,	0.00	7	(	0.00	33.90
C. Full Name (Last, First, Mid HOWARD JOHNS		r Creditor			of Debt (Purpose): RENTALS
Mailing Address P.O. BOX 30	45				
City BOSTON		State MA	Zip Code 02107		
Outstanding Balance Beginn				Trans	saction ID : INV6010000112365
Amount Incurred This	102.92 Period	Payı	ment This Period	Outsta	nding Balance at Close of This Period
	0.00	,	7	0.00	102.92
1) SUBTOTALS This Period This	Page (optional)				216.04
2) TOTALS This Period (last page	e this line number on	ly)		<b>&gt;</b>	7 7 7
3) TOTAL OUTSTANDING LOAD	NS from Schedule C (	last page on	ly)	<b>&gt;</b>	
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**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committed	e				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HUDSON'S WASHINGTON NEWS MEDIA				Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE	
	Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N					
	City State BETHESDA	Zip Code MD	20814			
	Outstanding Balance Beginning This Period 88.04			Transa	ction ID : INV6010000112370	
	Amount Incurred This Period	Pay	ment This Period	Outstar	ading Balance at Close of This Period 88.04	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	B. Full Name (Last, First, Middle Initial) of Debtor of HYATT PALO ALTO	or Creditor			Debt (Purpose): RENTALS	
	Mailing Address 4290 EL CAMINO REAL					
	City State PALO ALTO	Zip Code CA	94306			
	Outstanding Balance Beginning This Period			Trans	action ID : INV6010000112371	
	58.43					
	Amount Incurred This Period	Pay	ment This Period	Outstar 0.00	ading Balance at Close of This Period 58.43	
	0.00	, ,	, ,	7.00	30.43	
	C. Full Name (Last, First, Middle Initial) of Debtor IVON BUCHANON	or Creditor			Debt (Purpose): CARD MERCHANT DISC	
	Mailing Address 423L UNIVERSITY BOULEVARD					
	City DALLAS	State TX	Zip Code 75205			
	Outstanding Balance Beginning This Period 1000.00			Trans	action ID : INV6010000112100	
	Amount Incurred This Period	Pay	ment This Period	Outstar	nding Balance at Close of This Period	
	0.00		, (	0.00	1000.00	
1)	SUBTOTALS This Period This Page (optional)				1146.47	
2)	TOTALS This Period (last page this line number of	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	ıly)	>		
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summa	ry Page (last page o	only) 🕨	.,,	

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 94
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** JACK TAR HOTEL Mailing Address VAN NESS GEARY State Zip Code CA SAN FRANCISCO 94101 Transaction ID: INV6010000112372 Outstanding Balance Beginning This Period 16.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 16.40 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **LITERATURE** JERRY LITTON MEMORIAL FUND Mailing Address PO BOX 220 City State Zip Code CHILLICOTHE MO 64601 Outstanding Balance Beginning This Period Transaction ID: INV6010000112390 10.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 10.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** KAREN BRUBAKER Mailing Address 1516 VINEWOOD #207 City State Zip Code **DETROIT** 48216 MI Transaction ID: INV6010000112098 Outstanding Balance Beginning This Period 59.03 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 59.03 0.00 85.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Commit	tee	
A. Full Name (Last, First, Middle Initial) of Debi KING COLE PROJECTION SE  Mailing Address 36-16 29TH STREET	Nature of Debt (Purpose): EQUIPMENT RENTAL	
	7: 0 1	
City State LONG ISLAND CITY	Zip Code NY 11106	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112377
84.95		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00 84.95
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor	Nature of Debt (Purpose): SUB. NOT ENTERED IN 1987
Mailing Address RT. 1, BOX 22		
City State STERLING	Zip Code VA 22170	
Outstanding Balance Beginning This Period 45071.87		Transaction ID: INV6010000115120
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	, , , , ,	0.00 45071.87
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22		
City STERLING	State Zip Code VA 22170	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000115123
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	T dymont This T check	0.00 1649.60
SUBTOTALS This Period This Page (optional).		\$\(\begin{array}{cccccccccccccccccccccccccccccccccccc
2) TOTALS This Period (last page this line number	er only)	<b>&gt;</b>
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4) ADD 2) and 3) and carry forward to appropriate	ge only) ▶	

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**Excluding Loans** numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115207 Outstanding Balance Beginning This Period 1349.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1349.80 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115362 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115364 Outstanding Balance Beginning This Period 1410.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1410.40 0.00 3760.20 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	Nature of SUBSCR	Debt (Purpose): IPTIONS PURCHASE		
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000115365
Amount Incurred This Period 0.00	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	or Craditor	,		7
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Greditor			Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA	22170		
Outstanding Balance Beginning This Period 554.90			Transa	ction ID : INV6010000115368
Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
0.00		C	0.00	554.90
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): RIPTIONS PURCAHSE
Mailing Address RT. 1, BOX 22				
City STERLING	State VA	Zip Code 22170		
Outstanding Balance Beginning This Period 239.90			Transa	ction ID : INV6010000115371
Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
0.00	,	(	0.00	239.90
1) SUBTOTALS This Period This Page (optional)				2145.65
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page on	ly)	<b>&gt;</b>	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ry Page (last page o	nly) 🕨	

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее		
	A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
	Mailing Address RT. 1, BOX 22			
- 1	City State	Zip Code		
-	STERLING  Outstanding Release Regioning This Region	VA	22170	Transaction ID : INV6010000115372
	Outstanding Balance Beginning This Period 119.75			Transaction 12 : INVOCTOCCCT 13572
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00	1 (3)		00 119.75
-	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	KMW PUBLISHING CO.			SUBSCRIPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22			
- 1	City State STERLING	Zip Code VA	22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115375
	185.10			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	00 185.10
	C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
f	Mailing Address RT. 1, BOX 22			
	City	State	Zip Code	
	STERLING	VA	22170	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000115377
	Amount Incurred This Period	Po	mont This Pariod	Outstanding Balance at Close of This Period
	0.00	ray	ment This Period	.00 81.00
	7		Ü.	
1)	SUBTOTALS This Period This Page (optional)			▶ 385.85
2)	TOTALS This Period (last page this line number	only)		>
3)	TOTAL OUTSTANDING LOANS from Schedule (	C (last page o	nly)	· · · · · · · · · · · · · · · · · · ·
4)	ADD 2) and 3) and carry forward to appropriate	nly) ▶		

