FEC FORM 3X	AN	EPORT C ND DISB Other Than A	URSEM	ENTS	ee	C	Office Use Only
1. NAME OF COMMITTEE (in fu		FEC MAILING L		ample:If typing er the lines	, type		
National Democrati	c Policy Comm	ittee 					
ADDRESS (number and	street)	13 HALIFAX PLA					
Check if differ than previousl reported. (AC	У п	EESBURG					20175
2. FEC IDENTIFICAT	ION NUMBER	. ₩	CITY 🛋		S	STATE	ZIPCODE 🔺
C00136531	• • • •		3. IS THIS REPOR		NEW N) OR	AME (A)	NDED
4. TYPE OF REPO (Choose One) (a) Quarterly Rep		(b) Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3		May 20 (M5) Jun 20 (M6)	Aug 20 Sep 20	Year Only)
July 15 Quarterly October Quarterly January 3	Report(Q3) 31 Report(YE)	(c) 12-Day PRE -Ele Report fo) Primary (12P Convention (General (12 Special (12	G) Runoff (12R)
Report(N Year Onl	on-election	(d) 30-Day Post -El Report fo		General (300	ā)	Runoff (30F	R) Special (30S) in the State of
5. Covering Period	10	01 20	08	through	11	24	2008
I certify that I have exam Type or Print Name of T		rt and to the best of Katherine Jenkins		and belief it is	true, correct a	and complete.	
Signature of Treasurer Electronically Filed by Katherine Jenkins Date 12 03 2008							
NOTE : Submission of t	alse, erroneous	s, or incomplete in	formation may s	ubject the pers	on signing this	Report to the pe	enalties of 2 U.S.C 437g.
Office Use Only							FEC FORM 3X (Rev. 12/2004)

Image#	2899333594	6
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page 2
٧	Vrite or Type Committee Name National Democratic Policy Committe	e	
R	Report Covering the Period: From:	M M 0 1 Y Y W Y 10 01 2008	D: 11 D D Y Y Y Y 24 2008
		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	4868.09	
	(c) Total Receipts (from Line 19)	70.00	745.00
	 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	4938.09	5371.20
7.	Total Disbursements (from Line 31)	104.18	537.29
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4833.91	4833.91
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	449726.38	

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

mage# 28993335947		DETAILED SUMMARY PAGE OF RECEIPTS	
W	FEC Form 3X (Rev. 06/2004) /rite or Type Committee Name National Democratic Policy Committee	ee	Page 3
R	eport Covering the Period: From:	M M 0 1 2 0 0 8 T	o: ^{M M} ^{D D} ^{2 4} ^{2 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	70.00	745.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)₽	70.00	745.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	70.00	745.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14. 15.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (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 Fund	ds	
	(a) Non-Federal Account (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), 12, 13, 14, 15, 16, 17, and 18(c))	70.00	745.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	70.00	745.00

Image# 28993335948

DETAILED SUMMARY PAGE

FEC F	form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DIS	BURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	xpenditures: Federal/Non-Federal (from Schedule H4)	0.00	0.00
(i) Fe	ederal Share		0.00
()	on-Federal Share	0.00	0.00
()	Federal Operating	104.18	537.29
	perating Expenditures	104.18	537.29
,	I (a)(i), (a)(ii) and (b))	104.10	557.23
Committees 3. Contribution	s to	0.00	0.00
Federal Can	didates/Committees	0.00	0.00
1. Independent		0.00	0.00
5. Coordinated	Expenditures Made by Party (2 U.S.C. 441a(d))		
(use Schedi	(2 0.5.0. 44 Ta(0)) Jle F)	0.00	0.00
6. Loan Repay	ments Made	0.00	0.00
		0.00	0.00
(a) Individu	Contributions To: uals/Persons Other	0.00	0.00
Than F	Political Committees		
	I Party Committees	0.00	0.00
()	Political Committees as PACs)	0.00	0.00
()	Contribution Refunds	0.00	0.00
(add Li	nes 28(a), (b), and (c)) 🕨	0.00	0.00
9. Other Disbu	rsements	0.00	0.00
	ction Activity (2 U.S.C 431(20)) Federal Election Activity		
()	chedule H6)	2.00	
(i) Fede	eral Share	0.00	0.00
(ii) "Le	vin" Share	0.00	0.00
()	Election Activity Paid Entirely	0.00	0.00
. ,	ederal Election Activity (add 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	rsements (add Lines 21(c), 22,	104.18	537.29
23, 24, 25,	26, 27, 28(d), 29 and 30(c))	104.10	537.29
	ral Disbursements		
	ne 21(a)(ii) and Line 30(a)(ii) 1)	104.18	537.29

Image# 28993335949

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		of Disbursements	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)	70.00	745.00		
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	70.00	745.00		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	104.18	537.29		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	104.18	537.29		

FE6AN026

ç	SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 6/143
	· · ·	Use separate schedule(s)	(check only	
I	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Б	Any Information copied from such Reports and Stat	ements may not be sold or used		
	or for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
	National Democratic Policy Committee			
	Full Name (Last, First, Middle Initial)			Transaction ID: 01000002501000002101
Α.	EFT CORPORATION			Date of Disbursement
	Mailing Address 2911 DIXWELL AVE			10 ^M /05 ^J /2008 ^Y
	City HAMDEN	StateZip CodeCT06518		Amount of Each Disbursement this Period
	Purpose of Disbursement			40.00
	Candidate Name		Category/ Type	
	Senate President	esement For: Primary General Other (specify) ▼		EFT PROCESSING FEE
_	State: District:			
В.	Full Name (Last, First, Middle Initial) EFT CORPORATION			Transaction ID: 01000002601000002201 Date of Disbursement
	Mailing Address 2911 DIXWELL AVE			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \end{array} $ \end{array}
	City HAMDEN	StateZip CodeCT06518		Amount of Each Disbursement this Period
	Purpose of Disbursement			45.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbu	sement For: Primary General Other (specify) ▼		EFT PROCESSING FEE
	State: District:			

FEANIOR		
TOTAL This Period (last page this line number only)	►	85.00
SUBTOTAL of Disbursements This Page (optional)	•	85.00

FE6AN026

NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 7 / 143 FOR LINE 13 OF FORM 3X

calegoly of the	
Summary Page	

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				
	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				
City State ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)	1000.00				
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	edule D, carry forward to appropriate line of Summary.				
	· · · · ·				

