FEC FORM 3X	AN	EPORT O ND DISBU Other Than Ar	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in f		FEC MAILING LA	-/ 4	ample:If typing er the lines	, type			
	ic Policy Commi	ittee						
ADDRESS (number and	street)	13 HALIFAX PLAC	E 					
Check if diffe than previous reported. (AC	У , Ц	EESBURG					20175	
2. FEC IDENTIFICA	TION NUMBER	₩	CITY 🛋		S	STATE 🛋	ZIPCO	DE 萬
C00136531			3. IS THIS REPORT		NEW N) OR	AM (A)	ENDED	
July 15QuarterlyOctoberQuarterlyXJanuaryQuarterlyJuly 31 MReport(NYear On	orts: 7 Report(Q1) 7 Report(Q2) 15 7 Report(Q3) 31 7 Report(YE) Aid-Year lon-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elect Report for (d) 30-Day Post -Elec Report for	the:		12C)	Sep 2	2G) in the State o	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
5. Covering Period	11	25 200	Election on	through	12	31	2 0 0 8	ot
I certify that I have exam Type or Print Name of T Signature of Treasurer		Katherine Jenkins	my knowledge	and belief it is		and complete.	24	2009
NOTE : Submission of	false erronoous	or incomplete infe	rmation may a	ibject the porc			penalties of 2 L	S C 437a
Office Use Only							FEC FOR (Rev. 12/20	M 3X

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
	ite or Type Committee Name National Democratic Policy Committee	e	
Re		M M 25 Y Y Y Y 11	Fo: M M M 1 2 J D D J D D Y Y Y Y 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008 Y Y		4626.20
(b) Cash on Hand at Begining of Reporting Period	4833.91	
(c) Total Receipts (from Line 19)	140.00	885.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4973.91	5511.20
7	Total Disbursements (from Line 31)	49.61	586.90
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	4924.30	4924.30
t	Debts and Obligations owed TO he committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations owed BY he committee (Itemize all on Schedule C and/or Schedule D)	449726.38	

X 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

FE6AN026

	FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	Page 3
v	Irite or Type Committee Name		
	National Democratic Policy Committee		
R	eport Covering the Period: From:	1 25 2008 To	M M J D D J Z 0 0 8
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees	· · · · · · · · · · · ·	
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized	140.00	885.00
	(iii) TOTAL (add	140.00	885.00
	Lines 11(a)(i) and (ii)		
	(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)	140.00	885.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
		0.00	0.00
13.	All Loans Received		
14. 15	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
10.	(Refunds, Rebates, etc.)	0.00	0.00
16	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	to Federal candidates and Other		
	Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d),	110.00	005.00
	12, 13, 14, 15, 16, 17, and 18(c))	140.00	885.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	140.00	885.00
	· · · · · · · · · · · · · · · · · · ·		

DETAILED SUMMARY PAGE

Image# 29990611915

Image# 29990611916

DETAILED SUMMARY PAGE

	Total This Period	Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (b) Federal Activity 	0.00	0.00
(i) Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	49.61	586.90
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	49.61	586.90
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees 3. Contributions to Federal Candidates/Committees		
and Other Political Committees 4. Independent Expenditure	0.00	0.00
 (use Schedule E) Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) 	0.00	0.00
(use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
 Loans Made Refunds of Contributions To: 	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) >	0.00	0.00
9. Other Disbursements	0.00	0.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	49.61	586.90
2. Total Federal Disbursements		

Image# 29990611917

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)			Page		
	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)	140.00	885.00		
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	140.00	885.00		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49.61	586.90		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	49.61	586.90		

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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)				R LINE	E NUMBER: ly one)				PAGE 6/143							
	ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		ļ	X	21b 27		22 28a	\square	23 28b	\square	24 28c		25 29		26 30b	
		y Information copied from such Reports a for commercial purposes, other than using																
		NAME OF COMMITTEE (In Full) National Democratic Policy Comm	nittee															
Α.	A. Full Name (Last, First, Middle Initial) EFT CORPORATION Mailing Address 2911 DIXWELL AVE								D		of Di	sburs	-			00100 0 0 8		02501
	City S			State CT	Zip Code 06518					Amount of Each Disbursement this Period								
	Purpose of Disbursement								L							40.00	•	
		Candidate Name				tego Type	-											
		Office Sought: House Senate President		nent For: Primary Other (sp	General				Eł	FT F	PRC	CES	SIN	ig fe	ΞE			
		State: District:																

SUBTOTAL of Disbursements This Page (optional)	•	40.00
TOTAL This Period (last page this line number only)	►	40.00
FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

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National Democratic Policy Committee	Transaction ID: LOAN0010000004
LOAN SOURCE Full Name (Last, First, Middle Initial) HARVEY E. HASCALL - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 2137 S 1150 EAST	Other (specify)
City BOUNTIFUL State UT ZIP Co	de 84010
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 1000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 8 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN000002009
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ALBERT E MC NAIR - [PERSONAL FUNDS]	Primary
	General
Mailing Address 1657 EDDY DR	Other (specify)
City NORTH TONAWANDA State NY ZIP Cod	de 14120
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y Y Y 19841224	0 % (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
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

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

PAGE 9/143 FOR LINE 13 OF FORM 3X

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ummary Page			

NAME OF COMMITTEE (In Full) National Democratic Policy Committee Transaction ID: LOAN0000002886													
LOAN SOURCE Full Name (Last, First, N ESTHER E. WILSON - [PERSONAL			Elect										
Mailing Address 6241 WARNER #132					Other (specify)	▼							
City HUNTINGTON BEACH	State CA	ZIP Code	92647										
Original Amount of Loan	Cumulative Pa	ayment To Date	•	Balance Out	tstanding at C	lose of This	Period						
5000.00			0.00			5000.00							
TERMS Date Incurred	Date	e Due		Interest Rate		Secured:							
M M D D Y	19850430			1200.00	% (apr)	Yes	X No						
List All Endorsers or Guarantors (if any) to L	.oan Source												
Full Name (Last, First, Middle Initial)		Na	me of Emplo	oyer									
Mailing Address		Oc	cupation										
City Stat	City State ZIP Code					Amount Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)		Na	Name of Employer										
Mailing Address		Oc	Occupation										
City State	City State ZIP Code				Amount Guaranteed Outstanding:								
Full Name (Last, First, Middle Initial)		Na	Name of Employer										
Mailing Address		Oc	Occupation										
City Stat	e ZIP Code	GL	nount aranteed tstanding:										
Full Name (Last, First, Middle Initial)		Na	me of Emplo	oyer									
Mailing Address		Oc	cupation										
City State	e ZIP Code	Gu	nount aranteed tstanding:										
SUBTOTALS This Period This Page (optiona)					5000.00							
TOTALS This Period (last page in this line on	у)			•		.00							
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.													

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NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

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Summary Page				

National Democratic Policy Committee			Transact	ion ID: LOAN0	000003820
LOAN SOURCE Full Name (Last, First, M MINEHART EDSEN - [PERSONAL F				ction: Primary General	
Mailing Address 1949 S MANCHESTEF SPACE 104	AVE			Other (specify)	▼
City ANAHEIM	State CA ZIP C	ode 92802			
Original Amount of Loan	Cumulative Payment T	o Date	Balance C	Outstanding at Cl	ose of This Period
700.00		0.00			700.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M M D D Y	19841114		0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to L	oan Source				
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	e ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	e ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	e ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer		
Mailing Address		Occupation			
		Amount			
City State	e ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				700.00
TOTALS This Period (last page in this line onl	,		•		.00
Carry outstanding balance only to LINE 3, Sche	dule D, for this line. If no Scl	hedule D. carrv fo	orward to appropri	iate line of Summ	nary.
			and to appropri		····· y•

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 11 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)							
National Democratic Policy Committee	Transaction ID: LOAN000003823						
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Election: Primary General						
Mailing Address 1949 S MANCHESTER AVE SPACE 104	Other (specify)						
City ANAHEIM State CA ZIP Co	ode 92802						
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period						
1250.00	0.00 1250.00						
TERMS Date Incurred Date Due	Interest Rate Secured:						
M = M D D Y <td>0 % (apr) Yes X No</td>	0 % (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:						
Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
City State ZIP Code	Amount Guaranteed Outstanding:						
Full Name (Last, First, Middle Initial)	Name of Employer						
Mailing Address	Occupation						
City State ZIP Code	Amount Guaranteed Outstanding:						
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)	1250.00						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.						

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NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

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category of the	-	-	-	-	_
Summary Page					

National Democratic Policy Committee			Trans	saction ID: LOAN	000000498	32
LOAN SOURCE Full Name (Last, First, N EUGENE L DRUSELL - [PERSONAL	LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL - [PERSONAL FUNDS]					
Mailing Address 1704 SAWYER				Other (specify	y) 🔻	
City WEST COVINA	State CA ZIP Co	de 91790				
Original Amount of Loan	Cumulative Payment T	o Date	Balan	ce Outstanding at C	lose of This	Period
1000.00		0.00			1000.00	
TERMS Date Incurred	Date Due		Interest F	Rate	Secured:	
M M D D Y	19841108		0	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) to L	oan Source					
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer			
Mailing Address		Occupation				
		Amount				1
City State	e ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer			
Mailing Address		Occupation				
		Amount				
City State	e ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Em	oloyer			
Mailing Address		Occupation				
		Amount				
City State	e ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Em	oloyer			
Mailing Address		Occupation				
		Amount				
City State	e ZIP Code	Guaranteed Outstanding:		<u></u>		
				0 0 0 0 0	1000.00	
SUBTOTALS This Period This Page (optional)				1000.00	
TOTALS This Period (last page in this line onl	y)		•		.00)
Carry outstanding balance only to LINE 3, Sche	dule D, for this line. If no Sch	edule D, carry fo	orward to app	ropriate line of Sum	mary.	

FE6AN026

LOANS

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

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alegory or the	-
Summary Page	

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN000004983
LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL - [PERSONAL FUNDS]	Election:
EUGENE L'DRUSELL - [FERSONAL FUNDS]	Primary
Mailing Address 1704 SAWYER	└── Other (specify) ▼
City WEST COVINA State CA ZIP Co	•
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:
0 8 0 8 1 9 8 4 19841108	0 % (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
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Maller Address	
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)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

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

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FOR	LINE	13	O٢	FC	'RI

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN000005986
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
BILL SUEDKAMP - [PERSONAL FUNDS]	
	General
Mailing Address 1211 DOUGLAS HWY	Other (specify)
Mailing Address 1211 DOUGLAS HWY	
City GILLETTE State WY ZIP Cod	de 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:
0 9 2 6 1 9 8 4 19850326	0 % (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
	Amount
	Guaranteed
City State ZIP Code	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
CURTOTAL O THE Devid The Devid (article)	▶ 1000.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D. carry forward to appropriate line of Summarv.

FE6AN026

LOANS

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) ational Democratic Policy Committee					
LOAN SOURCE Full Name (Last, First, Middle BILL SUEDKAMP - [PERSONAL FUNDS				tion: Primary	0000005987
Mailing Address 1211 DOUGLAS HWY				General Other (specify	/) 🔻
City GILLETTE S	State WY ZIP Co	de 82716			
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at C	lose of This Period
1000.00		0.00			1000.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M M D D Y	341218		0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan S	Source				
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			V V V
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		0 0 0	
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
UBTOTALS This Period This Page (optional)			•		1000.00
OTALS This Period (last page in this line only)					.00
arry outstanding balance only to LINE 3, Schedule	D. for this line. If no Sch	edule D, carry for	ward to appropria	ate line of Sum	mary.

LOANS

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

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of the	TOTLINE	10	`
/ Page			

NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee			Transacti	on ID: LOAN(000006929
LOAN SOURCE Full Name (Last, First, Middl HENRY C MAYBERRY - [PERSONAL F	e Initial) JNDS]		Elec	ction: 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 O	utstanding at Cl	ose of This Period
500.00		0.00			500.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M M D D Y Y Y Y	851024	C		% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan	Source				
Full Name (Last, First, Middle Initial)		Name of Employ	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		0 0 0	0 0 0
Full Name (Last, First, Middle Initial)		Name of Employ	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employ	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			0 0 0
Full Name (Last, First, Middle Initial)		Name of Employ	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					500.00
FOTALS This Period (last page in this line only) .					.00
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no Sch	edule D, carrv forw	vard to appropria	ate line of Sumn	nary.

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LOANS

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

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NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee					
	Transaction ID: LOAN000007139				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:				
RONALD TAI HO CHOI - [PERSONAL FUNDS]	Primary				
Mailing Address 35797 BLAIR PL	Other (specify)				
City FREMONT State CA ZIP Cod	de 94536				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period				
500.00	0.00 500.00				
TERMS Date Incurred Date Due	Interest Rate Secured:				
0 9 2 8 1 9 8 4 19850928	0 % (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				
	Amount				
City State ZIP Code	Guaranteed				
	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount Guaranteed				
City State ZIP Code	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount Guaranteed				
City State ZIP Code	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed				
	Outstanding:				
SUBTOTALS This Period This Page (optional) 500.00					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.				

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LOANS

Use separate schedule(s) for each category of the Detailed Sum ry ag

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mary Page					

National Democratic Policy Committee			Transactio	n ID: LOANC	00000905	5
LOAN SOURCE Full Name (Last, First, Middle Init ROBERT C MCKINNEY - [PERSONAL FUN					<u> </u>	
Mailing Address PO BOX 3245				Other (specify)	¥	
City SEAL BEACH State	e CA ZIP Cod	e 90740				
Original Amount of Loan Cu	mulative Payment To I	Date	Balance Ou	tstanding at Cl	ose of This F	Period
1000.00		0.00			1000.00	-
TERMS Date Incurred	Date Due		Interest Rate		Secured:	
M M D D P Y			1200.00	% (apr)		X No
List All Endorsers or Guarantors (if any) to Loan Sour	rce					
Full Name (Last, First, Middle Initial)		Name of Employ	er			
Mailing Address		Occupation				
City State Z	IP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Employ	er			
Mailing Address		Occupation				
City State Z	IP Code	Amount Guaranteed Outstanding:		U U U		
Full Name (Last, First, Middle Initial)		Name of Employ	er			
Mailing Address		Occupation				
City State Z	IP Code	Amount Guaranteed Outstanding:		0 0 0		
Full Name (Last, First, Middle Initial)		Name of Employ	er			
Mailing Address		Occupation				
		Amount				
City State Z	IP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)			0 0		1000.00	
TOTALS This Period (last page in this line only) .00						
Carry outstanding balance only to LINE 3, Schedule D, f	or this line. If no Sche	dule D, carry forwa	ard to appropriat	te line of Sumn	nary.	

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 19 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
	Transaction ID: LOAN000009557			
LOAN SOURCE Full Name (Last, First, Middle Initial) Election:				
ROBERT LOFTUS - [PERSONAL FUNDS]	Primary			
	General			
Mailing Address 2446 N SUMMIT	└── Other (specify) ▼			
· · · ·	Code 62526			
Original Amount of Loan Cumulative Paymen	t To Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M D D Y Y Y Y Y Y 19850705	0 % (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			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	1000.00			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.			

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LOANS

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NAME OF COMMITTEE (In Full)						
National Democratic Policy Committee						
	Transaction ID: LOAN0000010472					
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:					
SCOTT BEARD - [PERSONAL FUNDS]	Primary					
	General					
Mailing Address 4125 HAWTHORNE	Other (specify)					
City DALLAS State TX ZIP Co	de 75202					
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:					
0 4 0 9 1 9 8 4 19840709	0 % (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					
	Amount					
City State ZIP Code	Guaranteed					
Only State Zil Odde	Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
	Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
	Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed					
	Outstanding:					
SUBTOTALS This Period This Page (optional)	1000.00					
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.					

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LOANS

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FUF	13 UF	FORM

AME OF COMMITTEE (In Full) ational Democratic Policy (
LOAN SOURCE Full Name NANCY J STEINER - [PI	e (Last, First, Middle				ection ID: LOAN ection: Primary	10000010652	2
Mailing Address 2809 GR	Mailing Address 2809 GREER RD				General Other (specify	y) 🔻	
City PALO ALTO	S	tate CA ZIP Co	de 94303				
Original Amount of Loan		Cumulative Payment To	Date	Balance	Outstanding at (Close of This F	'eriod
	1000.00		0.00			1000.00	
TERMS Date Incurre	d	Date Due		Interest Rate	.	Secured:	
M M D D Y	YYYY	71212		0	% (apr)		X No
List All Endorsers or Guarante	ors (if any) to Loan S	ource					
Full Name (Last, First, M	iddle Initial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:			· · · ·	
Full Name (Last, First, M	iddle Initial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:			U U U	
Full Name (Last, First, M	iddle Initial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, M	iddle Initial)		Name of Emplo	oyer			
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	0 0 0		· · ·	
UBTOTALS This Period This	Page (optional)					1000.00	
OTALS This Period (last page	in this line only)			•		.00	
arry outstanding balance only t	to LINE 3, Schedule	D, for this line. If no Sch	edule D, carry for	ward to approp	riate line of Sum	imary.	