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  KMW PUBLISHING CO.				of Debt (Purpose): CRIPTIONS PURCHASE
-	Mailing Address RT. 1, BOX 22				
-	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 62.35			Trans	action ID : INV6010000115378
	Amount Incurred This Period 0.00	Pay	ment This Period	Outsta	anding Balance at Close of This Period 62.35
-	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature	of Debt (Purpose):
	KMW PUBLISHING CO.				CRIPTIONS PURCHASE
	Mailing Address RT. 1, BOX 22				
- 1	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 42.10			Tran	saction ID : INV6010000115379
	Amount Incurred This Period	Pay	ment This Period	Outsta	anding Balance at Close of This Period
	0.00			0.00	42.10
	C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			of Debt (Purpose): CRITOINS PURCHASE
-	Mailing Address RT. 1, BOX 22				
	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period 51.10			Tran	saction ID : INV6010000115380
	Amount Incurred This Period	Pay	ment This Period	Outsta	anding Balance at Close of This Period
	0.00		-	0.00	51.10
1)	SUBTOTALS This Period This Page (optional)			<b>)</b>	155.55
2)	TOTALS This Period (last page this line number	only)		<u>}</u>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	<b>&gt;</b>	
4)	ADD 2) and 3) and carry forward to appropriate I	only) 🕨			

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		•	V V	
ee				
or or Creditor		Nature of Debt (Pu	rpose):	
		SUBSCRIPTIONS	PURCHASE	
		_		
Zip Code				
VA 22170				
		Transaction ID : I	NV6010000115381	
Payment This Perio	od	Outstanding Balar	nce at Close of This Period	
	0.00		13.45	
	0.00			
or Creditor				
		SUBSCRIPTIONS	PURCHASES	
		_		
•				
VA 22170				
		Transaction ID :	INV6010000115383	
Payment This Perio	od	Outstanding Balar	nce at Close of This Period	
	0.00		4567.27	
or or Creditor				
		SUBSCRIPTIONS	PURCHASE	
		-		
·				
VA 22110		Transaction ID	INIVERAGE 000044 F394	
		Transaction ID:	1000010000115364	
Payment This Perio	od	Outstanding Balar	nce at Close of This Period	
	0.00	1	19.20	
7			7	
	_		4500.02	
	······································		4599.92	
only)				
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	Zip Code VA 22170  Payment This Period or or Creditor  Payment This Period or or Creditor  State Zip Code VA 22170  Payment This Period or or Creditor  C (last page only)	Zip Code VA 22170  Payment This Period  Zip Code VA 22170  Zip Code VA 22170  Payment This Period  O.00  Or or Creditor  State Zip Code VA 22170  Payment This Period  Payment This Period	Transaction ID:  Payment This Period  Outstanding Balar	

**Excluding Loans** 

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Lacidding Loans	num				
NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debto	Nature of I SUBSCRI	Debt (Purpose): PTIONS PURCHASE			
Mailing Address RT. 1, BOX 22					
City State STERLING	Zip Code VA	22170			
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115385	
25.34					
Amount Incurred This Period  0.00	Pay	ment This Period	Outstand	ing Balance at Close of This Period 25.34	
P. Full Name (Lost First Middle Initial) of Debtor	or Craditar		Noture of I	Ooht (Dumass):	
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			Debt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING	Zip Code VA	22170			
Outstanding Balance Beginning This Period			Transac	etion ID : INV6010000115386	
397.04					
Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period	
0.00			0.00	397.04	
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor			Debt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City STERLING	State VA	Zip Code 22170			
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115387	
33.88  Amount Incurred This Period	Pay	ment This Period	Outstand	ing Balance at Close of This Period	
0.00	ray		0.00	33.88	
				450.00	
1) SUBTOTALS This Period This Page (optional)				456.26	
2) TOTALS This Period (last page this line number	only)		····		
3) TOTAL OUTSTANDING LOANS from Schedule	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate	only) 🕨				

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
KMW PUBLISHING CO.	SUBSCRIF HONS FUNCTIAGE	
Mailing Address RT. 1, BOX 22		
City State	Zip Code	_
STERLING	VA 22170	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000115388
101.14		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	101.14
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
KMW PUBLISHING CO.		SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22		
City State	Zip Code	
STERLING	VA 22170	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000115410
121.51		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	121.51
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor	Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
Mailing Address RT. 1, BOX 22		
City	State Zip Code	
STERLING	VA 22170	
Outstanding Balance Beginning This Period 25.00		Transaction ID : INV6010000115422
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	25.00
SUBTOTALS This Period This Page (optional)		247.65
2) TOTALS This Period (last page this line number		
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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cluding Loans	X 10		
AME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	Debt (Purpose):
KMW PUBLISHING CO.		SUBSCRIE	PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transacti	on ID : INV6010000115444
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	1125.00
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor		Pebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000115457
800.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.	.00	800.00
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Pebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City STERLING	State Zip Code VA 22170		
Outstanding Balance Beginning This Period		Transac	tion ID : INV6010000115458
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	12.75
SUBTOTALS This Period This Page (optional)		}	1937.75
) TOTALS This Period (last page this line number	only)	>	7
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	7
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page or	nlv) 🕨	

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее			
	A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	r or Creditor			Nature of Debt (Purpose): SUBSCRIPTION
	Mailing Address RT. 1, BOX 22				
	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 50.00				Transaction ID: INV6010000115469
	Amount Incurred This Period	Pay	ment This Period		Outstanding 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			Nature of Debt (Purpose): SUBSCRIPTION PURCHASES
	Mailing Address RT. 1, BOX 22				
	City State STERLING	Zip Code VA	22170		
	Outstanding Balance Beginning This Period 750.00				Transaction ID : INV6010000115470
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		,	0.00	750.00
•	C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			Nature of Debt (Purpose): SUBSCRIPTION PURCHASES
	Mailing Address RT. 1, BOX 22				
	City STERLING	State VA	Zip Code 22170		
	Outstanding Balance Beginning This Period 50.00				Transaction ID : INV6010000115471
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	7		0.00	50.00
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	850.00
2)	TOTALS This Period (last page this line number	only)		<b>&gt;</b>	
3)	TOTAL OUTSTANDING LOANS from Schedule (	C (last page o	nly)	<b>&gt;</b>	
4)	ADD 2) and 3) and carry forward to appropriate				