FE6AN026

NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 8/143 FOR LINE 13 OF FORM 3X

alegory of the		-	•	•	-
Summary Page					

National Democratic Policy Committee			Trans	saction ID: LOAN(000002009	
LOAN SOURCE Full Name (Last, First, I ALBERT E MC NAIR - [PERSONAL	LOAN SOURCE Full Name (Last, First, Middle Initial) ALBERT E MC NAIR - [PERSONAL FUNDS]					
Mailing Address 1657 EDDY DR				Other (specify)	•	
City NORTH TONAWANDA	State NY ZIP C	ode 14120				
Original Amount of Loan	Cumulative Payment T	o Date	Balano	ce Outstanding at Cl	ose of This Period	
1000.00		0.00			1000.00	
TERMS Date Incurred	Date Due		Interest F	Rate	Secured:	
M D D Y	19841224		0	% (apr)	Yes X No	
List All Endorsers or Guarantors (if any) to	oan Source					
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer			
Mailing Address		Occupation				
		Amount				
City Stat	te ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer			
Mailing Address		Occupation				
		Amount				
City Stat	te ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer			
Mailing Address		Occupation				
		Amount				
City Stat	te ZIP Code	Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer			
Mailing Address		Occupation				
		Amount				
City Stat	te ZIP Code	Guaranteed Outstanding:		<u></u>		
SUBTOTALS This Period This Page (optiona	al)				1000.00	
TOTALS This Period (last page in this line only)						
Course outstanding balance askets LINE C. Och	adula D. faythia line. If y - 0-1	adula D. same f		anviata line of Comm		
Carry outstanding balance only to LINE 3, Sch	leuule D, for this line. If no Sc	iedule D, carry fo	orward to appr	opriate line of Sumn	naiy.	

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 9 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee						
	Transaction ID: LOAN000002886					
LOAN SOURCE Full Name (Last, First, Middle Initial) Election: ESTHER E. WILSON - [PERSONAL FUNDS] Primary						
Mailing Address 6241 WARNER #132	Other (specify)					
City HUNTINGTON BEACH State CA ZIP Co	de 92647					
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period					
5000.00	0.00 5000.00					
TERMS Date Incurred Date Due	Interest Rate Secured:					
M M 30 V Y Y Y Y 19850430	1200.00 % (apr) Yes X No					
List All Endorsers or Guarantors (if any) to Loan Source						
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:					
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) 5000.00 TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	edule D, carry forward to appropriate line of Summary.					

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 10 / 143 FOR LINE 13 OF FORM 3X

	FOF

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN000003820
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	de 92802
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
700.00	0.00 700.00
TERMS	Literat Data
Date IncurredDate Due0 80 81 41 9 8 419841114	Interest Rate Secured: 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)	700.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	edule D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

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

PAGE 11 / 143 INE 13 OF FORM 3X

l F	·ОR	LINE	13	O٢	FOR

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MINEHART EDSEN - [PERSONAL FUNDS]	Transaction ID: LOAN000003823 Election: Primary
Mailing Address 1949 S MANCHESTER AVE SPACE 104	General Other (specify) ▼
City ANAHEIM State CA ZIP Cod	de 92802
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1250.00	0.00 1250.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y Y Y 19841212	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)	1250.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D. carry forward to appropriate line of Summary.

FE6AN026

LOANS

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

PAGE 12 / 143 FOR LINE 13 OF FORM 3X

e FOR LINE 13 OF F

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN000004982
LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 1704 SAWYER	Other (specify)
City WEST COVINA State CA	A ZIP Code 91790
Original Amount of Loan Cumulat	ive 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 Co	Amount ode Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	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	s line. If no Schedule D, carry forward to appropriate line of Summary.

FE6AN026

NAME OF COMMITTEE (In Full)

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 13 / 143 FOR LINE 13 OF FORM 3X

alegory or the	-
Summary Page	

National Democratic Policy Committee	Transaction ID: LOAN0000004983			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
EUGENE L DRUSELL - [PERSONAL FUNDS]	Primary			
	General			
Mailing Address 1704 SAWYER	Other (specify)			
City WEST COVINA State CA ZIP Cod	de 91790			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M M D D Y Y Y Y				
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 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:			
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 Summary.			
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FE6AN026

LOANS

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

PAGE 14 / 143 FOR LINE 13 OF FORM 3X

FO	K LI	NE 1	3 C	ᅡᅡ	·Он

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee Transaction ID: LOAN0000005986				
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL SUEDKAMP - [PERSONAL FUNDS]	Election: Primary General			
Mailing Address 1211 DOUGLAS HWY	Other (specify)			
City GILLETTE State WY ZIP 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:			
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			
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)	.00			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 15 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee			
		Tra	nsaction ID: LOAN0000005987
LOAN SOURCE Full Name (Last, First, Middle Ir BILL SUEDKAMP - [PERSONAL FUNDS]	nitial)		Election: Primary General
Mailing Address 1211 DOUGLAS HWY			Other (specify)
City GILLETTE Sta	ate WY ZIP Co	de 82716	
Original Amount of Loan C	umulative Payment To	Date Bala	nce 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 1984 1984 1984	1218	0	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan So	urce		
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 ap	propriate line of Summary.
		-	

FE6AN026

LOANS

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

PAGE 16 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
			Transaction ID: LOAN	000006929
LOAN SOURCE Full Name (Last, First, Mid HENRY C MAYBERRY - [PERSONAL			Election: 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 E	Balance Outstanding at C	lose of This Period
500.00		0.00		500.00
TERMS Date Incurred	Date Due	Inte	rest Rate	Secured:
M M 25 1984	19851024	0	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loa	n Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		v v v n n n
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		0 0 0
		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)				500.00
TOTALS This Period (last page in this line only)		►		.00
Carry outstanding balance only to LINE 3, Schedu	ule D, for this line. If no Sch	edule D, carry forward to	appropriate line of Sum	nary.

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 17/143

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee	Transaction ID: LOAN0000007139				
LOAN SOURCE Full Name (Last, First, Middle Initial) RONALD TAI HO CHOI - [PERSONAL FUNDS]	Election: Primary General				
Mailing Address 35797 BLAIR PL	Other (specify)				
City FREMONT State CA ZIP	Code 94536				
Original Amount of Loan Cumulative Payment	t 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	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)	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.					