LOANS

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

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
LOAN COURCE Full Name (Last First Middle Initial)	Transaction ID: LOAN0000011262			
LOAN SOURCE Full Name (Last, First, Middle Initial) RAY BRANDENBERG - [PERSONAL FUNDS]	Election:			
	General			
Mailing Address 1303 AMORETTI	Other (specify)			
Mailing Address 1303 AMORETTI				
City THERMOPOLIS State WY	ZIP Code 82443			
Original Amount of Loan Cumulative P	Payment To Date Balance Outstanding at Close of This Period			
200.00	0.00 200.00			
TERMS Date Incurred Dat	te Due Interest Rate Secured:			
05 14 1984 19840814	1800.00 % (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			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
OUDTOTAL O This Deviced This Device (optional)	▶ 200.00			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line	. If no Schedule D. carry forward to appropriate line of Summary.			

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LOANS

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
LOAN SOURCE Full Name (Last, First, Middle Initial) JACKSON B BREEZE - [PERSONAL FUNDS]	Transaction ID: LOAN0000011993 Election: Primary General				
Mailing Address 419 QUARTZ ST	Other (specify)				
City REDWOOD CITY State CA Z	IP Code 94062				
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period				
1000.00	0.00 1000.00				
TERMS Date Incurred Date Du	ie Interest Rate Secured:				
M M 30 Y Y Y Y 1984 19850302	0 % (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:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	o Schedule D, carry forward to appropriate line of Summary.				

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LOANS

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National Democratic Policy Committee	Transaction ID: LOAN0000012031					
LOAN SOURCE Full Name (Last, First, Middle Initial) RICHARD ROPER - [PERSONAL FUNDS]	Election: Primary General					
Mailing Address 630 W DUARTE RD #33	Other (specify)					
City MONROVIA State CA ZIP Co	ode 91016					
Original Amount of Loan Cumulative Payment T	o 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	0 % (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:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)	1000.00					
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Scl	hedule D, carry forward to appropriate line of Summary.					

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 25 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee					
	Transaction ID: LOAN0000012946				
LOAN SOURCE Full Name (Last, First, Middle Initial) FLOYD T WRIGHT - [PERSONAL FUNDS]	Election:				
	Primary General				
Mailing Address 4207 PATRICIA ST	Other (specify)				
Mailing Address 4207 PATRICIA ST					
City FREMONT State CA ZIP Co	•				
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	0 % (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				
	Amount				
City State ZIP Code	Guaranteed				
City State ZIP Code	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
	0				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed				
City State ZIF Goue	Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
	Amount				
City State ZIP Code	Guaranteed Outstanding:				
	▶ 1000.00				
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D. carry forward to appropriate line of Summary				
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LOANS

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

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/ Page				

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
	Transaction ID: LOAN0000013379
LOAN SOURCE Full Name (Last, First, Middle Initial) MARGARET MAMULA - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 4321 N EL BURRITO	Other (specify)
City TUCSON State AZ ZIP C	ode 85705
Original Amount of Loan Cumulative Payment T	o 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	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to appropriate line of Summary.

LOANS

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000013410
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL DRAKE - [PERSONAL FUNDS]	Election: Primary General
Mailing Address RT 4 BOX 126	Other (specify)
City DEXTER State MO ZIF	P Code 63841
Original Amount of Loan Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.

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LOANS

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000017823
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
HAROLD N LYNGE MD - [PERSONAL FUNDS]	Primary
	General
Mailing Address 2 S 13TH ST	└── Other (specify) ▼
City SAN JOSSE State CA ZIP Coc	•
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:
08 08 1984 19841008	0 % (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
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 29 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000018351
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
GREGORY R WOLF - [PERSONAL FUNDS]	Primary
	General
Mailing Address 5258 CARTWRIGHT	└── Other (specify) ▼
City NORTH HOLLYWOOD State CA ZIP Co	•
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period
300.00	0.00 300.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y 08 14 1984 19841114	0 % (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
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
	Amount Guaranteed
City State ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 300.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF - [PERSONAL FUNDS]	Transaction ID: LOAN0000018352 Election: Primary General
Mailing Address 5258 CARTWRIGHT	Other (specify) ▼
City NORTH HOLLYWOOD State CA ZIP Co	de 91601
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	100.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000018353
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 5258 CARTWRIGHT	Other (specify)
City NORTH HOLLYWOOD State CA ZIP Co	ode 91601
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y Y Y 19841114 19841114	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 100.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Scl	nedule D, carry forward to appropriate line of Summary.

LOANS

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) WILLIAM O MC KAY - [PERSONAL FUNDS]	Transaction ID: LOAN0000018611 Election: Primary General
Mailing Address 4627 W 137TH PL	Other (specify)
City HAWTHORNE State CA ZIP C	Code 90250
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	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no So	chedule D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 33 / 143 FOR LINE 13 OF FORM 3X

Transaction ID: LOAN0000018612 Transaction ID: LOAN000018612 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: ALFRED MONTEROS - [PERSONAL FUNDS]
LOAN SOURCE Full Name (Last, First, Middle Initial) Election: ALFRED MONTEROS - [PERSONAL FUNDS] Primary Mailing Address 1210 W PUENTE AVE City WEST COVINA State CA ZIP Code 91790 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 1000.00 TERMS Date Incurred Date Due Interest Rate Secured: 0 9 9% (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 Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding:
ALFRED MONTEROS - [PERSONAL FUNDS] Primary Mailing Address 1210 W PUENTE AVE City WEST COVINA State CA ZIP Code 91790 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 1000.00 TERMS Date Incurred Date Due Interest Rate Secured: 0 8 0 7 0 1984 1117 0 % (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 Amount Guaranteed Outstanding:
Mailing Address 1210 W PUENTE AVE Other (specify) ▼ City WEST COVINA State CA ZIP Code 91790 Other (specify) ▼ Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 1000.00 TERMS Date Incurred Date Due Interest Rate Secured: M 8 D 7 D 9 8 4 19841117 0 % (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 Amount Amount Guaranteed Outstanding:
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 1000.00 TERMS Date Incurred Date Due Interest Rate Secured: 0 8 17 1984 19841117 0 % (apr) Y es X No List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding:
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 1000.00 TERMS Date Incurred Date Due Interest Rate Secured: 0 8 17 1984 19841117 0 % (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 Amount Guaranteed Outstanding:
TERMS Date Incurred Date Due Interest Rate Secured: M M D Y Y Y Y Y Y No M M M T 19841117 0 % (apr) Yes X No List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address Occupation Amount Guaranteed Outstanding: Outstanding:
Date Incurred Date Due Interest Rate Secured: 0 17 19841117 0 % (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
M M D D Y
Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Outstanding: Outstanding:
Mailing Address Occupation City State ZIP Code Outstanding: Outstanding:
City State ZIP Code Guaranteed Outstanding:
City State ZIP Code Guaranteed Outstanding:
Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
City State ZIP Code Outstanding: Outstanding:
Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
City State ZIP Code Outstanding:
Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
City State ZIP Code Guaranteed
City State ZIP Code Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 34 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
Transaction ID: LOAN0000018817				
LOAN SOURCE Full Name (Last, First, Middle Initial) LEONARD K NITZ - [PERSONAL FUNDS]	Election: Primary General			
Mailing Address 5343 CALLISTER AVE	Other (specify)			
City SACRAMENTO State CA ZIP Co	de 95819			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
$ \begin{array}{c c} M & M \\ \hline 0 & 8 \\ \hline 0 & 8 \\ \hline \end{array} \begin{array}{c} D & D \\ 2 & 0 \\ \hline \end{array} \begin{array}{c} Y & Y & Y \\ 1 & 9 & 8 & 4 \\ \hline \end{array} \begin{array}{c} 1 & 9 & 8 & 4 \\ \hline \end{array} \begin{array}{c} 1 & 9 & 8 & 4 \\ \hline \end{array} \begin{array}{c} 1 & 9 & 8 & 4 \\ \hline \end{array} \begin{array}{c} 1 & 9 & 8 & 4 \\ \hline \end{array} $	0 % (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:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 35 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
	Transaction ID: LOAN0000019658			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
WARREN BANDY - [PERSONAL FUNDS]	Primary			
Mailing Address 934 TAMARACK LN #6	☐ Other (specify) ▼			
City SUNNYVALE State CA ZIP Co	•			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS	laterat Data			
Date Incurred Date Due	Interest Rate Secured:			
M D D Y Y Y Y Y 19841206	0 % (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			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	5			
	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
Gity State ZIF Gode	Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 36 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committ	ee			
	~~	т	ransaction ID: LOAN0000019945	
LOAN SOURCE Full Name (Last, Fin IAN MC CLASHAN - [PERSONA	rst, Middle Initial) L FUNDS]		Election: Primary General	
Mailing Address 245 W LORRAINE ST APT 121 Other (specify) ▼				
City GLENDALE	State CA ZIP Co	de 91202		
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period	
1500.00		0.00	1500.00	
TERMS Date Incurred	Date Due	Intere	st Rate Secured:	
M M D D 10 Y Y Y 1984	Y 19841210	0	% (apr) Yes X No	
List All Endorsers or Guarantors (if any	to Loan Source			
Full Name (Last, First, Middle Initia		Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initia	l)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initia	l)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initia	l)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 37 / 143

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee					
	Transaction ID: LOAN0000021069				
LOAN SOURCE Full Name (Last, First, Middle Initial) LOUIS HARDING - [PERSONAL FUNDS]	Election: Primary General				
Mailing Address 815 N MADISON	Other (specify)				
City PIERRE SD ZIP Cod	de 57501				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period				
1000.00	0.00 1000.00				
TERMS	Island Data				
Date Incurred Date Due 0 9 2 7 1 9 8 4 19850327	Interest Rate Secured: 0 % (apr) Yes X				
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:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
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)	SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

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d Summary Page	

National Democratic Policy Committee	Transaction ID: LOAN000021171		
LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN PEARSON - [PERSONAL FUNDS]	Election: 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 Outstanding at Close of This Period		
1000.00	100.00 900.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M M D D Y	0 % (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		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
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)	900.00		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.		

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LOANS

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

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee	Transaction ID: LOAN0000021412			
LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MARJORIE CZECZOK - [PERSONAL FUNDS] Primary				
Mailing Address 820 LAKE ST S	Other (specify)			
City KIRKLAND State WA ZIP Co	nde 98033			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
250.00	50.00 200.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M M 25 19841125	0 % (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:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	▶ 200.00			
	TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 40 / 143 FOR LINE 13 OF FORM 3X

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Pane		

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT A FUDO - [PERSONAL FUNDS]	Transaction ID: LOAN0000022667 Election: Primary General
Mailing Address 24922 MUIRLANDS SP 36	Other (specify)
City EL TORO State CA	ZIP Code 92630
Original Amount of Loan Cumulative Pag	yment To Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS Date Incurred Date	Due Interest Rate Secured:
M M D D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 750.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 41 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	20		I			
National Democratic Policy Committee		-		000023255		
Tr LOAN SOURCE Full Name (Last, First, Middle Initial) KEITH J ORR - [PERSONAL FUNDS]			Election: Primary General	Primary		
Mailing Address 441 PUERTO PL			Other (specify) 🔻		
City HAYWARD	State CA ZIP Co	ode 94541				
Original Amount of Loan	Cumulative Payment To	o Date E	Balance Outstanding at C	lose of This Period		
500.00		0.00		500.00		
TERMS Date Incurred	Date Due	Inter	rest Rate	Secured:		
M M 24 1984	Y 19841224	0	% (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:		· · · ·		
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:				
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)	►		.00		
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LOANS

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

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NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee	Transaction ID: LOAN0000023300			
LOAN SOURCE Full Name (Last, First, Middle Initial) H WYVONNE LANDRY - [PERSONAL FUNDS]	Election: Primary General			
Mailing Address 18346 COLLINS ST #17	Other (specify)			
City TARZANA State CA	ZIP Code 91356			
Original Amount of Loan Cumulative F	Payment To Date Balance Outstanding at Close of This Period			
800.00	0.00 800.00			
TERMS Date Incurred Da	te Due Interest Rate Secured:			
M M D D Y	0 % (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:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
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SUBTOTALS This Period This Page (optional)				
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

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mmary Page			

	Transaction ID OANI0000000010
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: LOAN0000023612 Election:
JACOB S PAINTER - [PERSONAL FUNDS]	Primary
	General
Mailing Address 4371 SUNRISE DR	Other (specify)
City CASPER State WY ZIP Code	82604
Original Amount of Loan Cumulative Payment To Da	ate Balance Outstanding at Close of This Period
250.00	0.00 250.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M 2 2 1 9850122	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
	Name of Employer
Mailing Address (Occupation
	Amount
	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address (Occupation
	Amount
	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address (Occupation
	Amount
	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address (Occupation
	Amount
	Guaranteed Outstanding:
· · ·	
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TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedu	ule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 44 / 143 FOR LINE 13 OF FORM 3X

	OR	LINE	13	OF	FC	R

NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
LOAN SOURCE Full Name (Last, First, Middle Initial) RONALD A BOWDEN - [PERSONAL FUNDS]	Transaction ID: LOAN0000023623 Election: Primary General			
Mailing Address 46 SOMERSET AVE	Other (specify)			
City RIVERSIDE State RI ZIP Co	de 02915			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M M D D Y	0 % (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:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	▶ 1000.00			
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.			

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 45 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN0000023624
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
BRYCE JONES - [PERSONAL FUNDS]	Primary
	General
Mailing Address 213 W OAKRIDGE DR	☐ Other (specify) ▼
City FARMINGTON State UT ZIP Co	de 84025
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M 2 2 19850122	0 % (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
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
Full Nerse (Least First Middle 1-11-1)	Outstanding:
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)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Sum ry Pag

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mary Page				

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MRS BRYCE JONES - [PERSONAL FUNDS]	Transaction ID: LOAN0000023627 Election: Primary General
Mailing Address 213 W OAKRIDGE DR	Other (specify)
City FARMINGTON State UT ZIP Co	ode 84025
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M 2 2 P 1 9 8 4 19850122	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 47 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000023628
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
MRS DONALD MILLS - [PERSONAL FUNDS]	Primary
	General
Mailing Address 4495 WOODLAWN	☐ Other (specify) ▼
City BEAUMONT State TX ZIP Co	•
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M 2 2 1 984 19851022	0 % (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
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
Sidle ZIF Odde	Outstanding:
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)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D. carry forward to appropriate line of Summary
Carry Substanting balance only to LINE 3, Schedule D, for this life. If ho Sch	equie D, carry for ward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 48 / 143 FOR LINE 13 OF FORM 3X

lational Democratic Policy Committee	Transaction ID: LOAN000023683
LOAN SOURCE Full Name (Last, First, Middle Initial) AMY G BRAINARD - [PERSONAL FUNDS]	Election:
Mailing Address 1202 S GLADYS AVE	Other (specify)
City SAN GABRIEL State CA Z	IP Code 91776
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Du	Je Interest Rate Secured:
M D Y	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o Schedule D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 49 / 143 FOR LINE 13 OF FORM 3X

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v Page		

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
-	Transaction ID: LOAN0000024453
LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HOWARD PETERS - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 2380 GRANADA AVE	Other (specify)
City LONG BEACH State CA ZIP Co	ode 90815
Original Amount of Loan Cumulative Payment T	o 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	0 % (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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	hedule D, carry forward to appropriate line of Summary.

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NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

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ummary Page				

National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: LOAN0000024908 Election:
LARS THELANDER - [PERSONAL FUNDS]	Primary
	General
Mailing Address 14 MOUNT CASTLE PL	Other (specify)
City JOHNSON CITY State TN ZIP Co	ode 37601
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y 19850202	0 % (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
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
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)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.

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LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 51 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000025202
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ALMA G UBER - [PERSONAL FUNDS]	Primary
	General
Mailing Address 3447 STERNE ST	☐ Other (specify) ▼
City SAN DIEGO State CA ZIP Co	de 92106
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y 1 1 07 1 984 19850507	0 % (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
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
Full Name (Leat First Middle Initial)	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	-
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D. carry forward to annronriate line of Summary
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	equie D, carry forward to appropriate lifte of Suffilliary.

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LOANS

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

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NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000026096
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
GABRIEL DICK - [PERSONAL FUNDS]	Primary
	General
Mailing Address BOX 274	Other (specify)
City CARMEL State CA ZIP Co	•
Original Amount of Loan Cumulative Payment To	b Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
M M J D D Y Y Y Y 1 1 30 1984 19841230	0 % (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
	Amount
City State ZIP Code	Guaranteed
Gity State ZIF Gode	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
	▶ 500.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Corrected and the lange only to LINE 2. Cale dute D. fastilia Proc. King Only	adula D. correctorente de appropriate line ef Summeru
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	equie D, carry forward to appropriate line of Summary.