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  KMW PUBLISHING CO.				Nature of Debt (Purpose): SUBSCRIPTION PRUCHASES	
Mailing Address RT. 1, BOX 22					
City State STERLING	Zip Code VA	22170			
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000115472	
50.00  Amount Incurred This Period	Pay	rment This Period	Outstand	ing Balance at Close of This Period	
0.00	, ,		0.00	50.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				Debt (Purpose): PTION PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING	Zip Code VA	22170			
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000115481	
3734.90  Amount Incurred This Period	Do	rment This Deviced	Outstand	ing Balance at Close of This Period	
0.00	ray	ment This Period	0.00	3734.90	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				Debt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City STERLING	State VA	Zip Code 22170			
Outstanding Balance Beginning This Period 199.25			Transac	etion ID : INV6010000115482	
Amount Incurred This Period	Pay	ment This Period		ing Balance at Close of This Period	
0.00			0.00	199.25	
1) SUBTOTALS This Period This Page (optional)			<u>+</u>	3984.15	
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	only) ►				

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
KMW PUBLISHING CO.				SUBSCRIP	TIONS FUNCTIASE	
Mailing Address RT. 1, BOX 22						
City State	Zip Code					
STERLING	VA	22170			ID 100/00/0000//	- 400
Outstanding Balance Beginning This Period				Transacti	on ID : INV601000011	0483
2030.98						
Amount Incurred This Period	Paym	ent This Period		Outstandir	ng Balance at Close o	f This Period
0.00		0	0.00		7	2030.98
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor				ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22						
City State STERLING	Zip Code VA	22170				
Outstanding Balance Beginning This Period				Transact	ion ID : INV601000011	5484
25.00						
Amount Incurred This Period	Paym	ent This Period		Outstandir	ng Balance at Close o	f This Period
0.00		0	0.00		7	25.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.					ebt (Purpose): PTION PURCHASE	
Mailing Address RT. 1, BOX 22						
City STERLING	State VA	Zip Code 22170				
Outstanding Balance Beginning This Period			·	Transact	ion ID : INV601000011	5486
Amount Incurred This Period	Paym	ent This Period		Outstandir	ng Balance at Close o	f This Period
0.00	1 1 1	C	0.00		7	10.00
1) SUBTOTALS This Period This Page (optional)			▶		7	2065.98
) TOTALS This Period (last page this line number only)			▶		7 1 7	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					7	
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶						

**Excluding Loans** 

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

**Excluding Loans** 

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

**Excluding Loans** 

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

**Excluding Loans** 

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

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Excluding Loans	numbered line)	<b>X</b> 10		
NAME OF COMMITTEE (In Full)  National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
MARTY SIMON			FREIGHT	AND POSTAGE
Mailing Address 2971 W 8TH ST. #111				
City State	Zip Code			
LOS ANGELES	CA	96402		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112907
154.47				
7				
Amount Incurred This Period	Payı	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	154.47
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):
MC GUINESS & WILLIAMS				Y EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200 City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114180
446.69				
Amount Incurred This Period	Payı	ment This Period	Outstandir	ng Balance at Close of This Period
0.00	7	0.	.00	446.69
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): Y FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200 City	State	Zip Code		
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114182
626.32				
Amount Incurred This Period	Payı	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	626.32
, , , , , , , , , , , , , , , , , , , ,				,
1) SUBTOTALS This Period This Page (optional)			>	1227.48
2) TOTALS This Period (last page this line number of	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	, , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summar	y Page (last page or	nly) ▶	A A

**Excluding Loans** 

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State Zip Code DC WASHINGTON 20005 Transaction ID: INV6010000114183 Outstanding Balance Beginning This Period 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 800.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** City State Zip Code WASHINGTON DC 20005 Outstanding Balance Beginning This Period Transaction ID: INV6010000114184 3179.29 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3179.29 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** Zip Code City State WASHINGTON DC 20005 Transaction ID: INV6010000114185 Outstanding Balance Beginning This Period 3.32 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3 32 0.00 3982.61 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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

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Excluding Loans	excluding Loans number			
NAME OF COMMITTEE (In Full)  National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	Pebt (Purpose):
MC GUINESS & WILLIAMS			ATTORNE	Y EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114186
5.50				
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00	,	, (	0.00	5.50
D. Full Name (Lost First Middle Initial) of Debter	or Craditar		Notice of F	Acht (Dumana)
B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor		ATTORNE	Debt (Purpose): Y FEES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200				
City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000114189
255.00				
Amount Incurred This Period	Payn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00	,	C	.00	255.00
C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			Debt (Purpose): ELEASE DISTRIBUTN
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City	State	Zip Code		
PHILADELPHIA	PA	19103		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112397
60.00				
Amount Incurred This Period	Pavn	nent This Period	Outstandi	ng Balance at Close of This Period
0.00			0.00	60.00
1) SUBTOTALS This Period This Page (optional)			>	320.50
2) TOTALS This Period (last page this line number of	only)		<b>&gt;</b>	4
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	>	77
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summar	/ Page (last page o	nly) ▶	

**Excluding Loans** 

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее			
,	A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of	Debt (Purpose): L DIST-ELDER/USS
	MEDIAWIRE				L DIST-ELDER/033
Ī	Mailing Address 117 SOUTH 17TH ST. SUITE 210				
1	City State	Zip Code			
	PHILADELPHIA	PA	19103		
	Outstanding Balance Beginning This Period			Transac	ction ID: INV6010000112398
	65.00				
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00		,	0.00	65.00
Ī	B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			Debt (Purpose): _ DIST-DOUGLAS/GOV
Ī	Mailing Address 117 SOUTH 17TH ST. SUITE 210				
(	City State	Zip Code			
	PHILADELPHIA	PA	19103		
	Outstanding Balance Beginning This Period 35.00			Transa	action ID : INV6010000112399
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
		1 0			
	0.00			0.00	35.00
(	C. Full Name (Last, First, Middle Initial) of Debto MELVIN S. NASH	r or Creditor			Debt (Purpose): NEY FEES & EXPENSES
1	Mailing Address 204 WASHINGTON AVENUE, N	.E.			
-	City	State	Zip Code		
	MARIETTA	GA	30060		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000114254
	2354.40				
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00			0.00	2354.40
1)	SUBTOTALS This Period This Page (optional)			}	2454.40
2)	TOTALS This Period (last page this line number	only)			
3)	TOTAL OUTSTANDING LOANS from Schedule 0	C (last page o	nly)	>	7
4)	ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page	only) ▶	