FE6AN026

LOANS

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

PAGE 18 / 143 FOR LINE 13 OF FORM 3X

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mary Page					

AME OF COMMITTEE (In lational Democratic Pol						
LOAN SOURCE Full I ROBERT C MCKINN					on ID: LOAN(tion: Primary General	0000009055
Mailing Address PO	BOX 3245				Other (specify)) 🔻
City SEAL BEACH		State CA ZIP Co	de 90740			
Original Amount of Lo	an	Cumulative Payment To	Date	Balance Ou	utstanding at C	lose of This Period
	1000.00		0.00			1000.00
TERMS Date Inc	curred	Date Due		Interest Rate		Secured:
M M D D 10 22	Y Y Y Y 1984	19851022		1200.00	% (apr)	Yes X N
List All Endorsers or Gua	arantors (if any) to Loa	n Source				
Full Name (Last, Fir	st, Middle Initial)		Name of Emplo	oyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			V V V
Full Name (Last, Fir	st, Middle Initial)		Name of Emplo	oyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, Fir	st, Middle Initial)		Name of Emplo	oyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, Fir	st, Middle Initial)		Name of Emplo	oyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:		· · ·	
JBTOTALS This Period This Page (optional)						
OTALS 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

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) ▼			
City DECATUR State IL 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 Y Y Y	Interest hate Secured.			
0 6 0 5 1 9 8 4 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			
	Annual			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Addition Addition				
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)				
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.				

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 20 / 143 FOR LINE 13 OF FORM 3X

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	•			
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				
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			
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:			
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 Schedule D, carry forward to appropriate line of Summary.				
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FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 21 / 143 FOR LINE 13 OF FORM 3X

National Democratic Policy Committee	Transaction ID: LOAN0000010652				
LOAN SOURCE Full Name (Last, First, Middle Initial) NANCY J STEINER - [PERSONAL FUNDS]	Election:				
Mailing Address 2809 GREER RD	Other (specify)				
City PALO ALTO State CA ZIP	Code 94303				
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period				
1000.00	0.00 1000.00				
TERMS Date Incurred Date Due	Interest Rate Secured:				
1 2 2 9 1 98 6 19871212	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)	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.					

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 22/143

FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) ational Democratic Policy Committee	à					
LOAN SOURCE Full Name (Last, First RAY BRANDENBERG - [PERSON	, Middle Initial)			on ID: LOAN ction: Primary	10000011262	2
Mailing Address 1303 AMORETTI				General Other (specify	y) 🔻	
City THERMOPOLIS	State WY ZIP Co	de 82443				
Original Amount of Loan	Cumulative Payment To	Date	Balance Or	utstanding at C	Close of This F	Period
200.00		0.00			200.00	
TERMS Date Incurred	Date Due		Interest Rate		Secured:	
M M D D Y			1800.00	% (apr)		X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
Full Name (Last, First, Middle Initial)		Name of Emplo	yer			
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:			U U U	
Full Name (Last, First, Middle Initial)		Name of Emplo	yer			
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:		0 0 0	U U U	
Full Name (Last, First, Middle Initial)		Name of Emplo	yer			
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:				
Full Name (Last, First, Middle Initial)		Name of Emplo	yer			
Mailing Address		Occupation				
City S	tate ZIP Code	Amount Guaranteed Outstanding:			0 0 0	
UBTOTALS This Period This Page (optional)						
OTALS This Period (last page in this line only)						
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FE6AN026

LOANS

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

PAGE 23 / 143 FOR LINE 13 OF FORM 3X

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 General				
Mailing Address 419 QUARTZ ST	Other (specify)				
City REDWOOD CITY State CA ZIP Cod	de 94062				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period				
1000.00	0.00 1000.00				
TERMS Date Incurred Date Due	Interest Rate Secured:				
M M J J D D J Y Y Y Y Y 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)					
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, for this line.	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 24 / 143

e(5) e FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
	Transaction ID: LOAN0000012031			
LOAN SOURCE Full Name (Last, First, Middle Initial) RICHARD ROPER - [PERSONAL FUNDS]	Election:			
	General			
Mailing Address 630 W DUARTE RD #33	Other (specify)			
City MONROVIA State CA ZIP Cod	•			
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 5 3 1 1 9 8 4 19841130	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 (Last, First, Middle Initial)	Outstanding:			
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 Sche	edule D, carry forward to appropriate line of Summary.			

FE6AN026

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					
National Democratic Policy Committee		Transaction ID: LOAN0000012946	3		
LOAN SOURCE Full Name (Last, First, M FLOYD T WRIGHT - [PERSONAL FU		Election: Primary General	<u>,</u>		
Mailing Address 4207 PATRICIA ST		Other (specify)			
City FREMONT	State CA ZIP Cod	ode 94536			
Original Amount of Loan	Cumulative Payment To	b Date Balance Outstanding at Close of This P	'eriod		
1000.00		0.00 1000.00			
TERMS Date Incurred	Date Due	Interest Rate Secured:			
M M D D Y	19841124	0 % (apr) Yes	χ No		
List All Endorsers or Guarantors (if any) to L	oan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	e ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only	y)				
Carry outstanding balance only to LINE 3, Sche	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

FE6AN026

LOANS

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

PAGE 26 / 143 FOR LINE 13 OF FORM 3X

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ł	Summary Page	

NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
	Transaction ID: LOAN0000013379			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
MARGARET MAMULA - [PERSONAL FUNDS]	Primary			
	General			
Mailing Address 4321 N EL BURRITO	☐ Other (specify) ▼			
City TUCSON State AZ ZIP Co	ude 85705			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
0 6 1 5 1 9 8 4 19840815	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			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	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			
	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 Schedule D, carry forward to appropriate line of Summary.				
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FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 27 / 143 FOR LINE 13 OF FORM 3X

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) BILL DRAKE - [PERSONAL FUNDS]	Transaction ID: LOAN0000013410 Election: Primary General
Mailing Address RT 4 BOX 126	Other (specify) ▼
City DEXTER State MO ZIP Co	de 63841
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
100.00	0.00 100.00
TERMS Date Incurred Date 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)	
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.

FE6AN026

LOANS

Use separate schedule(s) for each category of the

PAGE 28 / 143

Detailed Summary Page	

FOR LINE 13 OF FORM 3X

	MITTEE (In Full) ocratic Policy Committee		Tra	nsaction ID: LOAN0000017823
	RCE Full Name (Last, First, M N LYNGE MD - [PERSONA ess 2 S 13TH ST			Election: Primary General Other (specify)
City SAN J	0885	State CA ZIP Co	de 95112	
	mount of Loan	Cumulative Payment To		I ance Outstanding at Close of This Period
	1000.00		0.00	1000.00
TERMS	Date Incurred	Date Due	Interest	t Rate Secured:
0 8	D D Y Y Y Y 08 1984	19841008	0	% (apr) Yes X No
List All Endor	rsers or Guarantors (if any) to L	oan Source		
	ne (Last, First, Middle Initial)		Name of Employer	
Mailing A	Address		Occupation	
City	State	e ZIP Code	Amount Guaranteed Outstanding:	
Full Nan	ne (Last, First, Middle Initial)		Name of Employer	
Mailing A	Address		Occupation	
City	State	e ZIP Code	Amount Guaranteed Outstanding:	
Full Nam	ne (Last, First, Middle Initial)		Name of Employer	
Mailing A	Address		Occupation	
City	State	e ZIP Code	Amount Guaranteed Outstanding:	
Full Nam	ne (Last, First, Middle Initial)		Name of Employer	
Mailing A	Address		Occupation	
City	State	e ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS	This Period This Page (optional)		1000.00
TOTALS This	Period (last page in this line onl	y)		.00
Carry outstandi	ing balance only to LINE 3, Sche	dule D, for this line. If no Sch	edule D, carry forward to ap	propriate line of Summary.