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LOANS

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Com	mittee			
National Democratic Folicy Coll		Transaction ID: LOAN0000032658		
LOAN SOURCE Full Name (La: JOHN PRICE - [PERSONAL	Election: Primary General			
Mailing Address 101 S COTTA	AGE RD	Other (specify)		
City STERLING	State VA ZIP Co	ode 22170		
Original Amount of Loan	Cumulative Payment T	o Date Balance Outstanding at Close of This Period		
75	0.00	0.00 750.00		
TERMS Date Incurred	Date Due	Interest Rate Secured:		
0 5 2 0 1 9 8 5	Y Y 19860520	0 % (apr) Yes X N		
List All Endorsers or Guarantors (ir	f anv) to Loan Source			
Full Name (Last, First, Middle		Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle	Initial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle	Initial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle	Initial)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page	e (optional)	▶ 750.00		
	is 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.				

FE6AN026

SCHEDIII E D (EEC Form 2V)		(11		PAGE 54 / 143	
SCHEDULE D (FEC Form 3X)			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		foi	each	(check only one) 9	
Excluding Loans		numb	ered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor AIRBORNE FREIGHT CORP.	or Creditor			ebt (Purpose): S PACKAGE SERVICE	
Mailing Address P O BOX 662					
City State SEATTLE WA	ZIP Code 98111				
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000112089	
12.50					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			12.50	
B. Full Name (Last, First, Middle Initial) of Debtor AMFAC HOTEL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTAL	
Mailing Address P O BOX 1926					
City State ALBUQUERQUE NM	ZIP Code 87119				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112090	
198.49					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			198.49	
C. Full Name (Last, First, Middle Initial) of Debtor ARLINGTON HILTON	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 2401 EAST LAMAR BOUL	EVARD				
City State ARLINGTON TX	ZIP Code 76011				
Outstanding Balance Beginning This Period 139.00	70011		Tra	nsaction ID: INV601000011236	
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			139.00	
1) SUBTOTALS This Period This Page (optional)		►		349.99	
2) TOTALS This Period (last page this line number of	nly)	►			
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	/)			

SCHEDULE D (FEC Forn	a 2V)		()]]]		PAGE 55 / 143
•	-			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIO	NS		fc	or each ((check only one) 9
Excluding Loans			numl	bered line)	X 10
NAME OF COMMITTEE (In Ful	/				
National Democratic Policy	Committee				
A. Full Name (Last, First, M AUDIO VISUAL CENTER		or Creditor			ebt (Purpose): INT RENTAL
Mailing Address 235 NOF	RTH BROAD STRE	ET			
City PHILADELPHIA	State PA	ZIP Code 19107			
Outstanding Balance Begi	nning This Period			Tra	nsaction ID: INV6010000112091
	25.00				
Amount Incurred T	his Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			25.00
	0.00	0.00			23.00
B. Full Name (Last, First, M AUDIO VISUAL HEADQ		or Creditor			ebt (Purpose): ENT RENTAL
Mailing Address 361 NOF	RTH OAK STREET	-			
City INGLEWOOD	State CA	ZIP Code 90301			
Outstanding Balance Begi	nning This Period			Tra	nsaction ID: INV6010000112092
	11.08				
Amount Incurred T	his Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			11.08
C. Full Name (Last, First, M AVW AUDIO VISUAL IN		or Creditor			ebt (Purpose): NT RENTAL
Mailing Address 1372 W	CLIFF AVE				
City	State	ZIP Code			
DALLAS	ТХ	75207			
Outstanding Balance Begi	nning This Period			Tra	nsaction ID: INV6010000112093
	65.64				
Amount Incurred T	his Deried	Payment This Period		Outotoodir	a Poloneo et Close ef This Period
Amount incurred T				Outstandir	ng Balance at Close of This Period
	0.00	0.00			65.64
1) SUBTOTALS This Period	This Page (optional)		,		101.72
		only)	,		
3) TOTAL OUTSTANDING LC	OANS from Schedu	le C (last page only))		
4) ADD 2) and 3) and carry for	prward to appropriate I	ine of Summary Page (last page only	/)		

SCHEDULE D (FEC	Eorm 2V)		(11000000000000000000000000000000000000	PAGE 56 / 143	
			(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		for each	(check only one) 9	
Excluding Loans			numbered line	X 10	
NAME OF COMMITTEE	. ,				
National Democratic	Policy Committee				
A. Full Name (Last, BANK OF THE CO	First, Middle Initial) of Debtor DMMONWEALTH	or Creditor		[:] Debt (Purpose): EXPENSE	
Mailing Address PC	D BOX 32900				
City DETROIT	State MI	ZIP Code 48232			
Outstanding Balan	ce Beginning This Period		т	ransaction ID: INV6010000112095	
	1430.00				
Amount Inc	urred This Period	Payment This Period	Outstar	iding Balance at Close of This Period	
	0.00	0.00		1430.00	
B. Full Name (Last, BELMONT REST	First, Middle Initial) of Debtor AURANT	or Creditor		[:] Debt (Purpose): RENTALS	
Mailing Address 54	1 LEXINGTON AVE.				
City NEW YORK	State NY	ZIP Code 10022			
Outstanding Balan	ce Beginning This Period		т	ransaction ID: INV6010000112096	
	110.00				
Amount Inc	urred This Period	Payment This Period	Outstar	iding Balance at Close of This Period	
	0.00	0.00		110.00	
C. Full Name (Last, BROWN PALACE	First, Middle Initial) of Debtor HOTEL	or Creditor		[:] Debt (Purpose): RENTALS	
Mailing Address P.	O. BOX 1440				
City	State	ZIP Code			
DENVER	CO	80201			
Outstanding Balan	ce Beginning This Period		Т	ransaction ID: INV6010000112097	
	273.00				
Amount Inc	urred This Period	Payment This Period	Outstar	iding Balance at Close of This Period	
	0.00	0.00		273.00	
	0.00	0.00		273.00	
1) SUBTOTALS This	Period This Page (optional)			1813.00	
2) TOTALS This Period	d (last page this line number o	only)	•		
3) TOTAL OUTSTAND	ING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and	carry forward to appropriate li	ine of Summary Page (last page only) ►		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 57 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of BRUKOFF, BERAS & STEWART, P.C.			Debt (Purpose): ES-ZIEGLER/CONG
Mailing Address 3000 TOWN CENTEI SUITE 2550	٦		
City State SOUTHFIELD MI	ZIP Code 48075		
Outstanding Balance Beginning This Per	iod	Tra	Insaction ID: INV6010000112099
285.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		285.00
B. Full Name (Last, First, Middle Initial) of CAMPAIGNER PUBLICATIONS	Debtor or Creditor		Debt (Purpose): RELATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Per	iod	Tra	Insaction ID: INV6010000111880
2700.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		2700.00
C. Full Name (Last, First, Middle Initial) of CAMPAIGNER PUBLICATIONS	Debtor or Creditor	Nature of D RENT	Debt (Purpose):
Mailing Address P.O. BOX 17726			
City State	ZIP Code		
WASHINGTON DC	20041		
Outstanding Balance Beginning This Per	iod	Tra	insaction ID: INV6010000111909
64.51			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00	-	64.51
0.00			
1) SUBTOTALS This Period This Page (opti	onal)		3049.51
2) TOTALS This Period (last page this line nu	mber only)	•	
3) TOTAL OUTSTANDING LOANS from S	Schedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appro	priate line of Summary Page (last page only) •	

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 58 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debt CAMPAIGNER PUBLICATIONS	or or Creditor	Nature of D ADVERTI	lebt (Purpose): SING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111912
1567.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1567.00
B. Full Name (Last, First, Middle Initial) of Debt CAMPAIGNER PUBLICATIONS	or or Creditor	Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111913
60.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		60.00
C. Full Name (Last, First, Middle Initial) of Debt CAMPAIGNER PUBLICATIONS	or or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111914
7316.85			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		7316.85
1) SUBTOTALS This Period This Page (optional)		8943.85
2) TOTALS This Period (last page this line number		• · · · ·	
	dule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 59 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor o CAMPAIGNER PUBLICATIONS	r Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111915
800.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			800.00
B. Full Name (Last, First, Middle Initial) of Debtor o CAMPAIGNER PUBLICATIONS	r Creditor			ebt (Purpose): OPIER USAGE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111916
250.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			250.00
C. Full Name (Last, First, Middle Initial) of Debtor o CAMPAIGNER PUBLICATIONS	r Creditor			ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111917
1000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	r A		1000.00
1) SUBTOTALS This Period This Page (optional)		•		2050.00
2) TOTALS This Period (last page this line number on		`		
	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin)		

SCHEDULE D (FEC Form 3X)		(1.100.0	oporato	PAGE 60 / 143
			eparate dule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for	each	(check only one) 9
Excluding Loans		numbe	ered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Folicy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): ELATIONS SERVICE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111918
8170.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			8170.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111919
1310.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1310.00
	0.00			1010.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111920
11948.30				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			11948.30
1) SUBTOTALS This Period This Page (optional)		►		21428.30
2) TOTALS This Period (last page this line number of	only)	•		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	►		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only	r) ►		

SCHEDULE D (FEC Form 3X)		(Lloo concrete	PAGE 61 / 143
		(Use separate schedule(s)	
DEBTS AND OBLIGATIONS		for each	(check only one) 9
Excluding Loans		numbered line	e) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Nature o RENT	of Debt (Purpose):
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		-	Transaction ID: INV6010000111921
800.00			
Amount Incurred This Period	Payment This Period	Outoto	nding Polonee at Close of This Poriod
		Ouisia	nding Balance at Close of This Period
0.00	0.00		800.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		of Debt (Purpose): DCOPIER USAGE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		-	Transaction ID: INV6010000111922
250.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00	0.00		250.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		of Debt (Purpose): COMMUNICATIONS
Mailing Address P.O. BOX 17726			
City State	ZIP Code		
WASHINGTON DC	20041		
Outstanding Balance Beginning This Period		-	Transaction ID: INV6010000111923
1000.00			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00	0.00		1000.00
0.00	0.00		
1) SUBTOTALS This Period This Page (optional)			2050.00
2) TOTALS This Period (last page this line number o	nly)		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 62 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	r or Creditor	Nature of D PRESS F	ebt (Purpose): RELATIONS SERVICE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111924
8170.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		8170.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	r or Creditor	Nature of D ADVERT	bebt (Purpose): SING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111925
150.00			
Amount Incurred This Period	Payment 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	r or Creditor	Nature of D ADVERT	9ebt (Purpose): SING
Mailing Address P.O. BOX 17726			
City State	ZIP Code		
WASHINGTON DC	20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000111926
30.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		30.00
1) SUBTOTALS This Period This Page (optional).			8350.00
2) TOTALS This Period (last page this line number	only)	•	
3) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 63 / 143
			edule(s)	
DEBTS AND OBLIGATIONS			r each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		Turn		X 10
National Democratic Policy Committee				
A Full Name (Least Free Middle Letter) of Database			Nation of D	
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000111927
5852.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			5852.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112054
13773.65				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			13773.65
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor		Nature of D ADVERTI	ebt (Purpose): SING
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
	20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112055
302.50				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			302.50
1) SUBTOTALS This Period This Page (optional)		Þ		19928.15
2) TOTALS This Period (last page this line number of		•		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	/)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 64 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATIONS	tor or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	insaction ID: INV6010000112056
7910.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		7910.00
B. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATIONS	tor or Creditor	Nature of D ADVERT	Debt (Purpose): ISING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112057
40.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		40.00
C. Full Name (Last, First, Middle Initial) of Deb CAMPAIGNER PUBLICATIONS	tor or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112058
7989.60		110	
Amount Incurred This Period	Deverse of This Device	0.1.1.	
	Payment This Period	Outstand	ng Balance at Close of This Period
0.00	0.00		7989.60
1) SUBTOTALS This Period This Page (optional)		15939.60
2) TOTALS This Period (last page this line number	er only)		
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)	[(Use separate	PAGE 65 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	r or Creditor	Nature of D RENT	lebt (Purpose):
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112059
800.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		800.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	r or Creditor		ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112060
1000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1000.00
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Nature of D RENT	lebt (Purpose):
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112061
800.00		114	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		800.00
1) SUBTOTALS This Period This Page (optional)			2600.00
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedu	Ile C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 66 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER: (check only one) 9
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	^r Creditor			ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112062
1000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1000.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	Creditor		Nature of D RENT	lebt (Purpose):
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112063
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 Debtor of CAMPAIGNER PUBLICATIONS	r Creditor			ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726				
City State WASHINGTON DC	ZIP Code 20041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112064
1000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1000.00
1) SUBTOTALS This Period This Page (optional)				2800.00
2) TOTALS This Period (last page this line number on		` •		
	C (last page only))		
4) ADD 2) and 3) and carry forward to appropriate line)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 67 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor CAPITOL PLAZA	r or Creditor		Debt (Purpose): RENTALS
Mailing Address 240 WEST STATE STREE	T		
City State TRENTON NJ	ZIP Code 08608		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000112103
93.10			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
		Guisian	
0.00	0.00		93.10
B. Full Name (Last, First, Middle Initial) of Debtor CAPITOL PLAZA HOTEL	or Creditor		Debt (Purpose): RENTALS
Mailing Address HOLIDAY INN 300 J STREET			
City State SACRRAMENTO CA	ZIP Code 95814		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000112102
		a	
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
	0.00		15.78
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): FC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		T	ransaction ID: INV6010000112274
8023.57			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		8023.57
1) SUBTOTALS This Period This Page (optional)		►	8132.45
2) TOTALS This Period (last page this line number of	only)	•	
3) TOTAL OUTSTANDING LOANS from Schedu	ile C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) ►	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 68 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): ANNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112275
1529.35			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		1529.35
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112281
2614.35			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		2614.35
C. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): FC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period		Tr	ansaction ID: INV6010000112282
9834.85			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		9834.85
1) SUBTOTALS This Period This Page (optional)			13978.55
2) TOTALS This Period (last page this line number or	nly)	•	
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 69 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112283
235.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			235.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112284
2614.35				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			2614.35
C. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112285
7844.75				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			7844.75
1) SUBTOTALS This Period This Page (optional)		Þ		10694.10
2) TOTALS This Period (last page this line number of	nly)			
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only))		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only	') D		

SCHEDULE D (FEC Form 3X)			separate	PAGE 70 / 143
		sch	edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		num		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112286
2614.35				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00			
0.00	0.00			2614.35
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112287
5250.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			5250.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (Purpose): NNING FEES & EXPNS
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112288
1151.71				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			1151.71
1) SUBTOTALS This Period This Page (optional)		J		9016.06
2) TOTALS This Period (last page this line number of		,		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only))		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	') D		

SCHEDULE D (FEC Fo	orm 3X)		(Use separate	PAGE 71 / 143
		schedule(s)		
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9	
Excluding Loans			numbered line)	X 10
National Democratic Poli				
A. Full Name (Last, First CAUCUS DISTRIBUT		or Creditor		Debt (Purpose): FFICE RENT
Mailing Address PO BO RADIO	OX 748 O CITY STATION			
City	State	ZIP Code		
NEW YORK	NY	10101		
Outstanding Balance B	eginning This Period		Tra	nsaction ID: INV6010000112289
	2614.35			
Amount Incurre	d This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		2614.35
B. Full Name (Last, First CAUCUS DISTRIBUT		or Creditor		bebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BC				
City	<u>CITY STATION</u> State	ZIP Code		
NEW YORK	NY	10101		
Outstanding Balance B	eginning This Period		Tra	nsaction ID: INV6010000112290
	2296.00			
Amount Incurre	d This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		2296.00
C. Full Name (Last, First CAUCUS DISTRIBUT		or Creditor		ebt (Purpose): C TELEPHONE USAGE
Mailing Address PO BO	OX 748 O CITY STATION			
City	State	ZIP Code		
NEW YORK	NY	10101		
Outstanding Balance B	eginning This Period		Tra	nsaction ID: INV6010000112291
	10085.00			
Amount Incurre	d This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		10085.00
1) SUBTOTALS This Period	od This Page (optional)		Þ .	14995.35
-		only)	→	
3) TOTAL OUTSTANDING		,,		
	LOANS from Schedu	le C (last page only)		
		ile C (last page only) ine of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 72 / 143
		schedule(s)	
		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of	Debt (Purpose):
CAUCUS DISTRIBUTORS INC.			FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112292
2200.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		2200.00
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): IFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112293
2000.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		2000.00
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		Debt (Purpose): FC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION			
City State	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000112294
9170.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		9170.00
1) SUBTOTALS This Period This Page (optional)		►	13370.00
2) TOTALS This Period (last page this line number o		•	
	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)		(Use separat	PAGE 73 / 143
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE NUMBER:
		for each numbered lir	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			ne) X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		of Debt (Purpose):) OFFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION			
City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112295
2000.00			
Amount Incurred This Period	Payment This Period	Outet	anding Balance at Close of This Period
0.00	0.00		2000.00
B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		of Debt (Purpose): DFFC TELEPHONE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION City State NEW YORK NY	ZIP Code 10101		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112296
9170.00			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	0.00		9170.00
	0.00		3170.00
C. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	or Creditor		of Debt (Purpose): 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	Outst	anding Balance at Close of This Period
0.00	0.00	и в	2144.91
1) SUBTOTALS This Period This Page (optional)			13314.91
2) TOTALS This Period (last page this line number of			
	e C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(Lise	separate	PAGE 74 / 143
DEBTS AND OBLIGATIONS		schedule(s)		FOR LINE NUMBER:
Excluding Loans			r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or CAUCUS DISTRIBUTORS INC.	Creditor			vebt (Purpose): 1986 TEL USAGE CHG
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112298
18135.97				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			18135.97
	0.00			10103.07
B. Full Name (Last, First, Middle Initial) of Debtor or CAUCUS DISTRIBUTORS INC.	Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address PO BOX 748 RADIO CITY STATION				
City State NEW YORK NY	ZIP Code 10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112299
2000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			2000.00
C. Full Name (Last, First, Middle Initial) of Debtor or CAUCUS DISTRIBUTORS INC.	Creditor			lebt (Purpose): DNE USAGE
Mailing Address PO BOX 748 RADIO CITY STATION				
City State	ZIP Code			
NEW YORK NY	10101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112300
9170.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			9170.00
1) SUBTOTALS This Period This Page (optional)		▶		29305.97
2) TOTALS This Period (last page this line number only		,	•	
	C (last page only)	-		
4) ADD 2) and 3) and carry forward to appropriate line				