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full)

National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):	
MELVIN S. NASH	ATTORNEY FEES & EXPENSES		
Mailing Address 204 WASHINGTON AVENUE, N.E	<b>E.</b>		
City State	Zip Code	-	
MARIETTA	GA 30060		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000114255	
1496.91			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1496.91	
B. Full Name (Last, First, Middle Initial) of Debtor of MICHAEL FRANK, ESQ.	or Creditor	Nature of Debt (Purpose): ATTY FEES-WINTER/CONG	
WICHALL FRANK, LOQ.			
Mailing Address 434 SPITZER BLDG			
City State	Zip Code	-	
TOLEDO	OH 43604		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112321	
400.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	400.00	
C. Full Name (Last, First, Middle Initial) of Debtor MICHAEL HODGEKISS	or Creditor	Nature of Debt (Purpose): PRINTING	
Mailing Address 1265 48TH AVE.			
City	State Zip Code	1	
SAN FRANCISCO	CA 94122		
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112368	
127.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	127.20	
		, , , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page (optional)	<u> </u>	2024.11	
TOTALS This Period (last page this line number of	nly)		
TOTAL OUTSTANDING LOANS from Schedule C	(last page only)		
ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)		

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	Э		•	
A	A. Full Name (Last, First, Middle Initial) of Debtor of NEW BENJAMIN FRANKLIN HO	Nature of LITERAT	Debt (Purpose): TURE PURCHASE		
N	Mailing Address 304 W 58TH ST.				
- 1	City State NEW YORK	Zip Code NY 10019			
	Outstanding Balance Beginning This Period 176.50			Transac	ction ID : INV6010000112400
	Amount Incurred This Period	Payr	ment This Period		ding Balance at Close of This Period
	0.00			0.00	176.50
	B. Full Name (Last, First, Middle Initial) of Debtor or NEW HAMPSHIRE HIGHWAY HO			Nature of ROOM R	Debt (Purpose): ENTALS
	Mailing Address FT. EDDY ROAD				
	City State CONCORD	Zip Code NH	03301		
	Outstanding Balance Beginning This Period 75.20			Transa	action ID : INV6010000112401
	Amount Incurred This Period	Payr	ment This Period	Outstan	ding Balance at Close of This Period
	0.00		0	0.00	75.20
C	C. Full Name (Last, First, Middle Initial) of Debtor of NEW SOLIDARITY INT'L PRESS			Nature of ADVERT	Debt (Purpose): TISING
N	Mailing Address 304 W. 58TH ST. 5TH FL.				
- 1	City NEW YORK	State NY	Zip Code 10019		
	Outstanding Balance Beginning This Period 540.00			Transa	action ID : INV6010000112402
	Amount Incurred This Period	Payr	ment This Period	Outstan	ding Balance at Close of This Period
	0.00		(	0.00	540.00
1)	SUBTOTALS This Period This Page (optional)				791.70
2)	TOTALS This Period (last page this line number or	nly)		<b>&gt;</b>	. , . ,
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ıly)	}	. , . ,
4)	ADD 2) and 3) and carry forward to appropriate lin	nly) 🕨			

(Use separate schedule(s) for each

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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	Nature o	f Debt (Purpose):		
NEW YORK TELEPHONE	NEW YORK TELEPHONE				
Mailing Address 10 COLUMBUS CIRCLE	Mailing Address 10 COLUMBUS CIRCLE				
City State NEW YORK	Zip Code NY 10019				
	NY 10019	Transa	action ID : INV6010000112403		
Outstanding Balance Beginning This Period		Hansa	CHOIT ID . IN VOOT 10000 112403		
236.83					
Amount Incurred This Period	Payment This Per	iod Outstar	nding Balance at Close of This Period		
0.00		0.00	236.83		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		f Debt (Purpose):		
PATRICK F ADAMS P.C.		ATTY FI	EES - NY BEAM DEMS		
Mailing Address ATTORNEY AT LAW					
ONE EAST MAIN STREET City State	Zip Code				
BAY SHORE	NY 11706				
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112085		
5762.50					
Amount Incurred This Period	Payment This Per	iod Outstar	nding Balance at Close of This Period		
0.00		0.00	5762.50		
C. Full Name (Last, First, Middle Initial) of Debt PATRICK F ADAMS P.C.	or or Creditor		f Debt (Purpose): TY FEES-NY BEAM DEM		
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET					
City	State Zip Code				
BAY SHORE	NY 11706				
Outstanding Balance Beginning This Period		Trans	action ID : INV6010000112086		
400.00					
Amount Incurred This Period	Payment This Per	iod Outstar	nding Balance at Close of This Period		
0.00	7	0.00	400.00		
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	6399.33		
2) TOTALS This Period (last page this line number	r only)		.,,		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>			
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last	page only) ▶			

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AME OF COMMITTEE (In Full)		'	F 1
National Democratic Policy Committ	ee		
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of	Debt (Purpose):
PETER ENNIS		TRAVEL	AND LODGING
Mailing Address 65 SEAMAN AVE.			
City State NEW YORK	Zip Code NY 10034		
	10034	Transa	ction ID : INV6010000112316
Outstanding Balance Beginning This Period		mansa	CHOILD: 11440010000112310
16.76			
Amount Incurred This Period	Payment This Period	Outstan	nding Balance at Close of This Period
0.00		0.00	16.76
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of	Debt (Purpose):
PMR PRINTING		PRINTIN	
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22			
City State	Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transa	action ID : INV6010000112882
2500.00			
Amount Incurred This Period	Payment This Period	Outstan	nding Balance at Close of This Period
0.00		0.00	2500.00
C. Full Name (Last, First, Middle Initial) of Debte PMR PRINTING	or or Creditor	Nature of PRINTIN	Debt (Purpose):
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22			
City	State Zip Code		
STERLING	VA 22170		
Outstanding Balance Beginning This Period		Transa	action ID : INV6010000112885
6123.00			
Amount Incurred This Period	Payment This Period	Outstan	nding Balance at Close of This Period
	T dyment This T chod		
0.00		0.00	6123.00
) SUBTOTALS This Period This Page (optional)			8639.76
) TOTALS This Period (last page this line number	r only)		
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	e only) ▶	