FE6AN026

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	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
Molling Address	
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:
	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 Summarv.
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FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 30 / 143 FOR LINE 13 OF FORM 3X

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ary Page	

NAME OF COMMITTEE (In Full)					
National Democratic Policy Committee			Transactio	on ID: LOANO	000018352
LOAN SOURCE Full Name (Last, First, Middle GREGORY R WOLF - [PERSONAL FUNI			Elec		000010002
Mailing Address 5258 CARTWRIGHT				Other (specify)	¥
City NORTH HOLLYWOOD S	tate CA ZIP Coc	le 91601			
Original Amount of Loan	Cumulative Payment To	Date	Balance Ou	Itstanding at Cl	ose 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	41114	С		% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan S	ource				
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		0 0 0	
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		1 1 1	
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 I	D, for this line. If no Sche	dule D, carry forv	vard to appropria	te line of Summ	nary.

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 31 / 143 FOR LINE 13 OF FORM 3X

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Page			

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	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)	
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 PAGE 32 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	
	Transaction ID: LOAN0000018611
LOAN SOURCE Full Name (Last, First, Middle Initial) WILLIAM O MC KAY - [PERSONAL FUNDS]	Election: Primary General
Mailing Address 4627 W 137TH PL	Other (specify)
City HAWTHORNE State CA ZIP Cod	de 90250
Original Amount of Loan Cumulative Payment To	Date Balance 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) 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.

FE6AN026

LOANS

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

Loan Source Full Name (Last, First, Middle Initial) ALFRED MONTEROS - [PERSONAL FUNDS] Election: Mailing Address 1210 W PUENTE AVE City: WEST COV/INA	
LOAN SOURCE Full Name (Last, First, Middle Initial) Election: ALFRED MONTEROS - [PERSONAL FUNDS] Primary General Other (specify)	
City WEST COVINA State CA ZIP Code 91790	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This P	riod
1000.00 0.00 1000.00	
TERMS Date Incurred Date Due Interest Rate Secured:	
	(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 Guaranteed Outstanding: 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 Amount Outstanding: 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.	\neg

FE6AN026

LOANS

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

	OR	LINE	13	OF	FOF

NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
LOAN SOURCE Full Name (Last, First, Middle Initial) LEONARD K NITZ - [PERSONAL FUNDS]			Transaction ID: LOAN0000018817 Election: Primary		
Mailing Address 5343 CALLISTER AVE			General Other (specif	y) 🔻	
City SACRAMENTO	State CA ZIP Co	ode 95819			
Original Amount of Loan Cumulative Payment To		o Date	Balance Outstanding at (Close of This Period	
1000.00		0.00		1000.00	
TERMS Date Incurred	Date Due	Inte	erest Rate	Secured:	
M M D D Y	19841120	0	% (apr)	Yes X No	
List All Endorsers or Guarantors (if any) to L	.oan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:		0 0 0	
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:		0 0 0	
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	e ZIP Code	Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (optional)					
OTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3. Sche	arry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

FE6AN026

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			
	General			
Mailing Address 934 TAMARACK LN #6	└── Other (specify) ▼			
City SUNNYVALE State CA ZIP Code 94086				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period			
1000.00	0.00 1000.00			
TERMS Date Incurred Date Due	Interest Rate Secured:			
M M D D Y Y Y Y	interest nate Secured.			
0 9 0 6 1 9 8 4 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			
Addition Addition				
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)				
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.				

FE6AN026

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 Committee					
	Transaction ID: LOAN0000019945				
LOAN SOURCE Full Name (Last, First, Middle Initial) IAN MC CLASHAN - [PERSONAL FUNDS]					
	Primary General				
Mailing Address 245 W LORRAINE ST APT 121 Other (specify) ▼					
City GLENDALE State CA ZIP Code 91202					
Original Amount of Loan Cumulative Payment T	Date Balance Outstanding at Close of This Period				
1500.00	0.00 1500.00				
TERMS					
Date Incurred Date Due	Interest Rate Secured:				
M M D D Y Y Y Y 19841210	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				
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)					
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.					

FE6AN026

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)	Election:	
LOUIS HARDING - [PERSONAL FUNDS]	Primary	
	General	
Mailing Address 815 N MADISON	Other (specify)	
City PIERRE State SD ZIP C		
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 Y Y Y		
09 27 1984 19850327	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	
	Arrayurt	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		
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 Schedule D, carry forward to appropriate line of Summary.		

FE6AN026

LOANS

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

PAGE 38 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)		
National Democratic Policy Committee		
	Transaction ID: LOAN0000021171	
LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN PEARSON - [PERSONAL FUNDS]	Election:	
MARILIN FEARSON - [FERSONAL FUNDS]	Primary	
Mailing Address	General	
Mailing Address RR 1	☐ Other (specify) ▼	
City SPENCER State IA ZIP Co	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	
	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)	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 Sch	edule D, carry forward to appropriate line of Summary.	
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FE6AN026

LOANS

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

PAGE 39 / 143 FOR LINE 13 OF FORM 3X

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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	•
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
250.00	50.00 200.00
TERMS Date Incurred Date Due	Interest Rate Secured:
10 25 1984 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
	Amount
City State ZIP Code	Guaranteed
City State ZIF 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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
City State ZIF Code	Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 200.00
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	equie D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

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

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000022667
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
ROBERT A FUDO - [PERSONAL FUNDS]	Primary
	General
Mailing Address 24922 MUIRLANDS SP 36	└── Other (specify) ▼
City EL TORO State CA ZIP Co	•
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
750.00	0.00 750.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y	interest nate Secured.
1 0 2 2 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
	Amount
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	
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)	▶ 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 Sch	edule D, carry forward to appropriate line of Summary.

FE6AN026

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	Transaction ID: LOAN000023255
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
KEITH J ORR - [PERSONAL FUNDS]	Primary
	General
Mailing Address 441 PUERTO PL	Other (specify)
City HAYWARD State CA ZIP Cod	de 94541
Original Amount of Loan Cumulative Payment To	
500.00	0.00 500.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y	interest nate Secured.
10 24 1984 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	
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	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)	▶ 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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FE6AN026

LOANS

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

PAGE 42 / 143 FOR LINE 13 OF FORM 3X

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 Coo	•	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period	
800.00	0.00 800.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
10 25 1984 19850125	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	
	Arrest	
	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	Amount Guaranteed	
City State ZIP Code	Outstanding:	
SUBTOTALS This Period This Page (optional) 800.00		
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, for this line.	edule D, carry forward to appropriate line of Summary.	