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 75 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee	96		
A. Full Name (Last, First, Middle Initial) CITICORP	of Debtor or Creditor		Debt (Purpose): XPENSES
Mailing Address CCSI COLLECTIO P.O. BOX C5216	N DEPARTMENT		
City State MELVILLE NY	ZIP Code 11750		
Outstanding Balance Beginning This I	Period	т	ansaction ID: INV6010000112302
760.00			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		760.00
B. Full Name (Last, First, Middle Initial) CLIFFORD B KOENIG			Debt (Purpose): . AND LODGING
Mailing Address 7195 COOPER SF			
City State MT HOOD/PARKDALE OR	ZIP Code 97041		
Outstanding Balance Beginning This I	Period	Tı	ansaction ID: INV6010000112378
556.76			
	Period Payment This Period		ansaction ID: INV6010000112378
556.76			
556.76 Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial)	Payment This Period 0.00 of Debtor or Creditor	Outstand	556.76 Debt (Purpose):
C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL	Payment This Period 0.00 of Debtor or Creditor	Outstand	ding Balance at Close of This Period 556.76 Debt (Purpose):
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL Mailing Address 123 E. POST RD. City State	Payment This Period 0.00 of Debtor or Creditor (RT 22) ZIP Code 10610	Outstand	ding Balance at Close of This Period 556.76 Debt (Purpose): RENTALS
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL Mailing Address 123 E. POST RD. City State WHITE PLAINS NY Outstanding Balance Beginning This I	Payment This Period 0.00 of Debtor or Creditor (RT 22) ZIP Code 10610	Outstand	ding Balance at Close of This Period 556.76 Debt (Purpose): RENTALS
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL Mailing Address 123 E. POST RD. City State WHITE PLAINS NY Outstanding Balance Beginning This I 120.00	Payment This Period 0.00 of Debtor or Creditor (RT 22) ZIP Code 10610 Period	Outstand Nature of ROOM F	ding Balance at Close of This Period 556.76 Debt (Purpose): RENTALS
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL Mailing Address 123 E. POST RD. City State WHITE PLAINS NY Outstanding Balance Beginning This I	Payment This Period 0.00 of Debtor or Creditor (RT 22) ZIP Code 10610	Outstand Nature of ROOM F	ding Balance at Close of This Period 556.76 Debt (Purpose): RENTALS
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL Mailing Address 123 E. POST RD. City State WHITE PLAINS NY Outstanding Balance Beginning This I 120.00 Amount Incurred This Period 0.00	Payment This Period 0.00 of Debtor or Creditor (RT 22) ZIP Code 10610 Period Payment This Period 0.00	Outstand Nature of ROOM F	ding Balance at Close of This Period 556.76 Debt (Purpose): RENTALS ransaction ID: INV6010000112303 ding Balance at Close of This Period 120.00
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL Mailing Address 123 E. POST RD. City State WHITE PLAINS NY Outstanding Balance Beginning This I 120.00 Amount Incurred This Period 0.00	Payment This Period 0.00 of Debtor or Creditor (RT 22) ZIP Code 10610 Period Payment This Period 0.00 optional)	Outstand Nature of ROOM F	ding Balance at Close of This Period 556.76 Debt (Purpose): RENTALS ransaction ID: INV6010000112303 ding Balance at Close of This Period
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL Mailing Address 123 E. POST RD. City State WHITE PLAINS NY Outstanding Balance Beginning This I 120.00 Amount Incurred This Period 0.00	Payment This Period 0.00 of Debtor or Creditor (RT 22) ZIP Code 10610 Period Payment This Period 0.00 optional)	Outstand Nature of ROOM F	ding Balance at Close of This Period 556.76 Debt (Purpose): RENTALS ransaction ID: INV6010000112303 ding Balance at Close of This Period 120.00
556.76 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) COACHMAN HOTEL Mailing Address Mailing Address 123 E. POST RD. City State WHITE PLAINS NY Outstanding Balance Beginning This I 120.00 Amount Incurred This Period 0.00 Amount Incurred This Period 0.00 1) SUBTOTALS This Period (last page this line) 3) TOTAL OUTSTANDING LOANS	Payment This Period 0.00 of Debtor or Creditor (RT 22) ZIP Code 10610 Period Payment This Period 0.00 optional)	Outstand Nature of ROOM F	ding Balance at Close of This Period 556.76 Debt (Purpose): RENTALS ransaction ID: INV6010000112303 ding Balance at Close of This Period 120.00

SCHEDULE D (FEC Form 3X)		(Llee	separate	PAGE 76 / 143
		sch	nedule(s)	
DEBTS AND OBLIGATIONS		fo	or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor or COACHMAN INN & RESTAURANT	Creditor		Nature of D ROOM R	Debt (Purpose): ENTALS
Mailing Address 10 JACKSON DRIVE				
City State CRANFORD NJ	ZIP Code 07016			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112304
150.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Outstand	
0.00	0.00			150.00
B. Full Name (Last, First, Middle Initial) of Debtor or DALE ANDERSON'S	Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 7041 FIRST AVE.				
City State SCOTTSDALE AZ	ZIP Code 85251			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112308
238.50				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	1		238.50
C. Full Name (Last, First, Middle Initial) of Debtor or DAVID JAY, ESQ.	Creditor			bebt (Purpose): EY FEES & EXPENSES
Mailing Address ATTORNEY AT LAW 120 DELAWARE AVENUE, S	STE 100			
City State	ZIP Code			
BUFFALO NY	14202			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112373
306.35				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			306.35
1) SUBTOTALS This Period This Page (optional)		I		694.85
2) TOTALS This Period (last page this line number onl	w)	1		
	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line		, J		

SCHEDULE D (FEC Form 3X)		(Use separat	PAGE 77 / 143
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE NUMBER:
		for each numbered lir	ne) (check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor DAVID KILBUR	or Creditor	Nature POST	of Debt (Purpose): AGE
Mailing Address 1901 NORIEGA #5			
City State SAN FRANCISCO CA	ZIP Code 94122		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112376
194.93			
Amount Incurred This Period	Payment This Period	Outst	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 WESTERN	or Creditor		of Debt (Purpose): ∕I RENTAL
Mailing Address 3333 13TH AVE. SOUTH			
City State FARGO ND	ZIP Code 58103		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000113252
36.40			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	0.00		36.40
C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor		of Debt (Purpose):) OFFICE RENT
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000114470
200.00			
Amount Incurred This Period	Payment This Period	Outst	anding Balance at Close of This Period
0.00	0.00		200.00
1) SUBTOTALS This Period This Page (optional)		►	431.33
2) TOTALS This Period (last page this line number of	nly)	•	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) ►	

SCHEDULE D (FEC Form 3X)		(1156	e separate	PAGE 78 / 143
		sch	nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114471
915.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			915.00
B. Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): FICE RENT
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114472
200.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			200.00
C. Full Name (Last, First, Middle Initial) of Debtor of EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114473
915.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			915.00
1) SUBTOTALS This Period This Page (optional)		I		2030.00
2) TOTALS This Period (last page this line number of		j		
	e C (last page only)	1		
4) ADD 2) and 3) and carry forward to appropriate lir		/) I		

SCHEDULE D (FEC Form 3X)		(Use sepa	arate	PAGE 79 / 143
DEBTS AND OBLIGATIONS		schedul	e(s)	FOR LINE NUMBER:
Excluding Loans		for eac numbered		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): FICE RENT
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000114474
200.00				
Amount Incurred This Period	Payment This Period	Οι	utstandir	ng Balance at Close of This Period
0.00	0.00			200.00
B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor			ebt (Purpose): C TELEPHONE USAGE
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000114475
915.00				
Amount Incurred This Period	Payment This Period	Οι	utstandir	ng Balance at Close of This Period
0.00	0.00			915.00
C. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor	Nati RE		ebt (Purpose):
Mailing Address P.O. BOX 268				
City State DREXEL HILL PA	ZIP Code 19026			
Outstanding Balance Beginning This Period			Trai	nsaction ID: INV6010000114476
200.00				
Amount Incurred This Period	Payment This Period	Οι	utstandir	ng 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 of	only)	▶		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)) ►		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 80 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each	(check only one) 9
		numbered line	e) X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
	0		
A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUTORS	or Creditor		of Debt (Purpose): PHONE USAGE
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		-	Transaction ID: INV6010000114477
915.00			
Amount Incurred This Period	Payment This Period	Outsta	nding 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): I RENTAL
Mailing Address PIER 67			
City State SEATTLE WA	ZIP Code 98121		
Outstanding Balance Beginning This Period		٦	Transaction ID: INV6010000113744
205.00			
Amount Incurred This Period	Payment This Period	Outsta	nding 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 c PRINT	of Debt (Purpose): ING
Mailing Address 1339 MARYLAND ST. APT	. 1		
City State	ZIP Code		
LOS ANGELES CA	90017		
Outstanding Balance Beginning This Period		1	Transaction ID: INV6010000112307
22.95			
Amount Incurred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
0.00	0.00		22.95
1) SUBTOTALS This Period This Page (optional)		•	1142.95
2) TOTALS This Period (last page this line number o		► .	
	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	

SCHEDULE D (FEC F	form 3X)		(Use se	narato	PAGE 81 / 143
DEBTS AND OBLIGA	-		schedu	ule(s)	
Excluding Loans	TIONS		for ea		(check only one) 9 X 10
NAME OF COMMITTEE (II	n Full)			,	X 10
National Democratic Po					
A. Full Name (Last, Fir EMERY WORLDWII	st, Middle Initial) of Debtor DE	or Creditor			lebt (Purpose): S PACKAGE SERVICE
Mailing Address P.O.	BOX 100				
City BALTIMORE	State MD	ZIP Code 21277			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112315
	11.50				
Amount Incurr	red This Period	Payment This Period	O	utstandii	ng Balance at Close of This Period
	0.00	0.00			11.50
B. Full Name (Last, Fir ERIE HILTON HOTE	st, Middle Initial) of Debtor ELERIE/PA	or Creditor			ebt (Purpose): ENTALS
	METROPOLITAN HO				
City BALTIMORE	State MD	ZIP Code 21202			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112364
	37.10				
Amount Incurr	red This Period	Payment This Period	0	utstandii	ng Balance at Close of This Period
	0.00	0.00			37.10
C. Full Name (Last, Fir ERNEST BAALS	st, Middle Initial) of Debtor	or Creditor			ebt (Purpose): AND LODGING
Mailing Address 826	GARWOOD ROAD				
City ERIAL	State NJ	ZIP Code 08081			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112094
	206.00				
Amount Incurr	red This Period	Payment This Period	O	utstandii	ng Balance at Close of This Period
	0.00	0.00			206.00
1) SUBTOTALS This Pe	riod This Page (optional).		•	U U	254.60
-		only)	•		
3) TOTAL OUTSTANDING		le C (last page only)			
4) ADD 2) and 3) and ca	rry forward to appropriate li	ine of Summary Page (last page only	/) >		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 82 / 143
DEBTS AND OBLIGATIONS		sche	edule(s)	
Excluding Loans			^r each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of EVELYN LANTZ	or Creditor		Nature of D PRINTIN	ebt (Purpose): G
Mailing Address 1826 NORIEGA STREET				
City State SAN FRANCISCO CA	ZIP Code 94122			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112386
60.98				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
0.00	0.00			60.98
B. Full Name (Last, First, Middle Initial) of Debtor of EXECUTIVE HOTEL & SPA	or Creditor			ebt (Purpose): à ROOM RENTAL
Mailing Address 1055 FIRST AVE.				
City State SAN DIEGO CA	ZIP Code 92101			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114372
100.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00			100.00
C. Full Name (Last, First, Middle Initial) of Debtor of EXECUTIVE RED CARPET INNS	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 4020 SOUTHWEST FREEV	VAY			
City State HOUSTON TX	ZIP Code 77027			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112317
22.00				
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			22.00
1) SUBTOTALS This Period This Page (optional)		►		182.98
2) TOTALS This Period (last page this line number or	nly)	>		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	►		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)) ►		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 83 / 143
			iedule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor FEDERAL EXPRESS	or Creditor			ebt (Purpose): S PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A				
City State MEMPHIS TN	ZIP Code 38194			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112318
275.97				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			275.97
B. Full Name (Last, First, Middle Initial) of Debtor FEDERAL EXPRESS	or Creditor			ebt (Purpose): S PACKAGE SERVICE
Mailing Address PO BOX 727, DEPT. A				
City State MEMPHIS TN	ZIP Code 38194			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112319
14.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			14.00
C. Full Name (Last, First, Middle Initial) of Debtor FERRANTE TRAVEL CENTER	or Creditor			ebt (Purpose): TARPLEY/SENATE
Mailing Address 135 BROAD AVENUE				
City State PALISADES PARK NJ	ZIP Code 07650			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113745
254.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			254.00
1) SUBTOTALS This Period This Page (optional)		Þ		543.97
2) TOTALS This Period (last page this line number of		,		
	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	·) Þ		

SCHEDULE D (FEC Form 3X)		(Use se	narato	PAGE 84 / 143
		sched		
DEBTS AND OBLIGATIONS		for e number		(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		namber		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor c FERRANTE TRAVEL CENTER	r Creditor			ebt (Purpose):
FERRANTE TRAVEL CENTER			RAVEL-	TARPLEY/SENATE
Mailing Address 135 BROAD AVENUE				
City State PALISADES PARK NJ	ZIP Code 07650			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113746
57.00				
Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
0.00	0.00			57.00
B. Full Name (Last, First, Middle Initial) of Debtor of FUSION ENERGY FOUNDATION	r Creditor			ebt (Purpose): ICHASE
Mailing Address 250 W 57TH ST. STE.1711				
City State NEW YORK NY	ZIP Code 10019			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112327
4439.10				
Amount Incurred This Period	Payment This Period	(Dutstandir	ng Balance at Close of This Period
0.00	0.00			4439.10
C. Full Name (Last, First, Middle Initial) of Debtor of HENRY MCBRIDE	r Creditor		ature of D ISC. EX	ebt (Purpose): PENSE
Mailing Address C/O HENRY'S AUTO PART 91 SO WHITE HORSE PIKE				
City State	ZIP Code			
BERLIN NJ	08009			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112396
233.00				
Amount Incurred This Period	Payment This Period	(Dutstandir	ng Balance at Close of This Period
0.00	0.00			233.00
1) SUBTOTALS This Period This Page (optional)		•	U U	4729.10
		`	<u> </u>	
2) TOTALS This Period (last page this line number or				
	C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Form 3X)			separate	PAGE 85 / 143
			redule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		num		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1614 CENTRAL AVENUE				
City State ALBANY NY	ZIP Code 12205			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112341
40.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			40.00
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN & HOLIDOME	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 1501 FREEWAY BLVD.				
City State MINNEAPOLIS MN	ZIP Code 55430			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112996
42.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			42.00
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN AIRPORT 2	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 5401 GREEN VALLEY DRI	VE			
City State BLOOMINGTON MN	ZIP Code 55437			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112340
157.50				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			157.50
1) SUBTOTALS This Period This Page (optional)		J		239.50
2) TOTALS This Period (last page this line number of		,		
	le C (last page only))		
4) ADD 2) and 3) and carry forward to appropriate li		—.		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 86 / 143
DEBTS AND OBLIGATIONS		sch	nedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CHEEKTOWAGA	or Creditor		Nature of D ROOM R	lebt (Purpose): ENTALS
Mailing Address 609 DINGENS ST.				
City State CHEEKTOWAGA NY	ZIP Code 14206			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112342
23.15				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
			Outstand	
0.00	0.00			23.15
B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CHERRY HILL	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address RTE 70 & SAYRE AVENUE				
City State CHERRY HILL NJ	ZIP Code 08034			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112343
50.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			50.00
C. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN CHICO	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 685 MANZANITA COURT				
City State CHICO CA	ZIP Code 95926			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112344
45.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			45.00
1) SUBTOTALS This Period This Page (optional)		Þ		118.15
2) TOTALS This Period (last page this line number or	nly)	,	•	
	C (last page only)	,		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Form 3X)		(Lloc	oporata	PAGE 87 / 143
			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for	ered line)	(check only one) 9
		amun	erea line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN COLISEUM	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 440 WEST 57TH STREET				
City State NEW YORK NY	ZIP Code 10019			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112345
224.00				
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period
			Outstandin	
0.00	0.00			224.00
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CONCORD	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1050 BURNETT AVE.				
City State CONCORD CA	ZIP Code 94520			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112346
97.24				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			97.24
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN DOWNTOWN	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1015 ELM STREET				
City State DALLAS TX	ZIP Code 75202			
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000112347
52.00				
			.	
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			52.00
1) SUBTOTALS This Period This Page (optional)		►		373.24
2) TOTALS This Period (last page this line number o	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) ►		