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): ROOM RENTAL	
Mailing Address CHARLES & ORMS STREETS		
City State PROVIDENCE	Zip Code RI 02904	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000113747
125.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	125.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO		Nature of Debt (Purpose): ACCOUNTING & DP SERVICE
Mailing Address P.O. BOX 836		
City State	Zip Code	
LEESBURG	VA 22075	
Outstanding Balance Beginning This Period 1700.00		Transaction ID : INV6010000112654
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1700.00
C. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose): ACCOUNTING & DP SERVICE
Mailing Address P.O. BOX 836		
City LEESBURG	State Zip Code VA 22075	_
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112656
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3000.00
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	4825.00
2) TOTALS This Period (last page this line number	only)	
3) TOTAL OUTSTANDING LOANS from Schedule	7	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

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FOR LINE NUMBER:

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excluding Loans num			(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 PUBLICATION & GENERAL N		lebt (Purpose): MENT & DP SERVICE	
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transacti	on ID : INV6010000112657
Amount Incurred This Period	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 Debte PUBLICATION & GENERAL M			lebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transact	tion ID : INV6010000112658
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.	00	3000.00
C. Full Name (Last, First, Middle Initial) of Deb PUBLICATION & GENERAL N			ebt (Purpose): MENT & DP SERIVCES
Mailing Address P.O. BOX 836			
City LEESBURG	State Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transac	tion ID : INV6010000112661
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0	.00	3000.00
1) SUBTOTALS This Period This Page (optional).		}	9000.00
2) TOTALS This Period (last page this line number	er only)	}	, , , , , , , , , , , , , , , , , , , ,
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page or	nly) ▶	

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL Mo Mailing Address P.O. BOX 836	Nature of Debt (Purpose): MANAGEMENT & DP SREVICES	
City State	Zip Code	-
LEESBURG	VA 22075	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112662
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding 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 Debt (Purpose):
PUBLICATION & GENERAL MG		MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836		
City State	Zip Code	
LEESBURG	VA 22075	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112666
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL Mo		Nature of Debt (Purpose): MANAGEMENT &DP SERVICES
Mailing Address P.O. BOX 836		
City	State Zip Code	
LEESBURG	VA 22075	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112667
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3000.00
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	9000.00
2) TOTALS This Period (last page this line number	only)	
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

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ee				
r or Creditor	Nature of	f Debt (Purpose):		
PUBLICATION & GENERAL MGMT.				
Zip Code				
VA 22075				
	Transa	ction ID : INV6010000112668		
Payment This Period	Outstar	nding Balance at Close of This Period		
		3000.00		
	0.00	3000.00		
or Creditor		f Debt (Purpose):		
SMT.	MANAG	EMENT & DP SERVICES		
Zip Code				
VA 22075				
	Trans	action ID : INV6010000112669		
Payment This Period	Outstar	nding Balance at Close of This Period		
	0.00	3000.00		
		f Debt (Purpose):		
GMT.	MANAG	EMENT & DP SERVICES		
V//	Trans	action ID : INV6010000112670		
	ITalis	action 1D . IN VOU 10000 1 12070		
Payment This Period	Outstar	nding Balance at Close of This Period		
	0.00	3000.00		
	, ,	9000.00		
	······ •	9000.00		
only)				
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line of Summary Page (last page	only) ▶			
	Zip Code VA 22075  Payment This Period  or Creditor  GMT.  Zip Code VA 22075  Payment This Period  or or Creditor  GMT.  State Zip Code VA 22075  Payment This Period  or or Creditor  GMT.  C (last page only)	Transa  Payment This Period  Outstar  Dip Code VA 22075  Transa  Payment This Period  Outstar		

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee	•		_
A. Full Name (Last, First, Middle Initial) of Debtor	Natu	re of Debt (Purpose):		
PUBLICATION & GENERAL MO	MA	NAGEMENT &DP SÉRVICE		
Mailing Address P.O. BOX 836	Mailing Address P.O. BOX 836			
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		Tr	ansaction ID : INV6010000112671	
3000.00				
Amount Insured This David	December This Device	-	statematics. Delegate at Class of This	Daviad
Amount Incurred This Period	Payment This Period	J 0	itstanding Balance at Close of This	Period
0.00		0.00	3000.0	0
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		re of Debt (Purpose):	
PUBLICATION & GENERAL MG	MT.	MA	NAGEMENT &D P SERVICES	
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		т	ransaction ID : INV6010000112672	
3000.00				
Amount Incurred This Period	Payment This Period	d O	itstanding Balance at Close of This	Period
0.00		0.00	3000.0	0
C. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	Note	ero of Doht (Duranco)	
PUBLICATION & GENERAL MO			re of Debt (Purpose): NAGEMENT &DP SERVICES	
Mailing Address P.O. BOX 836				
City	State Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		т	ransaction ID : INV6010000112673	
3000.00				
Amount Incurred This Period	Payment This Period	4 0	Itstanding Balance at Close of This	Pariod
	rayinent mis renot			
0.00		0.00	3000.0	0
SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	9000.0	00
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only)	<b>&gt;</b>		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	ge only) ▶		

**Excluding Loans** 

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143

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112674 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112675 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Transaction ID: INV6010000112676 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional).....