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 43 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000023612
LOAN SOURCE Full Name (Last, First, Middle Initial) JACOB S PAINTER - [PERSONAL FUNDS]	Election:
JACOB S PAINTER - [PERSONAL FUNDS]	Primary
Mailing Address 4371 SUNRISE DR	☐ Other (specify) ▼
City CASPER State WY ZIP Co	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
250.00	0.00 250.00
TERMS Date Incurred Date Due	Interest Rate Secured:
10 22 1984 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
	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)	
• • • •	
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.

FE6AN026

LOANS

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

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000023623
LOAN SOURCE Full Name (Last, First, Middle Initial) RONALD A BOWDEN - [PERSONAL FUNDS]	Election:
RONALD A BOWDEN - [PERSONAL FUNDS]	Primary
Mailing Address 46 SOMERSET AVE	☐ Other (specify) ▼
City RIVERSIDE State RI 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 Data Conjuradi
Date Incurred Date Due	Interest Rate Secured:
1 0 1 9 8 4 1 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	Occuration
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	
Maining 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 Sch	edule D, carry forward to appropriate line of Summary.

FE6AN026

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 Cod	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
	0.00 1000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
M M D D Y Y Y Y	
10 22 1984 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
	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 Sche	edule D, carry forward to appropriate line of Summary.

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 46 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	
	Transaction ID: LOAN0000023627
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
MRS 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:
1 0 2 2 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
	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 (Least First Middle Initial)	
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.

FE6AN026

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 Cod	de 77703
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
500.00	0.00 500.00
TERMS	Internet Date Converdu
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
Marthan Address	
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:
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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 Sche	edule D, carry forward to appropriate line of Summary.

FE6AN026

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

NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
	Transaction ID: LOAN0000023683		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
AMY G BRAINARD - [PERSONAL FUNDS]	Primary		
	General		
Mailing Address 1202 S GLADYS AVE	Other (specify) ▼		
City SAN GABRIEL State CA ZIP Co	de 91776		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
1000.00	0.00		
1000.00	0.00 1000.00		
TERMS Date Incurred Date Due	Interest Data Conversion		
Date Incurred Date Due	Interest Rate Secured:		
10 25 1984 19851025	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)			
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, for this line.	edule 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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Summary Page	

NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HOWARD PETERS - [PERSONAL FUNDS]	Transaction ID: LOAN0000024453 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 To	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	Interest Rate Secured: 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 Sch	nedule D, carry forward to appropriate line of Summary.		

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 50 / 143 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee Transaction ID: LOAN0000024908			
LOAN SOURCE Full Name (Last, First, Middle Initial) LARS THELANDER - [PERSONAL FUNDS]	Election: Primary General		
Mailing Address 14 MOUNT CASTLE PL	Other (specify)		
City JOHNSON CITY State TN ZIP C	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 M 0 2 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		
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.			

FE6AN026

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 Coc			
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			
11 07 1984 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		
City State ZIP Code	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occuration		
	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)			
JUDIVIALO INS FENOLINIS FAYE (OPUONAI)			
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.		

FE6AN026

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 52 / 143 FOR LINE 13 OF FORM 3X

FOR	13 OF	FORM

NAME OF COMMITTEE (In Full)	
National Democratic Policy Committee	Transaction ID: LOAN000026096
LOAN SOURCE Full Name (Last, First, Middle Initial) GABRIEL DICK - [PERSONAL FUNDS]	Election: Primary General
Mailing Address BOX 274	Other (specify)
City CARMEL State CA ZIP Co	ode 93921
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 J J D D J Y Y Y Y J 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
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.

FE6AN026

LOANS

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

PAGE 53 / 143 FOR LINE 13 OF FORM 3X

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arv Page	

NAME OF COMMITTEE (In Full) National Democratic Policy Committee						
LOAN SOURCE Full Name (Last, First, Mide JOHN PRICE - [PERSONAL FUNDS]	dle Initial)			on ID: LOAN(ction: Primary General	0000032658	
Mailing Address 101 S COTTAGE RD				Other (specify) 🔻	
City STERLING	State VA ZIP Co	de 22170				
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at C	lose of This Per	riod
750.00		0.00			750.00	
TERMS Date Incurred	Date Due		Interest Rate		Secured:	
M M D D Y Y Y Y	9860520		0	% (apr)		No
List All Endorsers or Guarantors (if any) to Loan	n Source					
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer			
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:			0 0 0 A A A	
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:			· · ·	
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer			
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)			•		41400.00	
Carry outstanding balance only to LINE 3, Schedu	le D, for this line. If no Sch	edule D, carry for	ward to appropria	ate line of Sum	nary.	

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SCHEDUI E D /	FEC Form 3X)		(Lleo concrete	PAGE 54 / 143
SCHEDULE D (FEC Form 3X)		(Use separate schedule(s)	FOR LINE NUMBER:	
	DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMIT	atic Policy Committee			
	,			
	ast, First, Middle Initial) of Debtor REIGHT CORP.	or Creditor		Debt (Purpose): S PACKAGE SERVICE
Mailing Address	P O BOX 662			
City SEATTLE	State WA	ZIP Code 98111		
Outstanding E	Balance Beginning This Period		Tra	insaction ID: INV6010000112089
	12.50			
Amoun	nt Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
Anour				
	0.00	0.00		12.50
B. Full Name (L AMFAC HOTE	ast, First, Middle Initial) of Debtor EL	or Creditor	Nature of E ROOM R	Debt (Purpose): ENTAL
Mailing Address	P O BOX 1926			
City ALBUQUERQ	State UE NM	ZIP Code 87119		
Outstanding B	Balance Beginning This Period		Tra	Insaction ID: INV6010000112090
	198.49			
Amoun	nt Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
	0.00	0.00		198.49
C. Full Name (L ARLINGTON H	ast, First, Middle Initial) of Debtor	or Creditor	Nature of D ROOM R	Debt (Purpose): ENTALS
Mailing Address	2401 EAST LAMAR BOULE	EVARD		
City ARLINGTON	State TX	ZIP Code 76011		
	Balance Beginning This Period			
			Tra	Insaction ID: INV6010000112363
	139.00			
Amoun	nt 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
		nly)		
3) TOTAL OUTST		e C (last page only)	•	
		ne of Summary Page (last page only)		
., . , and 0)		· · · · · · · · · · · · · · · · · · ·		