SCHEDULE D (FEC Form 3)	' 1		(1.100	oonorata	PAGE 88 / 143	
•	•)			separate iedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			fc	or each () bered line)	(check only one) 9	
			num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Cor	nmittee					
A. Full Name (Last, First, Middle HOLIDAY INN ERIE	Initial) of Debtor o	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 8040 PERRY	YHWY.					
City Sta ERIE PA		ZIP Code 16509				
Outstanding Balance Beginning	g This Period			Tra	nsaction ID: INV6010000112348	
4	7.70					
Amount Incurred This F	Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
	0.00	0.00			47.70	
		0				
B. Full Name (Last, First, Middle HOLIDAY INN HAUPPAUGE		r Creditor		ROOM RI	ebt (Purpose): ENTALS	
Mailing Address .						
City Sta HAUPPAUGE NY		ZIP Code 11788				
Outstanding Balance Beginning	g This Period			Tra	nsaction ID: INV6010000112349	
6	0.00					
Amount Incurred This F	Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
	0.00	0.00			60.00	
C. Full Name (Last, First, Middle HOLIDAY INN KENILWORT	,	r Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
Mailing Address BLVD. & SO	UTH 31ST ST.					
City Sta KENILWORTH NJ		ZIP Code 07033				
Outstanding Balance Beginning	g This Period		1	Tra	nsaction ID: INV6010000112352	
4	5.00					
Amount Incurred This F	<u> </u>	Payment This Period		Outetandi	ng Balance at Close of This Period	
				Cutstantin		
	0.00	0.00			45.00	
1) SUBTOTALS This Period This	Page (optional)		Þ		152.70	
2) TOTALS This Period (last page t	his line number on	ly)	•			
3) TOTAL OUTSTANDING LOANS	from Schedule	C (last page only)	•			
4) ADD 2) and 3) and carry forwar	d to appropriate lin	e of Summary Page (last page only)			

SCHEDULE D (FEC Form 3X)		(1100		PAGE 89 / 143
			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fo	r each ((check only one) 9
Excluding Loans		numt	pered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN NORWALK	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 789 CONNECTICUT AVEN	UE			
City State NORWALK CT	ZIP Code 06854			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112356
90.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			90.00
	0.00			90.00
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF LAMAR	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address RD #2 EXIT 25 INTERSTA	TE 80			
City State MILL HALL PA	ZIP Code 17751			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112353
52.78				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
		-	Outstandi	
0.00	0.00			52.78
C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address P.O. BOX 4305				
City State	ZIP Code			
BOSTON MA	02211			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112355
90.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			90.00
1) SUBTOTALS This Period This Page (optional)		►	•	232.78
2) TOTALS This Period (last page this line number of		`)		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li		r) 🕨		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 90 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN OF RICHMOND BELLS	tor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 4303 COMMERCE RD.			
City State RICHMOND VA	ZIP Code 23234		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112358
157.30			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		157.30
B. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN OF WILLMAR	tor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address P.O. BOX 1157			
City State WILLMAR MN	ZIP Code 56201		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112362
45.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		45.00
C. Full Name (Last, First, Middle Initial) of Deb HOLIDAY INN PROVIDENCE RI	tor or Creditor	Nature of D ROOM R	vebt (Purpose): ENTALS
Mailing Address 21 ATWELLS AVENUE			
City State PROVIDENCE RI	ZIP Code 02903		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112357
75.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		75.00
1) SUBTOTALS This Period This Page (optional)		277.30
2) TOTALS This Period (last page this line number	,	• •	
	dule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 91 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of D	lebtor or Creditor	Nature of D	ebt (Purpose):
HOLIDAY INN ROCHESTER-AIRPOP		ROOM R	
Mailing Address 911 BROOKS AVENU	E		
City State ROCHESTER NY	ZIP Code 14624		
Outstanding Balance Beginning This Perio	od	Tra	nsaction ID: INV6010000112359
50.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		50.00
B. Full Name (Last, First, Middle Initial) of D HOLIDAY INN ROCKVILLE	ebtor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 173 SUNRISE HWY.			
City State ROCKVILLE. L.I. NY	ZIP Code 11570		
Outstanding Balance Beginning This Perio	bd	Tra	nsaction ID: INV6010000112360
50.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		50.00
C. Full Name (Last, First, Middle Initial) of D HOLIDAY INN SCHENECTADY	ebtor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address DOWNTOWN 100 NOTT TERRACE	& FRANKLIN		
City State	ZIP Code		
SCHENECTADY NY	12305		
Outstanding Balance Beginning This Perio	bd	Tra	nsaction ID: INV6010000112361
45.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		45.00
1) SUBTOTALS This Period This Page (optic	na)		145.00
2) TOTALS This Period (last page this line nur	nber only)	•	
3) TOTAL OUTSTANDING LOANS from Se	chedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)		(1150	separate	PAGE 92 / 143
		schedule(s)		FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			r each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		Tianik		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor o HOLIDAY INN-AIRPORT/NORTH	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 4545 N. LINDBURGH BLVD				
City State BRIDGETON MO	ZIP Code 63044			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112354
79.22				
Amount Incurred This Period	Payment This Period		Outstandi	ng Palanaa at Class of This Pariod
			Outstandi	ng Balance at Close of This Period
0.00	0.00			79.22
 B. Full Name (Last, First, Middle Initial) of Debtor of HOOVER BROTHERS, INC. Mailing Address P.O. BOX 728 	r Creditor			ebt (Purpose): ENT RENTAL
City State TEMPLE TX	ZIP Code 76503			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112369
33.90				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			33.90
C. Full Name (Last, First, Middle Initial) of Debtor o HOWARD JOHNSON'S	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address P.O. BOX 3045				
City State BOSTON MA	ZIP Code 02107			
Outstanding Balance Beginning This Period 102.92	02107		Tra	nsaction ID: INV6010000112365
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			102.92
1) SUBTOTALS This Period This Page (optional)		►		216.04
2) TOTALS This Period (last page this line number on		` ▶		
	۲۷) در (last page only)	`		
4) ADD 2) and 3) and carry forward to appropriate lin)		

SC	HEDULE D (FEC Form 3X)		(Lise	separate	PAGE 93 / 143
	BTS AND OBLIGATIONS		sch	nedule(s)	FOR LINE NUMBER:
	luding Loans			or each bered line)	(check only one) 9 X 10
	ME OF COMMITTEE (In Full)				
Na	tional Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debto HUDSON'S WASHINGTON NEWS MEDI.				ebt (Purpose): RECTORY PURCHASE
	Mailing Address 7315 WISCONSIN AVENU SUITE 1200N	JE			
	City State BETHESDA MD	ZIP Code 20814			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112370
	88.04				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			88.04
	B. Full Name (Last, First, Middle Initial) of Debto HYATT PALO ALTO	r or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
-	Mailing Address 4290 EL CAMINO REAL				
	City State PALO ALTO CA	ZIP Code 94306			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112371
	58.43				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			58.43
	C. Full Name (Last, First, Middle Initial) of Debto IVON BUCHANON	r or Creditor			ebt (Purpose): CARD MERCHANT DISC
-	Mailing Address 423L UNIVERSITY BOUL	EVARD			
	City State DALLAS TX	ZIP Code 75205			
Ī	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112100
	1000.00				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
		5			
	0.00	0.00			1000.00
-	SUBTOTALS This Period This Page (optional).		I		1000.00 1146.47
2)	SUBTOTALS This Period This Page (optional).	only)	P P		
2) 3)	SUBTOTALS This Period This Page (optional).	only)))		

SC	HEDULE D (FEC Form 3X)		(1.100	separate	PAGE 94 / 143
				iedule(s)	FOR LINE NUMBER:
	BTS AND OBLIGATIONS			bered line)	(check only one) 9
<u> </u>	Cluding Loans AME OF COMMITTEE (In Full)		nunn		X 10
	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor of JACK TAR HOTEL	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
	Mailing Address VAN NESS GEARY				
	City State SAN FRANCISCO CA	ZIP Code 94101			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112372
	16.40				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			16.40
	B. Full Name (Last, First, Middle Initial) of Debtor of JERRY LITTON MEMORIAL FUND	or Creditor		Nature of D LITERATI	ebt (Purpose): URE
	Mailing Address PO BOX 220				
	City State CHILLICOTHE MO	ZIP Code 64601			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112390
	10.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			10.00
	C. Full Name (Last, First, Middle Initial) of Debtor KAREN BRUBAKER	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
	Mailing Address 1516 VINEWOOD #207				
	City State DETROIT MI	ZIP Code 48216			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112098
	59.03				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			59.03
1)	SUBTOTALS This Period This Page (optional)		Þ		85.43
	TOTALS This Period (last page this line number o		,		
		e C (last page only)	•		
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	<i>ı</i>)		

SCHEDULE D (FEC Form 3X)		(1100)		PAGE 95 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for	each	(check only one) 9	
Excluding Loans		numb	ered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
National Democratic Folicy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor KING COLE PROJECTION SERVICE	or Creditor			ebt (Purpose): ENT RENTAL	
Mailing Address 36-16 29TH STREET					
City State LONG ISLAND CITY NY	ZIP Code 11106				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112377	
84.95					
Amount Incurred This Period	Payment This Period		Outetandii	ng Balance at Close of This Period	
			Outstandin		
0.00	0.00			84.95	
B. Full Name (Last, First, Middle Initial) of Debtor (KMW PUBLISHING CO.	or Creditor			ebt (Purpose): T ENTERED IN 1987	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115120	
45071.87					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
			Cutotanon		
0.00	0.00			45071.87	
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State	ZIP Code				
STERLING VA	22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115123	
1649.60					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			1649.60	
1) SUBTOTALS This Period This Page (optional)		►		46806.42	
2) TOTALS This Period (last page this line number o		>			
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	r) ►			

SCHEDULE D (FEC	Form 3X)		(1100.0000	roto	PAGE 96 / 143
	-		(Use separate schedule(s)		FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS		for each (check		(check only one) 9
Excluding Loans	<i>a</i> = w		numbered	line)	X 10
NAME OF COMMITTEE National Democratic F					
	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
KMW PUBLISHING	i CO.		SUE	SCRI	PTIONS PURCHASE
Mailing Address RT	. 1, BOX 22				
0.1	01-11-				
City	State VA	ZIP Code 22170			
Outstanding Balance	e Beginning This Period			Trar	nsaction ID: INV6010000115207
	1349.80			ma	
Amount Incu	urred This Period	Payment This Period		tstandir	ng Balance at Close of This Period
	0.00	0.00			1349.80
B Eull Name (Last E	First, Middle Initial) of Debtor	or Croditor	Notu		ebt (Purpose):
KMW PUBLISHING					PTIONS PURCHASE
Mailing Address RT	. 1, BOX 22				
City	State	ZIP Code			
STERLING	VA	22170			
Outstanding Balance	e Beginning This Period			Trar	nsaction ID: INV6010000115362
	1000.00				
Amount Incu	urred This Period	Payment This Period	Out	tstandir	ng Balance at Close of This Period
	0.00	0.00		0 0	1000.00
				1 1	
	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
KMW PUBLISHING	G CO.		SUE	BSCRI	PTIONS PURCHASE
Mailing Address RT	. 1. BOX 22				
City STERLING	State VA	ZIP Code 22170			
	e Beginning This Period			Trop	nsaction ID: INV6010000115364
				Trar	Isaction ID: 11100010000115504
	1410.40				
Amount Incu	urred This Period	Payment This Period	Out	tstandir	ng Balance at Close of This Period
	0.00	0.00			1410.40
1) SUBTOTALS This F	Period This Page (optional)		•		3760.20
,			— , F	1 1	
2) TOTALS This Period	(last page this line number of	only)	▶		
3) TOTAL OUTSTAND	NG LOANS from Schedu	le C (last page only)			
			—, F		
4) ADD 2) and 3) and c	carry forward to appropriate I	ine of Summary Page (last page only		1 1	

SCHEDULE D (FEC Form 3X)		(11.		PAGE 97 / 143	
			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fo	or each	(check only one) 9	
Excluding Loans		num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): IPTIONS PURCHASE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115365	
1350.85					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			1350.85	
 B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 	r or Creditor			Pebt (Purpose): IPTIONS PURCHASE	
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period	22170		Tro	nsaction ID: INV6010000115368	
554.90			IIa	Isaction D. 1100010000110300	
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			554.90	
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): IPTIONS PURCAHSE	
Mailing Address RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115371	
239.90					
Amount Incurred This Period	Payment This Period		Outstandi	ng 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		j			
	ule C (last page only)	J			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	_{/)}]			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 98 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			1 1 1 2
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000115372
119.75			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		119.75
B. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	ansaction ID: INV6010000115375
185.10			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		185.10
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000115377
81.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		81.00
1) SUBTOTALS This Period This Page (optiona	I)		385.85
2) TOTALS This Period (last page this line numb	er only)	•	
3) TOTAL OUTSTANDING LOANS from Sche	edule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use se	eparate	PAGE 99 / 143
DEBTS AND OBLIGATIONS		sched	ule(s)	
Excluding Loans		for e number		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. 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 VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115378
62.35				
Amount Incurred This Period	Payment This Period	(Dutstandii	ng Balance at Close of This Period
0.00	0.00			62.35
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 VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115379
42.10				
Amount Incurred This Period	Payment This Period	(Dutstandiı	ng Balance at Close of This Period
0.00	0.00			42.10
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): TOINS PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115380
51.10				
Amount Incurred This Period	Payment This Period	(Dutstandir	ng Balance at Close of This Period
0.00	0.00			51.10
1) SUBTOTALS This Period This Page (optional)		►		155.55
2) TOTALS This Period (last page this line number	only)	•		
3) TOTAL OUTSTANDING LOANS from Schedu	Ile C (last page only)	▶		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)) ►		

SCHEDULE D (FEC Fo	rm 3X)			e separate	PAGE 100 / 143
	-		sch	nedule(s)	
DEBTS AND OBLIGAT	UN5			or each bered line)	(check only one) 9
Excluding Loans	Eull)		liam		X 10
National Democratic Poli					
A. Full Name (Last, First, KMW PUBLISHING C		or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1,	BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000115381
	13.45				
Amount Incurred	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			13.45
B. Full Name (Last, First, KMW PUBLISHING C		or Creditor			ebt (Purpose): IPTIONS PURCHASES
Mailing Address RT. 1,	BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Balance B	eginning This Period			Tra	nsaction ID: INV6010000115383
	4567.27				
Amount Incurred	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			4567.27
C. Full Name (Last, First, KMW PUBLISHING C		or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1,	BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Balance B				Tra	nsaction ID: INV6010000115384
	19.20				
Amount Incurred	d This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			19.20
	d This Deer (seller)				4599.92
-			<u> </u>		
		only)			
3) TOTAL OUTSTANDING	LOANS from Schedu	Ile C (last page only)	J		
4) ADD 2) and 3) and carry	/ forward to appropriate I	ine of Summary Page (last page only	/) 1		

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 101 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)	L		
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO.	btor or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115385
25.34			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		25.34
B. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO.	btor or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115386
397.04			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		397.04
C. Full Name (Last, First, Middle Initial) of De KMW PUBLISHING CO.	btor or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115387
33.88			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		33.88
1) SUBTOTALS This Period This Page (option	al)	•	456.26
2) TOTALS This Period (last page this line numb	per only)	•	
3) TOTAL OUTSTANDING LOANS from Sch	edule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate	ate line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 102 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115388
101.14			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		101.14
B. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor		lebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115410
121.51			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		121.51
C. Full Name (Last, First, Middle Initial) of Deb KMW PUBLISHING CO.	tor or Creditor		vebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115422
25.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		25.00
1) SUBTOTALS This Period This Page (optiona)	•	247.65
2) TOTALS This Period (last page this line number	er only)	•	
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page only)	•	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 103 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		,	X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of D KMW PUBLISHING CO.	ebtor or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Perio	d	Tra	nsaction ID: INV6010000115444
1125.00			
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 D KMW PUBLISHING CO.	ebtor or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Perio	d	Tra	nsaction 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 D KMW PUBLISHING CO.	ebtor or Creditor		ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Perio	d	Tra	nsaction ID: INV6010000115458
12.75			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		12.75
1) SUBTOTALS This Period This Page (option	nal)	•	1937.75
2) TOTALS This Period (last page this line nun	nber only)	•	
3) TOTAL OUTSTANDING LOANS from Sc	hedule C (last page only)		
4) ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page only)	•	