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

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

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

(Use separate schedule(s) for each

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AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of	Debt (Purpose):
PUBLICATION & GENERAL MGMT.				MENŤ & ĎP SÉRVICE
Mailing Address P.O. BOX 836				
City State LEESBURG	Zip Code VA	22275		
Outstanding Balance Beginning This Period		22075	Transac	tion ID : INV6010000112677
3000.00				
Amount Incurred This Period	Pay	ment This Period	Outstand	ling 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	Debt (Purpose):
PUROLATOR COURIER CORF				S PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK ROAD				
City State	Zip Code			
NEW HYDE PARK	NY	11042		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112891
55.10  Amount Incurred This Period	Pov	ment This Period	Outotono	ling Balance at Close of This Period
0.00	Fa		0.00	55.10
0.00		,		7
C. Full Name (Last, First, Middle Initial) of Debte QUALITY INN ALBANY	or Creditor		Nature of ROOM R	Debt (Purpose): ENTALS
Mailing Address 1-3 WATERVLIET AVE.				
City	State	Zip Code		
ALBANY	NY	12206		
Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112892
43.45			_	
Amount Incurred This Period	Pay	ment This Period		ling Balance at Close of This Period
0.00			0.00	43.45
SUBTOTALS This Period This Page (optional)			}	3098.55
TOTALS This Period (last page this line number	only)		>	, , , , , , , ,
TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	>	
ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) ▶	

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e			
1	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
	RAMADA INN CASPER			ROOM R	ENTALS
	Mailing Address PO BOX 2917				
ı	City State	Zip Code			
	CASPER	WY	82602		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112893
	108.85				
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00	,		0.00	108.85
Ī	B. Full Name (Last, First, Middle Initial) of Debtor of RAMADA INN ST. LOUIS	or Creditor		Nature of ROOM R	Debt (Purpose): ENTALS
ł	Mailing Address 9636 NATURAL BRIDGE RD.				
-	City State	Zip Code			
	ST. LOUIS	MO	63134		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112894
	52.31				
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00	,	(	0.00	52.31
	C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO	or Creditor		Nature of ROOM R	Debt (Purpose): ENTALS
	Mailing Address 3645 N. PAN AM EXPRESSWAY				
	City	State	Zip Code		
	SAN ANTONIO	TX	78219		
	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000112897
	60.00				
	Amount Incurred This Period	Pav	ment This Period	Outstand	ling Balance at Close of This Period
		· uy			
	0.00			0.00	60.00
1)	SUBTOTALS This Period This Page (optional)			}	221.16
2)	TOTALS This Period (last page this line number of	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	, , , , , , , , , , , , , , , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page o	only) ▶	

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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

**Excluding Loans** 

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):
	RONALD KOKINDA	CONSUI	_TING		
Ì	Mailing Address 36-5 FORT EVANS ROAD, NE				
Ì	City State	Zip Code			
	LEESBURG	VA	22075		
Ì	Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000114750
	524.50				
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00		C	0.00	524.50
Ì	B. Full Name (Last, First, Middle Initial) of Debtor of RONALD KOKINDA	or Creditor		Nature of CONSUL	Debt (Purpose): TING
Ì	Mailing Address 36-5 FORT EVANS ROAD, NE				
ı	City State	Zip Code			
	LEESBURG	VA	22075		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000114756
	1600.00				
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00		0	0.00	1600.00
ŀ	C. Full Name (Last, First, Middle Initial) of Debtor SAFEWAY PRINTING	or Creditor		Nature of PRINTIN	Debt (Purpose): IG
t	Mailing Address 3276 WEST 6TH ST.				
-	City	State	Zip Code		
	LOS ANGELES	CA	90020		
	Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112901
	300.38				
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
	0.00		C	0.00	300.38
1)	SUBTOTALS This Period This Page (optional)				2424.88
2)	TOTALS This Period (last page this line number of	only)			
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page on	nly)	>	, , , , , , , , , , , , , , , , , , , ,
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summar	ry Page (last page o	nly) ▶	,,,,,

**Excluding Loans** 

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AME OF COMMITTEE (In Full) National Democratic Policy Committe	96		
A. Full Name (Last, First, Middle Initial) of Debto SAN FRANCISCO LABOR CTT		Nature of Debt (Purpos POSTAGE	e):
Mailing Address 1826 NOREIGA ST.			
City State SAN FRANCISCO	Zip Code CA 94122		
Outstanding Balance Beginning This Period 413.47		Transaction ID : INV	5010000112902
Amount Incurred This Period 0.00	Payment This Period	Outstanding Balance	at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL	or Creditor	Nature of Debt (Purpos AIR TRAVEL	e):
Mailing Address 253 - 12 UNION TURNPIKE			
City State FLORAL PARK	Zip Code NY 11004		
Outstanding Balance Beginning This Period 290.00		Transaction ID : INV	6010000113737
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0.0	00	290.00
C. Full Name (Last, First, Middle Initial) of Debto SANS SOUCI TRAVEL	r or Creditor	Nature of Debt (Purpos ADDER TO 4/10 INV-1	
Mailing Address 253 - 12 UNION TURNPIKE			
City FLORAL PARK	State Zip Code NY 11004		
Outstanding Balance Beginning This Period 40.00		Transaction ID : INV	6010000113743
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0.	00	40.00
) SUBTOTALS This Period This Page (optional)			743.47
) TOTALS This Period (last page this line number	only)	>	, , , , ,
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	7
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page on	ly) ▶	

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

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

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112908 Outstanding Balance Beginning This Period 538.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.45 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112909 538.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 538.45 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Transaction ID: INV6010000112910 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 1615.36 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

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Excluding Loans			numbered I	ine) X 10
NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	e			
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			e of Debt (Purpose):
SOLOMON, FOLEY & MORAN			ATT	/ FEE: S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI	48226		
Outstanding Balance Beginning This Period		<del></del>	Trai	nsaction ID : INV6010000112911
538.46				
Amount Incurred This Period	Pavm	ent This Period	Outs	standing Balance at Close of This Period
0.00	, uj		0.00	538.46
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	0 111			
B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	r Creditor			e of Debt (Purpose): / FEE: E.SEFCOVIC/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112912
538.46				
Amount Incurred This Period	Paym	ent This Period	Outs	standing Balance at Close of This Period
0.00		,	0.00	538.46
C. Full Name (Last, First, Middle Initial) of Debtor of	or Craditor		Natur	e of Debt (Purpose):
SOLOMON, FOLEY & MORAN	or Creditor			Y FEE: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City	State	Zip Code		
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112913
				11134041011 15 1 111100 10000 1 1 2 1 2
538.46				
Amount Incurred This Period	Paym	ent This Period	Outs	standing Balance at Close of This Period
0.00				538.46
0.00			0.00	
1) SUBTOTALS This Period This Page (optional)				1615.38
2) TOTALS This Period (last page this line number or	nly)		<b>&gt;</b>	
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only	/)		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary	Page (last page o	only)	