SCHEDULE D (FEC Form 3X)	Γ	(Llas soparata	PAGE 55 / 143	
		(Use separate schedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each	(check only one) 9	
Excluding Loans		numbered line)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee				
National Democratic Folicy Committee				
A. Full Name (Last, First, Middle Initial) of Debte AUDIO VISUAL CENTER	or or Creditor		ebt (Purpose): ENT RENTAL	
Mailing Address 235 NORTH BROAD STR	REET			
City State	ZIP Code			
PHILADELPHIA PA	19107			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112091	
25.00				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		25.00	
	0.00		25.00	
B. Full Name (Last, First, Middle Initial) of Debte AUDIO VISUAL HEADQUARTERS COR			ebt (Purpose): ENT RENTAL	
Mailing Address 361 NORTH OAK STREE	T			
City State INGLEWOOD CA	ZIP Code 90301			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112092	
11.08				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00		11.08	
C. Full Name (Last, First, Middle Initial) of Debte AVW AUDIO VISUAL INC	or or Creditor		ebt (Purpose): ENT RENTAL	
Mailing Address 1372 WYCLIFF AVE				
City State	ZIP Code			
DÁLLAS TX	75207			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112093	
65.64				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
		Outstandi		
	0.00		65.64	
1) SUBTOTALS This Period This Page (optional)			101.72	
2) TOTALS This Period (last page this line numbe	r only)	•		
	lule 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)	Γ	(Use separate	PAGE 56 / 143
	EBTS AND OBLIGATIONS		
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 De BANK OF THE COMMONWEALTH	ebtor or Creditor	Nature of D MISC. EX	ebt (Purpose): (PENSE
Mailing Address PO BOX 32900			
City State DETROIT MI	ZIP Code 48232		
Outstanding Balance Beginning This Period	Ł	Tra	nsaction ID: INV6010000112095
1430.00]		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1430.00
B. Full Name (Last, First, Middle Initial) of De BELMONT RESTAURANT	ebtor or Creditor	Nature of D ROOM R	9ebt (Purpose): ENTALS
Mailing Address 541 LEXINGTON AVE.			
City State NEW YORK NY	ZIP Code 10022		
Outstanding Balance Beginning This Period	t	Tra	nsaction ID: INV6010000112096
110.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		110.00
C. Full Name (Last, First, Middle Initial) of De BROWN PALACE HOTEL	ebtor or Creditor	Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address P.O. BOX 1440			
City State	ZIP Code		
DENVER CO	80201		
Outstanding Balance Beginning This Period	L Contraction of the second	Tra	nsaction ID: INV6010000112097
273.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		273.00
1) SUBTOTALS This Period This Page (option	al)		1813.00
2) TOTALS This Period (last page this line num		•	
3) TOTAL OUTSTANDING LOANS from Sch	nedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropri	ate line of Summary Page (last page only)	•	

SCHEDULE D (FEC F	(orm 3X)		(Use separate	PAGE 57 / 143
-	EBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (Ir	n Full)		,	
National Democratic Po				
A. Full Name (Last, First BRUKOFF, BERAS &		r or Creditor		Debt (Purpose): ES-ZIEGLER/CONG
Mailing Address 3000 SUIT	TOWN CENTER E 2550			
City SOUTHFIELD	State MI	ZIP Code 48075		
Outstanding Balance	Beginning This Period		Tra	insaction ID: INV6010000112099
	285.00			
Amount Incurr	ed This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
	0.00	0.00		285.00
B. Full Name (Last, Firs CAMPAIGNER PUBI		r or Creditor		Debt (Purpose): RELATIONS SERVICE
Mailing Address P.O.	BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041		
Outstanding Balance	Beginning This Period		Tra	ansaction ID: INV6010000111880
0 0 0 0 0	2700.00			
Amount Incurr	ed This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
	0.00	0.00		2700.00
C. Full Name (Last, Firs CAMPAIGNER PUBI		r or Creditor	Nature of D RENT	Debt (Purpose):
Mailing Address P.O.	BOX 17726			
City WASHINGTON	State DC	ZIP Code 20041		
	Beginning This Period		Tra	ansaction ID: INV6010000111909
	64.51			
Amount Incurr		Dourmont This Deviad	Outotond	ing Delense et Class of This Devied
Amount incum	ea mis Penoa	Payment This Period	Outstand	ing Balance at Close of This Period
	· · · · · ·			04 54
	0.00	0.00		64.51
1) SUBTOTALS This Per	0.00	0.00		64.51 3049.51
	0.00 riod This Page (optional).			
,	0.00 riod This Page (optional) ast page this line number			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 58 / 143
DEBTS AND OBLIGATIONS			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 of CAMPAIGNER PUBLICATIONS	or Creditor	Nature of ADVER	Debt (Purpose): TISING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000111912
1567.00			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		1567.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor	Nature of ADVER	Debt (Purpose): TISING
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Т	ransaction ID: INV6010000111913
60.00			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		60.00
C. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor		Debt (Purpose): RIPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		 т,	ransaction ID: INV6010000111914
7316.85			
		A + 4	
Amount Incurred This Period	Payment This Period	Outstan	ding 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 of	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)		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 59 / 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)			,	X 10
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of 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: INV6010000111915
800.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			800.00
	0.00			000.00
B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS	or Creditor			lebt (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 of CAMPAIGNER PUBLICATIONS	or Creditor			ebt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726				
City State	ZIP Code			
WASHINGTON DC	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			1000.00
1) SUBTOTALS This Period This Page (optional)		J		2050.00
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 lin)]		

SCHEDULE D (FEC Fo	orm 3X)		(Use sep	arate	PAGE 60 / 143
	BTS AND OBLIGATIONS		schedule(s)		FOR LINE NUMBER:
Excluding Loans			for each		(check only one) 9 X 10
NAME OF COMMITTEE (In	Full)			,	
National Democratic Pol	icy Committee				
A. Full Name (Last, Firs CAMPAIGNER PUBL		or Creditor			ebt (Purpose): ELATIONS SERVICE
Mailing Address P.O. I	BOX 17726				
City WASHINGTON	State DC	ZIP Code 20041			
Outstanding Balance E	Beginning This Period			Tra	nsaction ID: INV6010000111918
	8170.00				
Amount Incurre	ed This Period	Payment This Period	Οι	utstandii	ng Balance at Close of This Period
	0.00	0.00			8170.00
B. Full Name (Last, Firs CAMPAIGNER PUBL		or Creditor		ure of D VERTI	ebt (Purpose): SING
Mailing Address P.O. I	BOX 17726				
City WASHINGTON	State DC	ZIP Code 20041			
Outstanding Balance E	Beginning This Period			Tra	nsaction ID: INV6010000111919
	1310.00				
Amount Incurre	ed This Period	Payment This Period	Οι	utstandii	ng Balance at Close of This Period
	0.00	0.00			1310.00
C. Full Name (Last, Firs CAMPAIGNER PUBL		or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address P.O. I	BOX 17726				
City WASHINGTON	State DC	ZIP Code 20041			
Outstanding Balance E	Beginning This Period		I	Tra	nsaction ID: INV6010000111920
	11948.30				
Amount Incurre	ed This Period	Payment This Period	Οι	utstandii	ng Balance at Close of This Period
	0.00	0.00	0 8		11948.30
1) SUBTOTALS This Peri	ind This Page (optional)		▶		21428.30
		only)	— ,	0 0	
				-	
3) TOTAL OUTSTANDING		ile C (last page only)		1 1	
(and 3) and Carl	y iorward to appropriate I	ine of Summary Page (last page only) - L	1 1	