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 104 / 143
DEBTS AND OBLIG	•		schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE	(In Full)		,	× 10
National Democratic	. ,			
A. Full Name (Last, KMW PUBLISHIN	First, Middle Initial) of Debtor G CO.	or Creditor	Nature of SUBSCF	Debt (Purpose): RIPTION
Mailing Address R	Г. 1, ВОХ 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balan	ce Beginning This Period		Tra	ansaction ID: INV6010000115469
0 0 0 0	50.00			
Amount Inc	urred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		50.00
B. Full Name (Last, KMW PUBLISHIN	First, Middle Initial) of Debtor G CO.	or Creditor		Debt (Purpose): RIPTION PURCHASES
Mailing Address R	Г. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balan	ce Beginning This Period		Tra	ansaction ID: INV601000011547(
	750.00			
Amount Inc	urred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		750.00
C. Full Name (Last, KMW PUBLISHIN	First, Middle Initial) of Debtor G CO.	or Creditor		Debt (Purpose): RIPTION PURCHASES
Mailing Address R	Г. 1, ВОХ 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balan	ce Beginning This Period		Tr	ansaction ID: INV601000011547 [.]
	50.00			
Amount Inc	urred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		50.00
1) SUBTOTALS This	Period This Page (optional)		►	850.00
2) TOTALS This Period	d (last page this line number o	only)	•	
3) TOTAL OUTSTAND	ING LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and	carry forward to appropriate I	ine of Summary Page (last page only)		

SCHEDULE D (FEC	Form 3X)			eparate	PAGE 105 / 143
-				dule(s)	FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS			each ered line)	(check only one) 9
Excluding Loans			Hambe		X 10
National Democratic F					
A. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	r or Creditor			ebt (Purpose): PTION PRUCHASES
Mailing Address RT	. 1, BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Balanc	ce Beginning This Period			Tra	nsaction ID: INV6010000115472
	50.00				
Amount Incu	urred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			50.00
B. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	r or Creditor			ebt (Purpose): PTION PURCHASE
Mailing Address RT	. 1, BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Balance	ce Beginning This Period			Tra	nsaction ID: INV6010000115481
	3734.90				
Amount Incu	urred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			3734.90
C. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	r or Creditor			ebt (Purpose): PTIONS PURCHASE
	G CO.	r or Creditor			
KMW PUBLISHING Mailing Address RT City	G CO. . 1, BOX 22 State	ZIP Code			
KMW PUBLISHING Mailing Address RT City STERLING	G CO. . 1, BOX 22			SUBSCRI	
KMW PUBLISHING Mailing Address RT City STERLING	G CO. 1, BOX 22 State VA	ZIP Code		SUBSCRI	PTIONS PURCHASE
KMW PUBLISHING Mailing Address RT City STERLING Outstanding Balanc	G CO. . 1, BOX 22 State VA ce Beginning This Period	ZIP Code	S	SUBSCRI	PTIONS PURCHASE
KMW PUBLISHING Mailing Address RT City STERLING Outstanding Balanc	G CO. 5. 1, BOX 22 State VA the Beginning This Period 199.25	ZIP Code 22170	S	SUBSCRI	PTIONS PURCHASE
KMW PUBLISHING Mailing Address RT City STERLING Outstanding Balanc Amount Incu	G CO. 5. 1, BOX 22 State VA ce Beginning This Period 199.25 urred This Period 0.00	ZIP Code 22170 Payment This Period 0.00	S	SUBSCRI	PTIONS PURCHASE
KMW PUBLISHING Mailing Address RT City STERLING Outstanding Balance Amount Incu Amount Incu 1) SUBTOTALS	G CO. 1, BOX 22 State VA ce Beginning This Period 199.25 urred This Period 0.00 Period This Page (optional)	ZIP Code 22170 Payment This Period 0.00	S	SUBSCRI	PTIONS PURCHASE nsaction ID: INV6010000115482 ng Balance at Close of This Period 199.25
KMW PUBLISHING Mailing Address RT City STERLING Outstanding Balance Amount Incl Amount Incl 1) SUBTOTALS This Period	G CO. 1, BOX 22 State VA ce Beginning This Period 199.25 urred This Period 0.00 Period This Page (optional)	ZIP Code 22170 Payment This Period 0.00	S	SUBSCRI	PTIONS PURCHASE nsaction ID: INV6010000115482 ng Balance at Close of This Period 199.25
KMW PUBLISHING Mailing Address City STERLING Outstanding Balance Amount Incu 1) SUBTOTALS This Period 3) TOTAL OUTSTANDIN	G CO. State VA State VA See Beginning This Period 199.25 urred This Period 0.00 Period This Page (optional) (last page this line number NG LOANS from Schedu	ZIP Code 22170 Payment This Period 0.00		SUBSCRI	PTIONS PURCHASE nsaction ID: INV6010000115482 ng Balance at Close of This Period 199.25

SCHEDULE D (FEC Form 3X)		(Use s	separate	PAGE 106 / 143
DEBTS AND OBLIGATIONS		sche	dule(s)	
Excluding Loans			each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. 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 VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115483
2030.98				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			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 VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115484
25.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			25.00
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): PTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115486
10.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			10.00
1) SUBTOTALS This Period This Page (optional)		►		2065.98
2) TOTALS This Period (last page this line number of	only)	•		
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) •		

SCHEDULE D (FEC	Eorm 2V)		(11		PAGE 107 / 143	
				e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS		fo	or each ((check only one) 9	
Excluding Loans			num	bered line)	X 10	
NAME OF COMMITTEE	. ,					
National Democratic	Policy Committee					
A. Full Name (Last, KMW PUBLISHIN	First, Middle Initial) of Debtor G CO.	or Creditor			ebt (Purpose): IPTION PURCHASE	
Mailing Address RT	. 1, BOX 22					
City	State	ZIP Code				
STERLING	VA	22170				
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: INV6010000115487	
	25.00					
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			25.00	
B. Full Name (Last, KMW PUBLISHIN)	First, Middle Initial) of Debtor G CO.	or Creditor			ebt (Purpose): IPTION PURCHASE	
Mailing Address RT	Г. 1, BOX 22					
City STERLING	State VA	ZIP Code 22170				
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: INV6010000115488	
0 0 0 0	25.00					
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
				Catolandi		
	0.00	0.00			25.00	
C. Full Name (Last	First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):	
KMW PUBLISHIN					IPTION PURCHASE	
Mailing Address RT	Г. 1, BOX 22					
City	State	ZIP Code				
STERLING	VA	22170				
Outstanding Balan	ce Beginning This Period			Tra	nsaction ID: INV6010000115489	
	50.00					
Amount Inc	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			50.00	
1) SUBTOTALS This	Period This Page (optional)		I		100.00	
2) TOTALS This Period	d (last page this line number o	only)	J			
3) TOTAL OUTSTAND	ING LOANS from Schedu	le C (last page only)]			
4) ADD 2) and 3) and	carry forward to appropriate li	ne of Summary Page (last page only	r) I			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 108 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee	9		
A. Full Name (Last, First, Middle Initial) o KMW PUBLISHING CO.	of Debtor or Creditor		Debt (Purpose): ASES OF SUBSCRITIONS
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This P	eriod	Тг	ansaction ID: INV6010000115490
25.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		25.00
B. Full Name (Last, First, Middle Initial) of KMW PUBLISHING CO.	of Debtor or Creditor		Debt (Purpose): RIPTION PURCHASES
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This P	eriod	Тг	ansaction ID: INV6010000115491
25.00			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		25.00
C. Full Name (Last, First, Middle Initial) of KREINGOLD DATA SERVICES	of Debtor or Creditor		Debt (Purpose): TER SERVICES
Mailing Address STE. 5D, 119 PAYS	SON AVE.		
City State NEW YORK NY	ZIP Code 10034		
Outstanding Balance Beginning This P	eriod	Tr	ansaction ID: INV6010000112384
2156.53			
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close of This Period
0.00	0.00		2156.53
	ation all		2206.53
1) SUBTOTALS This Period This Page (op			
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 app	ropriate line of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 109 / 143
DEBTS AND OBLIGATIONS		schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)		t.	
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor KVAR-FM	or Creditor	Nature of D MEDIA-R	Debt (Purpose): ADIO
Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535	5		
City State SAN ANTONIO TX	ZIP Code 78229		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112385
544.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00	0 0 0	544.00
B. Full Name (Last, First, Middle Initial) of Debtor LOS ANGELES LABOR COMMITTEE	or Creditor		Debt (Purpose): RENT AND PHONE
Mailing Address 711 S. VERMONT AVE. #2	207		
City State LOS ANGELES CA	ZIP Code 90005		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112391
21277.77			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		21277.77
C. Full Name (Last, First, Middle Initial) of Debtor LOUIS JOLIET RENAISSANCE CENTR	or Creditor	Nature of D ROOM R	0ebt (Purpose): ENTALS
Mailing Address 214 NORTH OTTAWA STI	REET		
City State JOLIET IL	ZIP Code 60431		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112393
38.21			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		38.21
	0.00		50.21
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 Schedu	le C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) ►	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 110 / 143
		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of I MARK CALNEY	Debtor or Creditor	Nature of I PRINTIN	Debt (Purpose): G
Mailing Address 269 E. NEWTON ST.			
City State SEATTLE WA	ZIP Code 98102		
Outstanding Balance Beginning This Peri	od	Tra	ansaction ID: INV6010000112101
205.80			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		205.80
B. Full Name (Last, First, Middle Initial) of I MARRIOT HOTEL PITTSBURGH	Debtor or Creditor		Debt (Purpose): RENTALS
Mailing Address 101 MALL BLVD.			
City State MONROEVILLE PA	ZIP Code 15146		
Outstanding Balance Beginning This Peri	od	Tra	ansaction ID: INV6010000112395
227.73			
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		227.73
C. Full Name (Last, First, Middle Initial) of I MARRIOTT - SANTA CLARA	Debtor or Creditor		Debt (Purpose): RENTALS
Mailing Address GREAT AMERICAN F	PARKWAY		
City State SANTA CLARA CA	ZIP Code 95054		
Outstanding Balance Beginning This Peri	od	Tra	ansaction ID: INV6010000112997
24.50	7		
	Deversent This Deviad	Outotood	ing Delayers at Class of This Deviad
Amount Incurred This Period	Payment This Period	Ouisiand	ing Balance at Close of This Period
0.00	0.00		24.50
1) SUBTOTALS This Period This Page (option	onal)		458.03
2) TOTALS This Period (last page this line nu	mber only)	•	
3) TOTAL OUTSTANDING LOANS from S	chedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to approp	priate line of Summary Page (last page only) •	

SCHEDULE D (FEC F	orm 3Y)		(1.100	acharata	PAGE 111 / 143
-				e separate nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGA	TIONS		fo	bered line)	(check only one) 9
Excluding Loans			num		X 10
National Democratic Po					
	· · · · · · · · · · · · · · · · · · ·				
A. Full Name (Last, Fir MARTY SIMON	st, Middle Initial) of Debtor	or Creditor			Debt (Purpose): AND POSTAGE
Mailing Address 2971	W 8TH ST. #111				
City LOS ANGELES	State CA	ZIP Code 96402			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112907
	154.47				
Amount Incurr	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			154.47
B. Full Name (Last, Fir MC GUINESS & WII	st, Middle Initial) of Debtor	or Creditor			Debt (Purpose): EY EXPENSES
	5 FIFTEENTH STREET	Γ, NW			
City WASHINGTON	State DC	ZIP Code 20005			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000114180
	446.69				
Amount Incurr	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			446.69
C. Full Name (Last, Fir MC GUINESS & WII	st, Middle Initial) of Debtor	or Creditor			bebt (Purpose): EY FEES & EXPENSES
	5 FIFTEENTH STREET	Γ, NW			
City	State	ZIP Code			
WASHINGTON	DC	20005			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000114182
	626.32				
Amount Incur	red This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			626.32
	ried This Page (entional)				1227.48
3) TOTAL OUTSTANDING		le C (last page only)			
		ine of Summary Page (last page only	—		
	any forward to appropriate i	ine of Summary Fage (last page offly	,		

SCHEDULE D (FEC Form 3X)		(I Ise	separate	PAGE 112 / 143
	DEBTS AND OBLIGATIONS		edule(s)	FOR LINE NUMBER:
Excluding Loans			[.] each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW			
City State WASHINGTON DC	ZIP Code 20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114183
800.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			800.00
B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW			
City State WASHINGTON DC	ZIP Code 20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114184
3179.29				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3179.29
C. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW			
City State	ZIP Code			
WASHINGTON DC	20005			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114185
3.32				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			3.32
1) SUBTOTALS This Period This Page (optional)		►		3982.61
2) TOTALS This Period (last page this line number or		•		
	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	r) ►		

sc	CHEDULE D (FEC Form 3X)		(1156	separate	PAGE 113 / 143
				nedule(s)	
	BTS AND OBLIGATIONS			or each bered line)	(check only one) 9
<u> </u>	Cluding Loans AME OF COMMITTEE (In Full)		nam		X 10
	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY EXPENSES
	Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	NW			
	City State	ZIP Code			
	WASHINGTON DC	20005			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114186
	5.50				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			5.50
	B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS	or Creditor		Nature of D ATTORNE	ebt (Purpose): EY FEES
	Mailing Address 1015 FIFTEENTH STREET, SUITE 1200	, NW			
	City State WASHINGTON DC	ZIP Code 20005			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114189
	255.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			255.00
	C. Full Name (Last, First, Middle Initial) of Debtor of MEDIAWIRE	or Creditor			ebt (Purpose): ELEASE DISTRIBUTN
	Mailing Address 117 SOUTH 17TH ST. SUITE 210				
	City State	ZIP Code			
	PHILADELPHIA PA	19103			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112397
	60.00				
	Amount Incurred This Period	Dourmont This Deviad		Outotoodiu	a Delence at Class of This Deried
		Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			60.00
1)	SUBTOTALS This Period This Page (optional)		I		320.50
2)	TOTALS This Period (last page this line number or	nly)]		
3)	TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)]		
4)	ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	/)		

SCHEDULE D (FEC Form 3X)			separate	PAGE 114 / 143
DEBTS AND OBLIGATIONS		sche	edule(s)	FOR LINE NUMBER:
Excluding Loans			ered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			ebt (Purpose): DIST-ELDER/USS
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State PHILADELPHIA PA	ZIP Code 19103			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112398
65.00				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
0.00	0.00			65.00
B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			ebt (Purpose): DIST-DOUGLAS/GOV
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State PHILADELPHIA PA	ZIP Code 19103			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112399
35.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			35.00
C. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 204 WASHINGTON AVENU	JE, N.E.			
City State MARIETTA GA	ZIP Code 30060			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114254
2354.40				
Amount Incurred This Period	Payment This Period		Outstandi	ng 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 o		▶		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	^{')}		

SCHEDULE D (FEC Form 3X)		(1.100	ooporato	PAGE 115 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fo	r each ((check only one) 9	
		numu	pered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	or Creditor			lebt (Purpose): EY FEES & EXPENSES	
Mailing Address 204 WASHINGTON AVEN	UE, N.E.				
City State MARIETTA GA	ZIP Code 30060				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114255	
1496.91					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			1496.91	
B. Full Name (Last, First, Middle Initial) of Debtor MICHAEL FRANK, ESQ.	or Creditor			ebt (Purpose): ES-WINTER/CONG	
Mailing Address 434 SPITZER BLDG					
City State TOLEDO OH	ZIP Code 43604				
Outstanding Balance Beginning This Period 400.00			Tra	nsaction ID: INV6010000112321	
Amount Incurred This Period	Payment This Period		Outstandi	ng 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 D PRINTING	lebt (Purpose): G	
Mailing Address 1265 48TH AVE.					
City State SAN FRANCISCO CA	ZIP Code 94122				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112368	
127.20					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			127.20	
1) SUBTOTALS This Period This Page (optional)		▶		2024.11	
2) TOTALS This Period (last page this line number of					
3) TOTAL OUTSTANDING LOANS from Schedu	le C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	/)			

SCHEDULE D (FEC Fo	rm 3X)		(Use sepa	PAGE 116 / 14	13
DEBTS AND OBLIGAT			schedule	(s) FOR LINE NUMBER:	-
			for eacl numbered		9
Excluding Loans	Full)				10
National Democratic Poli					
A. Full Name (Last, First NEW BENJAMIN FRA		or Creditor		re of Debt (Purpose): ERATURE PURCHASE	
Mailing Address 304 W	58TH ST.				
City NEW YORK	State NY	ZIP Code 10019			
Outstanding Balance B	eginning This Period			Transaction ID: INV6010000	112400
	176.50				
Amount Incurre	d This Period	Payment This Period	Out	standing Balance at Close of This P	'eriod
	0.00	0.00		176.5	50
B. Full Name (Last, First NEW HAMPSHIRE H		or Creditor		re of Debt (Purpose): DM RENTALS	
Mailing Address FT. EI	DDY ROAD				
City CONCORD	State NH	ZIP Code 03301			
Outstanding Balance B				Transaction ID: INV6010000	112401
	75.20				
Amount Incurre	d This Period	Payment This Period	Out	standing Balance at Close of This P	'eriod
	0.00	0.00		75.2	20
C. Full Name (Last, First NEW SOLIDARITY IN		or Creditor		re of Debt (Purpose): /ERTISING	
Mailing Address 304 W	7. 58TH ST. 5TH FL.				
City NEW YORK	State NY	ZIP Code 10019			
Outstanding Balance B	eginning This Period			Transaction ID: INV6010000	112402
	540.00				
Amount Incurre	d This Period	Payment This Period	Out	standing Balance at Close of This P	'eriod
	0.00	0.00		540.0	00
1) SUBTOTALS This Period	od This Page (optional)		•	791.70	
,	3 (1)	only)	•		
3) TOTAL OUTSTANDING	LOANS from Schedu	ile C (last page only)	•		
4) ADD 2) and 3) and carr	y forward to appropriate I	ine of Summary Page (last page only	⁽⁾		