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committe	e		•	
A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): : H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period 538.46			Transacti	on ID : INV6010000112914
Amount Incurred This Period	Payr	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		(	0.00	538.46
B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): : J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	Zin Codo			
City State DETROIT	Zip Code MI	48226		
Outstanding Balance Beginning This Period 538.46			Transact	ion ID : INV6010000112915
Amount Incurred This Period	Payr	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		(	0.00	538.46
C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): : J. VAUGHN/CONG
Mailing Address ATTORNEYS AT LAW  2280 PENOBSCOT BUILDING City	State	Zin Codo		
DETROIT	MI	Zip Code 48226		
Outstanding Balance Beginning This Period 538.46			Transact	ion ID : INV6010000112916
Amount Incurred This Period	Payr	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 of	only)		<b>&gt;</b>	, , , , , , , , , , , , , , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	<b>&gt;</b>	, , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summar	y Page (last page o	nly) 🕨	

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)  National Democratic Policy (	Committee			
A. Full Name (Last, First, Middle Init	ial) of Debtor or Creditor	r	Nature of D	ebt (Purpose):
SOLOMON, FOLEY &	MORAN		ATTY FEE	: O. WALKER/CONG
Mailing Address ATTORNEYS AT LA 2280 PENOBSCOT				
City State	Zip Cod	le		
DETROIT	М	l 48226		
Outstanding Balance Beginning Thi	s Period		Transacti	on ID : INV6010000112917
53	8.46			
Amount Incurred This Period	d F	Payment This Period	Outstandir	ng Balance at Close of This Period
	0.00	, , , ,	0.00	538.46
B. Full Name (Last, First, Middle Initial SOUTHEAST POLITICAL)				ebt (Purpose): TELEPHONE USAGE
Mailing Address SALES & DISTRIBL 3916-A VERO ROA				
City State	Zip Cod	le		
BALTIMORE	MD	21227		
Outstanding Balance Beginning Thi	s Period 5.00		Transact	ion ID : INV6010000114478
		Payment This Bariad	Outotondi	as Palance at Close of This Pariod
Amount Incurred This Perior		Payment This Period		ng Balance at Close of This Period
	0.00	7	0.00	915.00
C. Full Name (Last, First, Middle Init SOUTHEAST POLITIC			Nature of D FIELD OFF	ebt (Purpose): FICE RENT
Mailing Address SALES & DISTRIBU 3916-A VERO ROA				
City	State	Zip Code		
BALTIMORE	MD	21227		
Outstanding Balance Beginning Thi			Transact	ion ID : INV6010000114479
20	0.00			
Amount Incurred This Period	d F	Payment This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.00	200.00
1) SUBTOTALS This Period This Page	(optional)			1653.46
2) TOTALS This Period (last page this	line number only)			7
3) TOTAL OUTSTANDING LOANS from	m Schedule C (last page	only)		, , , , , , , , ,
4) ADD 2) and 3) and carry forward to	appropriate line of Sum	mary Page (last page	e only) ▶	, , , , , , , , ,

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Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	e			•
Tradional Bemodration only Committee	· ·			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
SOUTHEAST POLITICAL LITER	FLD OFF	C TELEPHONE USAGE		
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
City State	Zip Code			
BALTIMORE	MD	21227		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000114480
915.00				
Amount Incurred This Period	Paym	nent This Period	Outstand	ding Balance at Close of This Period
0.00		0	0.00	915.00
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of	Debt (Purpose):
SOUTHEAST POLITICAL LITERA				FFICE RENT
Mailing Address SALES & DISTRIBUTION, INC.				
3916-A VERO ROAD				
City State	Zip Code			
BALTIMORE	MD	21227		
Outstanding Balance Beginning This Period			Transa	ction ID: INV6010000114481
200.00				
Amount Incurred This Period	Paym	nent This Period	Outstand	ding Balance at Close of This Period
0.00		0	.00	200.00
0.00	,		.00	, , , , , , , ,
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose):
SOUTHEAST POLITICAL LITER	RATURE		TELEPHO	ONE USAGE
Mailing Address SALES & DISTRIBUTION INC				
one of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order of the order o				
3916-A VERO ROAD City	State	Zip Code		
BALTIMORE	MD	21227		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000114482
915.00				
915.00				
Amount Incurred This Period	Paym	nent This Period	Outstand	ding Balance at Close of This Period
0.00		C	0.00	915.00
1) CURTOTAL C This Deviced This Dags (entire)				2030.00
1) SUBTOTALS This Period This Page (optional)			···· •	2000.00
2) TOTALS This Period (last page this line number of	only)		<b>&gt;</b>	, , , , , , , , ,
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	>	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary	/ Page (last page o	nlv) 🕨	

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е				
	A. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITER	N <sub>i</sub>	ature of Debt (Purpo RENT	ose):		
	Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD					
	City State BALTIMORE	Zip Code MD	21227			
	Outstanding Balance Beginning This Period 200.00				Transaction ID : IN\	/6010000114483
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance	e at Close of This Period
	0.00			0.00		200.00
	B. Full Name (Last, First, Middle Initial) of Debtor of STATE OF CALIFORNIA		ature of Debt (Purpo RINTING	ose):		
	Mailing Address OFFICE OF STATE PRINTING  LEGISLATIVE BILL ROOM  City State	Zip Code				
	City State SACRAMENTO	CA Code	95814			
	Outstanding Balance Beginning This Period 53.00				Transaction ID : IN	V6010000112389
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance	e at Close of This Period
	0.00		-	0.00		53.00
	C. Full Name (Last, First, Middle Initial) of Debtor STATLER BUFFALO	or Creditor			ature of Debt (Purpo ROOM RENTALS	ose):
	Mailing Address 107 DELAWARE AVENUE					
	City BUFFALO	State NY	Zip Code 14202			
	Outstanding Balance Beginning This Period 85.00				Transaction ID : IN	V6010000112918
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance	e at Close of This Period
	0.00			0.00		85.00
1)	SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	, ,	338.00
2)	TOTALS This Period (last page this line number of	only)		<b>&gt;</b>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page o	nly)	<b>&gt;</b>		,
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ary Page (last page	only) 🕨		