SCHEDULE D (FEC Form 3X)		(Use separat	PAGE 61 / 143
DEBTS AND OBLIGATIONS		schedule(s)) FOR LINE NUMBER:
		for each numbered lin	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			e) X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Nature 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	Outsta	anding 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): OCOPIER 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	anding 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 WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		I	Transaction ID: INV6010000111923
1000.00			
Amount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
0.00	0.00		1000.00
1) SUBTOTALS This Period This Page (optional)		► T	2050.00
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	ine 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)		(Use separate	PAGE 63 / 143
DEBTS AND OBLIGATIONS		for each numbered line	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		numbered line,) X 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	r or Creditor		Debt (Purpose): RIPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000111927
5852.00			
Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close of This Period
0.00	0.00		5852.00
B. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	r or Creditor		Debt (Purpose): RIPTIONS PURCHASE
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000112054
Outstanding Balance Beginning This Period 13773.65		т	ransaction ID: INV6010000112054
	Payment This Period		ransaction ID: INV6010000112054
13773.65	Payment This Period		
13773.65 Amount Incurred This Period	0.00	Outstan	Iding Balance at Close of This Period 13773.65 Debt (Purpose):
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto	0.00	Outstan	iding Balance at Close of This Period 13773.65 Debt (Purpose):
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	0.00	Outstan	iding Balance at Close of This Period 13773.65 Debt (Purpose):
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726	n or Creditor	Outstan	iding Balance at Close of This Period 13773.65 Debt (Purpose):
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State	r or Creditor ZIP Code	Outstan	ding Balance at Close of This Period 13773.65 Debt (Purpose): TISING
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State WASHINGTON DC	r or Creditor ZIP Code	Outstan	ding Balance at Close of This Period 13773.65 Debt (Purpose): TISING
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State WASHINGTON DC Outstanding Balance Beginning This Period	r or Creditor ZIP Code	Outstan Nature of ADVER	iding Balance at Close of This Period 13773.65 Debt (Purpose):
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State WASHINGTON DC Outstanding Balance Beginning This Period 302.50	zIP Code 20041	Outstan Nature of ADVER	ding Balance at Close of This Period 13773.65 Debt (Purpose): TISING
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State WASHINGTON DC Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period 0.00	ZIP Code 20041	Outstan Nature of ADVER	iding Balance at Close of This Period 13773.65 Debt (Purpose): TISING ransaction ID: INV6010000112055
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State WASHINGTON DC Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period 0.00	ZIP Code 20041	Outstan Nature of ADVER	iding Balance at Close of This Period 13773.65 Debt (Purpose): TISING ransaction ID: INV6010000112055 iding Balance at Close of This Period 302.50
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State WASHINGTON DC Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period 0.00	0.00 r or Creditor ZIP Code 20041 Payment This Period 0.00	Outstan	iding Balance at Close of This Period 13773.65 Debt (Purpose): TISING ransaction ID: INV6010000112055 iding Balance at Close of This Period 302.50
13773.65 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State WASHINGTON DC Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period 0.00	0.00 r or Creditor ZIP Code 20041 Payment This Period 0.00 only) ule C (last page only)	Outstan	iding Balance at Close of This Period 13773.65 Debt (Purpose): TISING ransaction ID: INV6010000112055 iding Balance at Close of This Period 302.50

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 64 / 143
DEBTS AND OBLIGATIONS			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
DEBTS AND OBLIGATIONS			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 Debto CAMPAIGNER PUBLICATIONS	r or Creditor	Nature of E RENT	Debt (Purpose):
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	Insaction 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 Debto CAMPAIGNER PUBLICATIONS	r or Creditor		Debt (Purpose): MMUNICATIONS
Mailing Address P.O. BOX 17726			
City State WASHINGTON DC	ZIP Code 20041		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112060
1000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		1000.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS	r or Creditor	Nature of E RENT	Debt (Purpose):
Mailing Address P.O. BOX 17726			
City State	ZIP Code		
WASHINGTON DC	20041		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112061
800.00			
Amount Incurred This Period	Payment This Period	Outstandi	ing 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			
	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 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	r 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)		