SCHEDULE D (FEC Form 3X)		(1.100	oonoroto	PAGE 117 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fo	r each	(check only one) 9	
Excluding Loans		numc	pered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
National Democratic Folicy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor o NEW YORK TELEPHONE	r Creditor		Nature of D TELEPHC	ebt (Purpose): DNE	
Mailing Address 10 COLUMBUS CIRCLE					
City State NEW YORK NY	ZIP Code 10019				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112403	
236.83					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
			Outstandi		
0.00	0.00			236.83	
B. Full Name (Last, First, Middle Initial) of Debtor of PATRICK F ADAMS P.C.	r Creditor			ebt (Purpose): ES - NY BEAM DEMS	
Mailing Address ATTORNEY AT LAW					
ONE EAST MAIN STREET					
City State BAY SHORE NY	ZIP Code 11706				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112085	
5762.50					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			5762.50	
C. Full Name (Last, First, Middle Initial) of Debtor of PATRICK F ADAMS P.C.	r Creditor			ebt (Purpose): / 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			Tra	nsaction ID: INV6010000112086	
400.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			400.00	
1) SUBTOTALS This Period This Page (optional)		►		6399.33	
2) TOTALS This Period (last page this line number on	lly)	•			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	r) ►			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 118 / 143
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of PETER ENNIS	Debtor or Creditor		Debt (Purpose): AND LODGING
Mailing Address 65 SEAMAN AVE.			
City State NEW YORK NY	ZIP Code 10034		
Outstanding Balance Beginning This Per	riod	Tra	Insaction ID: INV6010000112316
16.76			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		16.76
B. Full Name (Last, First, Middle Initial) of PMR PRINTING	Debtor or Creditor	Nature of D PRINTIN	Debt (Purpose): G
Mailing Address INDIAN CREEK CEN RT. 1, BOX 22	ITER III		
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Per	riod	Tra	Insaction ID: INV6010000112882
2500.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		2500.00
C. Full Name (Last, First, Middle Initial) of PMR PRINTING	Debtor or Creditor	Nature of D PRINTIN	Debt (Purpose): G
Mailing Address INDIAN CREEK CEN RT. 1, BOX 22	ITER III		
City State	ZIP Code		
STERLING VA	22170		
Outstanding Balance Beginning This Per	riod	Tra	Insaction ID: INV6010000112885
6123.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		6123.00
1) SUBTOTALS This Period This Page (opt	ional)	Þ .	8639.76
2) TOTALS This Period (last page this line nu	umber only)	•	
3) TOTAL OUTSTANDING LOANS from S	Schedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appro	priate line of Summary Page (last page only	/) >	

SCHEDULE D (FEC Form 3X)		(1)		PAGE 119 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fo	r each ((check only one) 9	
Excluding Loans		numb	pered line)	X 10	
NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor o PROVIDENCE MARRIOTT INN	r Creditor		Nature of D ROOM RI	lebt (Purpose): ENTAL	
Mailing Address CHARLES & ORMS STREE	TS				
City State PROVIDENCE RI	ZIP Code 02904				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113747	
125.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			125.00	
	0.00			123.00	
B. Full Name (Last, First, Middle Initial) of Debtor o PUBLICATION & GENERAL MGMT.	r Creditor			ebt (Purpose): TING & DP SERVICE	
Mailing Address P.O. BOX 836					
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112654	
1700.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			1700.00	
C. Full Name (Last, First, Middle Initial) of Debtor o PUBLICATION & GENERAL MGMT.	r Creditor			ebt (Purpose): TING & DP SERVICE	
Mailing Address P.O. BOX 836					
City State	ZIP Code				
LEESBURG VA	22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112656	
3000.00					
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)		►	•	4825.00	
2) TOTALS This Period (last page this line number on		—.			
	C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line		—.			

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 120 / 143
			iedule(s)	
DEBTS AND OBLIGATIONS			or each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		Tioning		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
PUBLICATION & GENERAL MGMT.				MENT & DP SERVICE
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112657
3000.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112658
3000.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			3000.00
C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERIVCES
Mailing Address P.O. BOX 836				
City State	ZIP Code			
LEESBURG VA	22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112661
3000.00				
Amount Incurred This Period	Payment This Period		Outstandir	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 o		,		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin		/) Þ		

SCHEDULE D (FEC Form 3X)		(1.100.0	oporato	PAGE 121 / 143	
			eparate dule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			each ered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		Tiumbe		X 10	
National Democratic Policy Committee					
·····					
A. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SREVICES	
Mailing Address P.O. BOX 836					
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112662	
3000.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			3000.00	
B. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERVICES	
Mailing Address P.O. BOX 836					
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112666	
3000.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			3000.00	
C. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT &DP SERVICES	
Mailing Address P.O. BOX 836					
City State LEESBURG VA	ZIP Code 22075				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112667	
3000.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			3000.00	
	0.00			5000.00	
1) SUBTOTALS This Period This Page (optional)		►		9000.00	
2) TOTALS This Period (last page this line number or	nly)	•			
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•	0 0 0 0		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only	r) ►			

SCHEDULE D (FEC Form 3X)		(Use separ	PAGE 122	/ 143
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE NUMBER:	
Excluding Loans		for each numbered l		9 X 10
NAME OF COMMITTEE (In Full)				x 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor		e of Debt (Purpose): AGEMENT & DP SERVIC	ES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Transaction ID: INV60100	00112668
3000.00				
Amount Incurred This Period	Payment This Period	Oute	standing Balance at Close of Th	is Period
0.00	0.00		300	00.00
B. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor		e of Debt (Purpose): AGEMENT & DP SERVIC	ES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Transaction ID: INV60100	00112669
3000.00				
Amount Incurred This Period	Payment This Period	Outs	standing Balance at Close of Th	nis Period
0.00	0.00		300	00.00
C. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor		e of Debt (Purpose): AGEMENT & DP SERVIC	ES
Mailing Address P.O. BOX 836				
City State	ZIP Code			
LEESBURG VA	22075			
Outstanding Balance Beginning This Period			Transaction ID: INV60100	00112670
3000.00				
Amount Incurred This Period	Payment This Period	Outs	standing Balance at Close of Th	nis Period
0.00	0.00			00.00
1) SUBTOTALS This Period This Page (optional)			9000.00)
2) TOTALS This Period (last page this line number or	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only) ►		

SCHEDULE D (FEC Form 3X)		(1100	separate	PAGE 123 / 143
			schedule(s) FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			r each bered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		Indiffic		X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of	or Craditar		Noture of D	aht (Durnasa)
PUBLICATION & GENERAL MGMT.	of Creator			ebt (Purpose): MENT &DP SERVICE
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112671
3000.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT &D P SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period		·	Tra	nsaction ID: INV6010000112672
3000.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			3000.00
C. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT &DP SERVICES
Mailing Address P.O. BOX 836				
City State	ZIP Code			
LEESBURG VA	22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112673
3000.00				
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 of		>		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lir		/) Þ	•	

SCHEDULE D (FEC Form 3X)		(Llee	separate	PAGE 124 / 143
DEBTS AND OBLIGATIONS			nedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	r Creditor			vebt (Purpose): IENT &DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112674
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	r Creditor			Debt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112675
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00		0 0	3000.00
C. Full Name (Last, First, Middle Initial) of Debtor of PUBLICATION & GENERAL MGMT.	r Creditor			Debt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period	22013		.	nsaction ID: INV6010000112676
3000.00			ira	macion D. 111001000012070
			A · · · · · ·	
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)		I		9000.00
2) TOTALS This Period (last page this line number or	ıly)	, ,		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	J		
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	/)		

SCHEDULE D (FEC Form 3X)		(1.100	coparata	PAGE 125 / 143
			separate edule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fo	r each ((check only one) 9
		numt	pered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or Creditor			ebt (Purpose): MENT & DP SERVICE
Mailing Address P.O. BOX 836				
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112677
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUROLATOR COURIER CORP.	or Creditor			ebt (Purpose): S PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK RC	DAD			
City State NEW HYDE PARK NY	ZIP Code 11042			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112891
55.10				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			55.10
C. Full Name (Last, First, Middle Initial) of Debtor QUALITY INN ALBANY	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1-3 WATERVLIET AVE.				
City State ALBANY NY	ZIP Code 12206			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112892
43.45				
	December 1 This Decision		Outstan "	n Delence et Olean of This Dation
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			43.45
1) SUBTOTALS This Period This Page (optional)		▶		3098.55
2) TOTALS This Period (last page this line number o	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 126 / 143
			FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		nambered line)	X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Deb RAMADA INN CASPER	otor or Creditor		Debt (Purpose): RENTALS
Mailing Address PO BOX 2917			
City State CASPER WY	ZIP Code 82602		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000112893
108.85			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		108.85
B. Full Name (Last, First, Middle Initial) of Det RAMADA INN ST. LOUIS	otor or Creditor		Debt (Purpose): RENTALS
Mailing Address 9636 NATURAL BRIDG	E RD.		
City State ST. LOUIS MO	ZIP Code 63134		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000112894
52.31			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		52.31
C. Full Name (Last, First, Middle Initial) of Deb RAMADA INN-SAN ANTONIO	otor or Creditor		Debt (Purpose): RENTALS
Mailing Address 3645 N. PAN AM EXPR	ESSWAY		
City State SAN ANTONIO TX	ZIP Code 78219		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000112897
60.00			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		60.00
1) SUBTOTALS This Period This Page (optiona	50	•	221.16
2) TOTALS This Period (last page this line numb			
	edule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	te line of Summary Page (last page only)	

SCHEDULE D (FEC Fo	orm 3X)		(1.100	oonoroto	PAGE 127 / 143	
				separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGAT	IONS		fo	r each Ó	(check only one) 9	
Excluding Loans			numu	pered line)	X 10	
NAME OF COMMITTEE (In National Democratic Pol						
National Democratic For						
A. Full Name (Last, Firs RENAISSANCE MAR		or Creditor		Nature of D OFFICE F	ebt (Purpose): RENT	
Mailing Address 1249	WASHINGTON BLVI	D. STE. 626				
City DETROIT	State MI	ZIP Code 48226				
Outstanding Balance E	Beginning This Period			Tra	nsaction ID: INV6010000112898	
	600.00					
Amount Incurre	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			600.00	
B. Full Name (Last, Firs RHEA, BOYD & RHE		or Creditor			ebt (Purpose): EY FEES & EXPENSES	
Mailing Address 930 F	ORREST AVENUE					
City	State	ZIP Code				
GADSDEN	AL	35901				
Outstanding Balance E	Beginning This Period 24.60			Tra	nsaction ID: INV6010000114208	
Amount Incurre	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			24.60	
C. Full Name (Last, Firs RICHARD MAGRAW	t, Middle Initial) of Debtor	or Creditor		Nature of D AUTO RE	ebt (Purpose): :NTAL	
Mailing Address 22-60	23RD ST.					
City	State	ZIP Code				
ASTORIA	NY	11105				
Outstanding Balance E	Beginning This Period			Tra	nsaction ID: INV6010000112394	
	114.90					
Amount Incurre		Payment This Period		Outotoood	ng Balance at Close of This Period	
Amount incurre	· · · · ·			Outstandi		
	0.00	0.00			114.90	
1) SUBTOTALS This Peri	iod This Page (optional)		▶		739.50	
2) TOTALS This Period (la	st page this line number of	only)	•			
3) TOTAL OUTSTANDING	LOANS from Schedu	ile C (last page only)	•			
4) ADD 2) and 3) and car	ry forward to appropriate I	ine of Summary Page (last page only	/) Þ			

SCHEDULE D (FEC Form 3X)		(Llse	separate	PAGE 128 / 143
DEBTS AND OBLIGATIONS		sche	edule(s)	
			[.] each ered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor ROBERT COLE	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 4119 W. BELLEPLAINE #2	W			
City State CHICAGO IL	ZIP Code 60641			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112305
1243.95				
Amount Incurred This Period	Payment This Period		Outotondi	ng Palanaa at Class of This Pariod
		-	Outstandi	ng Balance at Close of This Period
0.00	0.00			1243.95
 B. Full Name (Last, First, Middle Initial) of Debtor ROBERT KAY Mailing Address 22-49 38TH ST. 	or Creditor			ebt (Purpose): AND LODGING
Mailing Address 22-49 381H ST.				
City State ASTORIA NY	ZIP Code 11105			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112375
19.74				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	Ŭ I		19.74
C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 2 PINEHURST				
City State NEW YORK CITY NY	ZIP Code 10033			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112330
207.82				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			207.82
	0.00			201.02
1) SUBTOTALS This Period This Page (optional)		►		1471.51
2) TOTALS This Period (last page this line number of	nly)	▶		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)) 🕨		

SCHEDULE D (FEC Form 3X)		(LISE	e separate	PAGE 129 / 143
DEBTS AND OBLIGATIONS		sch	nedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor RONALD KOKINDA	or Creditor		Nature of D CONSUL	ebt (Purpose): TING
Mailing Address 36-5 FORT EVANS ROAD,	NE			
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114750
524.50				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	1		524.50
B. Full Name (Last, First, Middle Initial) of Debtor RONALD KOKINDA	or Creditor		Nature of D CONSUL	ebt (Purpose): TING
Mailing Address 36-5 FORT EVANS ROAD,	NE			
City State LEESBURG VA	ZIP Code 22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114756
1600.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	0		1600.00
C. Full Name (Last, First, Middle Initial) of Debtor SAFEWAY PRINTING	or Creditor		Nature of D PRINTING	Debt (Purpose): G
Mailing Address 3276 WEST 6TH ST.				
City State	ZIP Code		-	
LOS ANGELES CA	90020			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112901
300.38				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			300.38
1) SUBTOTALS This Period This Page (optional)		I		2424.88
2) TOTALS This Period (last page this line number of	nly)	J		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)]		
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	r) I		

SCHEDULE D (FEC Form 3X)		(Use se	parata	PAGE 130 / 143	
		sched		FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for e number		(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)			ouo)	X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor o SAN FRANCISCO LABOR CTTE.	r Creditor		ature of D OSTAGI	ebt (Purpose): E	
Mailing Address 1826 NOREIGA ST.					
City State SAN FRANCISCO CA	ZIP Code 94122				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112902	
413.47					
Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period	
0.00	0.00			413.47	
B. Full Name (Last, First, Middle Initial) of Debtor of SANS SOUCI TRAVEL	r Creditor		ature of D R TRAV	ebt (Purpose): /EL	
Mailing Address 253 - 12 UNION TURNPIKE					
City State FLORAL PARK NY	ZIP Code 11004				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113737	
290.00					
Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period	
0.00	0.00			290.00	
C. Full Name (Last, First, Middle Initial) of Debtor of SANS SOUCI TRAVEL	r Creditor			ebt (Purpose): O 4/10 INV-TRAVEL	
Mailing Address 253 - 12 UNION TURNPIKE					
City State FLORAL PARK NY	ZIP Code 11004				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113743	
40.00					
Amount Incurred This Period	Payment This Period	0	Dutstandir	ng Balance at Close of This Period	
0.00	0.00			40.00	
1) SUBTOTALS This Period This Page (optional)		►	U U	743.47	
2) TOTALS This Period (last page this line number or		▶			
	C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)			

SCHEDULE D (FEC Form 3X)		(LISP	separate	PAGE 131 / 143
DEBTS AND OBLIGATIONS			edule(s)	FOR LINE NUMBER:
Excluding Loans	r		r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of SEGAL, MORAN & FEINBERG	or Creditor		Nature of D ATTORNE	ebt (Purpose): EY FEES
Mailing Address 210 COMMERCIAL STREE	Т			
City State BOSTON MA	ZIP Code 02109			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000113750
712.50				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			712.50
B. Full Name (Last, First, Middle Initial) of Debtor of SEVEN SEAS MOTOR INN	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 1823 OLD RED TRAIL				
City State MANDAN ND	ZIP Code 58554			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112903
46.12				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			46.12
C. Full Name (Last, First, Middle Initial) of Debtor of SHERATON COLUMBUS PLAZA	or Creditor			ebt (Purpose): -SCOTT/CONG
Mailing Address 50 NORTH THIRD STREET				
City State COLUMBUS OH	ZIP Code 43215			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112906
50.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00	Р 		50.00
1) SUBTOTALS This Period This Page (optional)		►		808.62
2) TOTALS This Period (last page this line number or		•		
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4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	r) Þ		