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

**Excluding Loans** 

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

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AME OF COMMITTEE (In Full) National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpos ROOM RENTALS	Nature of Debt (Purpose): ROOM RENTALS	
Mailing Address 1501 SOUTH NEIL STREET			
City State CHAMPAIGN	Zip Code IL 61820		
Outstanding Balance Beginning This Period 25.00		Transaction ID : INV	6010000112301
Amount Incurred This Period 0.00	Payment This Period 0.	Outstanding Balance	at Close of This Period 25.00
B. Full Name (Last, First, Middle Initial) of Debtor THE COLONNADE	Nature of Debt (Purpos ROOM RENTALS	se):	
Mailing Address 120 HUNTINGTON AVENUE			
City State BOSTON	Zip Code MA 02116		
Outstanding Balance Beginning This Period 75.00		Transaction ID : IN\	/6010000112306
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0.	00	75.00
C. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpos ROOM RENTALS	se):	
Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE			
HOUSTON HOUSTON	State Zip Code TX 77002		
Outstanding Balance Beginning This Period 25.00		Transaction ID : IN\	/6010000112890
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period 25.00
) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	125.00
) TOTALS This Period (last page this line number			*
) TOTAL OUTSTANDING LOANS from Schedule			*
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page on	iy) 🖊	

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **POSTAGE** TONI JENNINGS Mailing Address 2414 13TH AVE. SO. #104 State Zip Code WA **SEATTLE** 98144 Transaction ID: INV6010000112374 Outstanding Balance Beginning This Period 30.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 30.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** TREAT CATERERS Mailing Address 50 PARK PLACE City State Zip Code **NEWARK** 07101 NJ Outstanding Balance Beginning This Period Transaction ID: INV6010000112922 100.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 100.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** TUTTLES RESTAURANT Mailing Address (C/O GILBERT ROBINSON COLLEX) P.O. BOX 16000 City State Zip Code KANSAS CITY MO 64112 Transaction ID: INV6010000112923 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 180.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** VITA OBERSCHNEIDER Mailing Address 544 OAK HILL RD. City State Zip Code **ELGIN** 60120 Transaction ID: INV6010000112404 Outstanding Balance Beginning This Period 149.16 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 149.16 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MEETING ROOM RENTAL WESTBOROUGH PLAZA HOTEL Mailing Address 5 TURNPIKE ROAD City State Zip Code WESTBOROUGH 01581 MA Outstanding Balance Beginning This Period Transaction ID: INV6010000114249 54.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 54.25 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE** WESTERN UNION INTERNATIONAL Mailing Address BOX 6022 CHRUCH ST. STA. City State Zip Code **NEW YORK** 10008 NY Transaction ID: INV6010000112926 Outstanding Balance Beginning This Period 18.42 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 18 42 0.00 221.83 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

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

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NAME OF COMMITTEE (In Full)  National Democratic Policy Committee	ee				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor     WORLDCOMP			Nature of Debt (Purpose): TYPE SETTING		
Mailing Address 722 EAST MARKET STREET					
City State LEESBURG	Zip Code VA	22075			
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112983		
741.67					
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period		
0.00		0.00	741.67		
B. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP		Nature of Debt (Purpose): TYPE & ART		
Mailing Address 722 EAST MARKET STREET					
City State LEESBURG	Zip Code VA	22075			
Outstanding Balance Beginning This Period 926.37			Transaction ID : INV6010000112988		
Amount Incurred This Period	Paymen	t This Period	Outstanding Balance at Close of This Period		
0.00		0.00	926.37		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP			Nature of Debt (Purpose): TYPE & ART		
Mailing Address 722 EAST MARKET STREET					
City LEESBURG		ip Code 22075			
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112992		
71.58					
Amount Incurred This Period	Paymen	t This Period	Outstanding Balance at Close of This Period		
0.00		0.00	71.58		
1) SUBTOTALS This Period This Page (optional)		<b>&gt;</b>	1739.62		
2) TOTALS This Period (last page this line number	only)	<b>&gt;</b>			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)					
4) ADD 2) and 3) and carry forward to appropriate					

**Excluding Loans** 

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			·	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Natur TYP	Nature of Debt (Purpose): TYPE SETTING	
	WORLDCOMP  Mailing Address 722 EAST MARKET STREET				2 02111110	
Ì						
Ì	City State	Zip Code				
	LEESBURG	VA	22075			
	Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6	010000112993
	50.00					
	Amount Incurred This Period	Pay	ment This Period	Out	standing Balance	at Close of This Period
	0.00		,	0.00	,	50.00
•	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  YMCA SYRACUSE				e of Debt (Purpos M RENTALS	e):
Ì	Mailing Address 340 MONTGOMERY STREET					
İ	City State	Zip Code				
ŀ	SYRACUSE	NY	13202			
	Outstanding Balance Beginning This Period 25.00			Tra	ensaction ID : INV	6010000112994
	Amount Incurred This Period	Pay	ment This Period	Out	standing Balance	at Close of This Period
	0.00			0.00		25.00
	C. Full Name (Last, First, Middle Initial) of Debtor ZELLER & LETICA INC.	or Creditor			e of Debt (Purpos LING LABELS-SUB	
	Mailing Address 15 E. 26TH ST.					
	City NEW YORK	State NY	Zip Code 10010			
•	Outstanding Balance Beginning This Period 57.84			Tra	ansaction ID : INV	6010000112995
	Amount Incurred This Period	Pay	ment This Period	Out	standing Balance	at Close of This Period
	0.00			0.00		57.84
1)	SUBTOTALS This Period This Page (optional)					132.84
2)	TOTALS This Period (last page this line number	only)				408326.38
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)			41400.00
4)	ADD 2) and 3) and carry forward to appropriate I	line of Summa	ıry Page (last page	only) ▶		449726.38