SCHEDULE D (FEC Form 3X)		(Use se	narate	PAGE 132 / 143
			schedule(s) FOR LINE NUMBER	
Excluding Loans		for e		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
City State DETROIT MI	ZIP Code 48226			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112908
538.45				
Amount Incurred This Period	Payment This Period	C	Outstandii	ng Balance at Close of This Period
0.00	0.00			538.45
B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
City State	ZIP Code			
DETROIT MI	48226			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112909
538.45				
Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
0.00	0.00			538.45
C. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
City State	ZIP Code			
DETROIT MI	48226			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112910
538.46				
Amount Incurred This Period	Payment This Period	C	Dutstandiı	ng Balance at Close of This Period
0.00	0.00			538.46
1) SUBTOTALS This Period This Page (optional)		►		1615.36
2) TOTALS This Period (last page this line number or		•		
	e C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only) ►		

SCHEDULE D (FEC Form 3X)		(1156	eseparate	PAGE 133 / 143
DEBTS AND OBLIGATIONS		sch	nedule(s)	FOR LINE NUMBER:
Excluding Loans			or each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
City State DETROIT MI	ZIP Code 48226			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112911
538.46				
Amount Incurred This Period	Payment This Period		Outstandi	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			lebt (Purpose): E: E.SEFCOVIC/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
City State	ZIP Code			
DETROIT MI	48226			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112912
538.46				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			538.46
C. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI	NG			
City State DETROIT MI	ZIP Code 48226			
Outstanding Balance Beginning This Period	40220		Tre	nsaction ID: INV6010000112913
			Ira	nsaction ID: 11000010000112913
538.46				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			538.46
1) SUBTOTALS This Period This Page (optional)		I		1615.38
2) TOTALS This Period (last page this line number or	nly)	,		
	e C (last page only)]		
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only	/)		

SCHEDULE D (FEC Form 3X)	CHEDULE D (FEC Form 3X) (Use separate		PAGE 134 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): EE: H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD	NG		
City State DETROIT MI	ZIP Code 48226		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000112914
538.46			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		538.46
B. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor		Debt (Purpose): EE: J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD	NG ZIP Code		
DETROIT MI	48226		
Outstanding Balance Beginning This Period		T	ransaction ID: INV6010000112915
538.46			
Amount Incurred This Period	Payment This Period	Outstan	ding 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		Debt (Purpose): EE: J. VAUGHN/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD			
City State DETROIT MI	ZIP Code 48226		
Outstanding Balance Beginning This Period	-0220	T	ransaction ID: INV6010000112916
538.46			
Amount Incurred This Period	Payment This Period	Outstan	ding 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 o		►	
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only) ►	

SC	CHEDULE D (FEC Form 3X)			eparate	PAGE 135 / 143
			sche	dule(s)	
	EBTS AND OBLIGATIONS			each ered line)	(check only one) 9
<u> </u>	Cluding Loans AME OF COMMITTEE (In Full)		Tiambe		X 10
	ational Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: O. WALKER/CONG
	Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD	ING			
	City State	ZIP Code			
	DETROIT MI	48226			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112917
	538.46				
	Amount Incurred This Period	Payment 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 SOUTHEAST POLITICAL LITERATURE	or Creditor			ebt (Purpose): C TELEPHONE USAGE
	Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD	INC.			
	City State BALTIMORE MD	ZIP Code 21227			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114478
	915.00				
	Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
	0.00	0.00			915.00
	0.00 C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE		N		ebt (Purpose): FICE RENT
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION,	or Creditor	N		ebt (Purpose):
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE	or Creditor	N		ebt (Purpose):
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD	or Creditor	N		ebt (Purpose):
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD City State	or Creditor INC. ZIP Code	N	FIELD OF	ebt (Purpose):
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD City State BALTIMORE MD	or Creditor INC. ZIP Code	N	FIELD OF	ebt (Purpose): FICE RENT
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD City State BALTIMORE MD Outstanding Balance Beginning This Period	or Creditor INC. ZIP Code	F	TIELD OF	ebt (Purpose): FICE RENT
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD City State BALTIMORE MD Outstanding Balance Beginning This Period 200.00	or Creditor INC. ZIP Code 21227	F	TIELD OF	ebt (Purpose): FICE RENT
1	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD City State BALTIMORE MD Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00	or Creditor INC. ZIP Code 21227 Payment This Period 0.00		TIELD OF	ebt (Purpose): FICE RENT nsaction ID: INV6010000114479
	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD City State BALTIMORE MD Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period	or Creditor INC. ZIP Code 21227 Payment This Period 0.00		TIELD OF	ebt (Purpose): FICE RENT nsaction ID: INV6010000114479 ng Balance at Close of This Period 200.00
2)	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD City State BALTIMORE MD Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional)	or Creditor INC. ZIP Code 21227 Payment This Period 0.00		TIELD OF	ebt (Purpose): FICE RENT nsaction ID: INV6010000114479 ng Balance at Close of This Period 200.00
2) 3)	C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, 3916-A VERO ROAD City State BALTIMORE MD Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional)	or Creditor INC. ZIP Code 21227 Payment This Period 0.00 only) le C (last page only)		TIELD OF	ebt (Purpose): FICE RENT nsaction ID: INV6010000114479 ng Balance at Close of This Period 200.00

CHEDULE D (FEC Form 3X)		(Use separate PAGE 136 / 143		
DEBTS AND OBLIGATIONS		schedule(s)		
Excluding Loans		for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITERATURE	r or Creditor		lebt (Purpose): C TELEPHONE USAGE	
Mailing Address SALES & DISTRIBUTION 3916-A VERO ROAD	, INC.			
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000114480	
915.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		915.00	
B. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITERATURE	r or Creditor		ebt (Purpose): FFICE RENT	
Mailing Address SALES & DISTRIBUTION 3916-A VERO ROAD	, INC.			
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000114481	
200.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		200.00	
C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITERATURE	r or Creditor		vebt (Purpose): DNE USAGE	
Mailing Address SALES & DISTRIBUTION 3916-A VERO ROAD	, INC.			
City State	ZIP Code			
BALTIMORE MD	21227			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000114482	
915.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		915.00	
1) SUBTOTALS This Period This Page (optional).			2030.00	
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	•		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 137 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:
			r each ered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			,	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITERATURE	r Creditor		Nature of D RENT	ebt (Purpose):
Mailing Address SALES & DISTRIBUTION, IN 3916-A VERO ROAD	NC.			
City State BALTIMORE MD	ZIP Code 21227			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114483
200.00				
Amount Incurred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period
			Outstandi	
0.00	0.00			200.00
B. Full Name (Last, First, Middle Initial) of Debtor or STATE OF CALIFORNIA	Creditor		Nature of D PRINTINC	ebt (Purpose): G
Mailing Address OFFICE OF STATE PRINTIN LEGISLATIVE BILL ROOM	٨G			
City State SACRAMENTO CA	ZIP Code 95814			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112389
53.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			53.00
C. Full Name (Last, First, Middle Initial) of Debtor of STATLER BUFFALO	Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 107 DELAWARE AVENUE				
City State BUFFALO NY	ZIP Code 14202			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112918
85.00				
	Deumeent This Devied		Outstand	
Amount Incurred This Period	Payment This Period	-	Outstandi	ng Balance at Close of This Period
0.00	0.00			85.00
1) SUBTOTALS This Period This Page (optional)		►		338.00
2) TOTALS This Period (last page this line number on		•		
	C (last page only)	•		
4) ADD 2) and 3) and carry forward to appropriate line	e of Summary Page (last page only))		

SCHEDULE D (FEC Form 3X)		(1.100	aoporata	PAGE 138 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS			or each () bered line)	(check only one) 9	
Excluding Loans NAME OF COMMITTEE (In Full)		num		X 10	
National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor of SYRACUSE AIRPORT INN	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address HANCOCK AIRPORT					
011	ZIP Code				
City State NORTH SYRACUSE NY	13212				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112921	
19.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			19.00	
	0.00			13.00	
B. Full Name (Last, First, Middle Initial) of Debtor c TED HERBERT	or Creditor			ebt (Purpose): ES & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.					
City State MARIETTA GA	ZIP Code 30060				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114387	
1088.20					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			1088.20	
C. Full Name (Last, First, Middle Initial) of Debtor of TED HERBERT	or Creditor			ebt (Purpose): ES & EXP-GA DEM SL	
Mailing Address 142 FOREST AVENUE N.E.					
City State	ZIP Code				
MARIETTA GA	30060				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000114393	
800.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			800.00	
1) SUBTOTALS This Period This Page (optional)		Þ		1907.20	
2) TOTALS This Period (last page this line number or		,			
	C (last page only))			
4) ADD 2) and 3) and carry forward to appropriate lin		·) •	•		

SCHEDULE D (FEC Form 3X)		(1.100	accarata	PAGE 139 / 143	
			separate edule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		fc	or each ((check only one) 9	
		num	bered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debtor o THE CHANCELLOR HOTEL	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 1501 SOUTH NEIL STREET	-				
City State CHAMPAIGN IL	ZIP Code 61820				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112301	
25.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			25.00	
B. Full Name (Last, First, Middle Initial) of Debtor o THE COLONNADE	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address 120 HUNTINGTON AVENUE	Ē				
City State BOSTON MA	ZIP Code 02116				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112306	
75.00					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00	0.00			75.00	
C. Full Name (Last, First, Middle Initial) of Debtor o THE PRESS CLUB OF HOUSTON	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address THE WORLD TRADE CENT	ER				
1520 TEXAS AVENUE					
City State HOUSTON TX	ZIP Code 77002				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112890	
25.00					
	Devenuel This Deviad				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			25.00	
1) SUBTOTALS This Period This Page (optional)				125.00	
2) TOTALS This Period (last page this line number on	ly)	•			
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only	/)			

SC	CHEDULE D (FEC Form 3X)		e separate	PAGE 140 / 143		
				nedule(s)	FOR LINE NUMBER:	
	BTS AND OBLIGATIONS			or each	(check only one) 9	
	cluding Loans		num	bered line)	X 10	
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee					
	A. Full Name (Last, First, Middle Initial) of Debtor TONI JENNINGS	or Creditor		Nature of D POSTAG	ebt (Purpose): E	
	Mailing Address 2414 13TH AVE. SO. #104					
	City State SEATTLE WA	ZIP Code 98144				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112374	
	30.15					
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			30.15	
	B. Full Name (Last, First, Middle Initial) of Debtor TREAT CATERERS	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
	Mailing Address 50 PARK PLACE					
	City State NEWARK NJ	ZIP Code 07101				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112922	
		Deursent This Devied		Outotoral	an Delense at Oless of This Deviad	
	Amount Incurred This Period	Payment This Period	-	Outstandi	ng Balance at Close of This Period	
	0.00	0.00			100.00	
	C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS	
	Mailing Address (C/O GILBERT ROBINSON P.O. BOX 16000	I COLLEX)				
	City State	ZIP Code		4		
	KANSAS CITY MO	64112				
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112923	
	50.00					
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			50.00	
1)	SUBTOTALS This Period This Page (optional)		I		180.15	
2)	TOTALS This Period (last page this line number of	nly)				
3)	TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	1			
	ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only	/) 1			

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 141 / 143
-	-		schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS		for each numbered line)	(check only one) 9
Excluding Loans	(In Full)			X 10
National Democratic I	. ,			
	· · · · · · · · · · · · · · · · · · ·			
A. Full Name (Last, F VITA OBERSCHN	First, Middle Initial) of Debtor EIDER	or Creditor		Debt (Purpose): RENTALS
Mailing Address 544	4 OAK HILL RD.			
City ELGIN	State IL	ZIP Code 60120		
Outstanding Balance	ce Beginning This Period		Т	ransaction ID: INV6010000112404
	149.16			
Amount Inci	urred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
	0.00	0.00		149.16
B. Full Name (Last, F WESTBOROUGH	First, Middle Initial) of Debtor PLAZA HOTEL	or Creditor		Debt (Purpose): IG ROOM RENTAL
Mailing Address 5 T	URNPIKE ROAD			
City WESTBOROUGH	State MA	ZIP Code 01581		
Outstanding Balance	ce Beginning This Period		Т	ransaction ID: INV6010000114249
	54.25			
Amount Inci	urred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
	0.00	0.00		54.25
	0.00	0.00		54.25
	First, Middle Initial) of Debtor	or Creditor	Nature of TELEPH	Debt (Purpose): IONE
Mailing Address BC	X 6022 CHRUCH ST. S	TA.		
City	State	ZIP Code		
NEW YORK	NY	10008		
Outstanding Baland	ce Beginning This Period		Т	ransaction ID: INV6010000112926
	18.42			
Amount Inci	urred This Period	Payment This Period	Outetaa	ding Balance at Close of This Period
			Outstan	
	0.00	0.00		18.42
1) SUBTOTALS This F	Period This Page (optional)			221.83
2) TOTALS This Period	(last page this line number of	nly)	•	
3) TOTAL OUTSTANDI		le C (last page only)		
4) ADD 2) and 3) and 0	carry forward to appropriate li	ne of Summary Page (last page only)		

	(1.100	conorato	PAGE 142 / 143	
			FOR LINE NUMBER:	
			(check only one) 9	
			X 10	
or Creditor		Nature of D TYPE SE	ebt (Purpose): TTING	
T				
ZIP Code				
22075				
		Tra	nsaction ID: INV6010000112983	
Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00			741.67	
or Creditor		Nature of D TYPE & A	ebt (Purpose): \RT	
Т				
ZIP Code 22075				
		Tra	nsaction ID: INV6010000112988	
Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00			926.37	
or Creditor		Nature of D TYPE & A	ebt (Purpose): \RT	
T				
ZIP Code 22075				
		Tra	nsaction ID: INV601000011299	
Payment This Period		Outstandir	ng Balance at Close of This Period	
0.00			71.58	
	►		1739.62	
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	22075 Payment This Period 0.00 or Creditor TI ZIP Code 22075 Payment This Period 0.00 or Creditor TI ZIP Code 22075 Payment This Period 0.00 or Creditor TI ZIP Code 22075 Payment This Period 0.00 Payment This Period 0.00 Payment This Period 0.00	r Creditor T ZIP Code 22075 Payment This Period O.00 r Creditor T ZIP Code 22075 Payment This Period O.00 r Creditor T ZIP Code 22075 Payment This Period O.00 r Creditor	TYPE SE T ZIP Code 22075 Tra Payment This Period 0.00 or Creditor T ZIP Code 22075 Tra Payment This Period 0.00 or Creditor Tra Payment This Period 0.00 or Creditor Tra Payment This Period 0.00 TryPE & A T T Payment This Period 0.00 TryPE & A T T Payment This Period 0.00 T Tra Payment This Period 0.00 T Tra Payment This Period 0.00 T T Code 22075 Tra Payment This Period 0.00 T T Payment This Period 0.00 0 T T Payment This Period 0.00 0 T T Payment This Period 0.00 0 T T Payment This Period 0.00 0 T T Payment This Period 0.00 0 T T Payment This Period 0.00 0 T T Payment This Period 0 0 0 0 0 0 0 0 0 0 0 0 0	

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			(Use se sched		FOR LINE NUMBER:
	BTS AND OBLIGATIONS		for e	ach	(check only one) 9
	cluding Loans		number	ea line)	X 10
	ME OF COMMITTEE (In Full) ational Democratic Policy Committee				
INC	aionai Democratic Policy Committee				
	A. Full Name (Last, First, Middle Initial) of Deb WORLDCOMP	tor or Creditor		ature of D YPE SE	ebt (Purpose): TTING
	Mailing Address 722 EAST MARKET STF	REET			
	City State LEESBURG VA	ZIP Code 22075			
	Outstanding Balance Beginning This Period		·	Tra	nsaction ID: INV6010000112993
	50.00				
	Amount Incurred This Period	Payment This Period	(Dutstandir	ng Balance at Close of This Period
	0.00	0.00			50.00
	0.00	0.00			
	B. Full Name (Last, First, Middle Initial) of Deb YMCA SYRACUSE	tor or Creditor			ebt (Purpose): ENTALS
Ē	Mailing Address 340 MONTGOMERY ST	REET			
	-				
	City State SYRACUSE NY	ZIP Code 13202			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112994
	25.00				
	Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
	0.00	0.00			25.00
	C. Full Name (Last, First, Middle Initial) of Deb ZELLER & LETICA INC.	tor or Creditor			ebt (Purpose): LABELS-SUB LISTS
	Mailing Address 15 E. 26TH ST.				
ŀ	City State	ZIP Code			
	NEW YORK NY	10010			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112995
	57.84				
	Amount Incurred This Period	Payment This Period	C	Dutstandir	ng Balance at Close of This Period
	0.00	0.00			57.84
-11	CLIPTOTALS This David This Dava (article)		•		132.84
-	SUBTOTALS This Period This Page (optional	-			132.84
-	SUBTOTALS This Period This Page (optional TOTALS This Period (last page this line number	-			408326.38
2)	TOTALS This Period (last page this line number	-	►		