SCH	EDULE D (FEC Form 3X)		(Use	separate	PAGE 67 / 143
	TS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:
	uding Loans			r each bered line)	(check only one) 9 X 10
-	IE OF COMMITTEE (In Full)				
Nati	onal Democratic Policy Committee				
	 Full Name (Last, First, Middle Initial) of Debto CAPITOL PLAZA 	r or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
N	Aailing Address 240 WEST STATE STREE	ET			
	City State RENTON NJ	ZIP Code 08608			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112103
	93.10				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
				Outstandi	
	0.00	0.00			93.10
	Full Name (Last, First, Middle Initial) of Debto APITOL PLAZA HOTEL	r or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
C	Aailing Address HOLIDAY INN 300 J STREET City State SACRRAMENTO CA	ZIP Code 95814			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112102
	15.78				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			15.78
	. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC.	r or Creditor			ebt (Purpose): C TELEPHONE USAGE
N	Ailing Address PO BOX 748 RADIO CITY STATION				
	City State	ZIP Code			
Ν	NEW YORK NY	10101			
	Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112274
	8023.57				
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			8023.57
1) 5	UBTOTALS This Period This Page (optional).		►		8132.45
-	OTALS This Period (last page this line number		•		
3) T	OTAL OUTSTANDING LOANS from Sched	ule C (last page only)	•		
4) A	ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only	r) 🕨		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 68 / 143
		schedule(s)	
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 Debto CAUCUS DISTRIBUTORS INC.	or or Creditor		bebt (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: INV6010000112275
1529.35			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1529.35
B. Full Name (Last, First, Middle Initial) of Debto CAUCUS DISTRIBUTORS INC.	or 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		Tra	nsaction ID: INV6010000112281
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 Debto CAUCUS DISTRIBUTORS INC.	or or Creditor		Pebt (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: INV6010000112282
9834.85			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		9834.85
1) SUBTOTALS This Period This Page (optional).			13978.55
2) TOTALS This Period (last page this line number	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 69 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9 X 10
Excluding Loans NAME OF COMMITTEE (In Full)			× 10
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC.	or or Creditor		bebt (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
0.00	0.00		
B. Full Name (Last, First, Middle Initial) of Debt CAUCUS DISTRIBUTORS INC.	or or Creditor		Pebt (Purpose): FFICE RENT
Mailing Address PO BOX 748 RADIO CITY STATION	710.0		
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 Debt CAUCUS DISTRIBUTORS INC.	or or Creditor		Pebt (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))		10694.10
2) TOTALS This Period (last page this line number	r only)		
3) TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)	•	
4) ADD 2) and 3) and carry forward to appropriate	e line of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 70 / 143
DEBTS AND OBLIGATIONS		schedule(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 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			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)		Þ		9016.06
2) TOTALS This Period (last page this line number or	nly)	•	0 0 0 0	
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 71 / 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 Debtor 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		Tra	ansaction ID: INV6010000112289
2614.35			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		2614.35
B. 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		Tra	ansaction ID: INV6010000112290
2296.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		2296.00
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: INV6010000112291
10085.00			
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
0.00	0.00		10085.00
1) SUBTOTALS This Period This Page (optional)			14995.35
2) TOTALS This Period (last page this line number of	only)	•	
3) TOTAL OUTSTANDING LOANS from Schedu	lle 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 separat	PAGE 72 / 143
DEBTS AND OBLIGATIONS		schedule(s)) FOR LINE NUMBER:
Excluding Loans		for each numbered lin	ie) (check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
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: INV6010000112292
2200.00			
Amount Incurred This Period	Payment This Period	Outsta	anding 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	Nature FIELD	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: INV6010000112293
2000.00			
Amount Incurred This Period	Payment This Period	Outsta	anding Balance at Close of This Period
0.00	0.00	L.	2000.00
C. 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	ZIP Code		
NEW YORK NY	10101		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000112294
9170.00			
Amount Incurred This Period	Payment This Period	Outsta	anding 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 of	only)	•	
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 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)		(Use s	eparate	PAGE 74 / 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 of CAUCUS DISTRIBUTORS INC.	or Creditor	N A	lature of D	ebt (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
B. Full Name (Last, First, Middle Initial) of Debtor of CAUCUS DISTRIBUTORS INC.	or Creditor		lature 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 of CAUCUS DISTRIBUTORS INC.	or Creditor			ebt (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 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 75 / 143
DEBTS AND OBLIGATIONS	EBTS AND OBLIGATIONS		edule(s) r each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			pered 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 CITICORP	or Creditor		Nature of D MISC. EX	ebt (Purpose): PENSES
Mailing Address CCSI COLLECTION DEPAI P.O. BOX C5216	RTMENT			
City State MELVILLE NY	ZIP Code 11750			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112302
760.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			760.00
B. Full Name (Last, First, Middle Initial) of Debtor of CLIFFORD B KOENIG	or Creditor			ebt (Purpose): AND LODGING
Mailing Address 7195 COOPER SPUR ROA	D			
City State MT HOOD/PARKDALE OR	ZIP Code 97041			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112378
556.76				
Amount Incurred This Period	Payment This Period	_	Outstandi	ng Balance at Close of This Period
0.00	0.00			556.76
C. Full Name (Last, First, Middle Initial) of Debtor of COACHMAN HOTEL	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 123 E. POST RD. (RT 22)				
City State WHITE PLAINS NY	ZIP Code 10610			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112303
120.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00	и в		120.00
1) SUBTOTALS This Period This Page (optional)		►	•	1436.76
2) TOTALS This Period (last page this line number of	nly)	•		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)	•	0 0 0 0	
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 76 / 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 Det COACHMAN INN & RESTAURANT	otor or Creditor	Nature of D ROOM R	9ebt (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	Doumant This Davied	Quitatandi	ng Delence at Class of This Deviad
	Payment This Period	Outstand	ng Balance at Close of This Period
0.00	0.00		150.00
B. Full Name (Last, First, Middle Initial) of Deb DALE ANDERSON'S	otor or 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		238.50
C. Full Name (Last, First, Middle Initial) of Det DAVID JAY, ESQ.	otor or Creditor		bebt (Purpose): EY FEES & EXPENSES
Mailing Address ATTORNEY AT LAW 120 DELAWARE AVEN	UE 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 (optiona	١)	•	694.85
2) TOTALS This Period (last page this line numb	er only)	•	
	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 separa	PAGE 77 / 143
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE NUMBER:
Excluding Loans		for each numbered l	
NAME OF COMMITTEE (In Full)			
National Democratic Policy Committee			
A. Full Name (Last, First, Middle Initial) of Debtor DAVID KILBUR	or Creditor		e of Debt (Purpose): TAGE
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	Outs	standing 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		e of Debt (Purpose): M RENTAL
Mailing Address 3333 13TH AVE. SOUTH			
City State FARGO ND	ZIP Code 58103		
Outstanding Balance Beginning This Period			Transaction ID: INV6010000113252
36.40		a .	
Amount Incurred This Period	Payment This Period	Outs	standing 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		e of Debt (Purpose): D 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	Outs	standing 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		•	
3) TOTAL OUTSTANDING LOANS from Schedul	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 Form 3X)		(1.100	conarato	PAGE 78 / 143
			e separate nedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS		fo	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 o EASTERN STATES DISTRIBUTORS	r 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 o EASTERN STATES DISTRIBUTORS	r Creditor			ebt (Purpose): FFICE 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		Outstandi	ng Balance at Close of This Period
0.00	0.00			200.00
C. Full Name (Last, First, Middle Initial) of Debtor o EASTERN STATES DISTRIBUTORS	r Creditor			9ebt (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		Outstandi	ng Balance at Close of This Period
0.00	0.00			915.00
1) SUBTOTALS This Daried This Dags (aptions)				2030.00
1) SUBTOTALS This Period This Page (optional)				
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	e of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 79 / 143
DEBTS AND OBLIGATIONS		schedule(s)	
		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 Deb EASTERN STATES DISTRIBUTORS	tor or Creditor		lebt (Purpose): FFICE RENT
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000114474
200.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		200.00
B. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBUTORS	tor 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: INV6010000114475
915.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		915.00
C. Full Name (Last, First, Middle Initial) of Deb EASTERN STATES DISTRIBUTORS	tor or Creditor	Nature of D RENT	ebt (Purpose):
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000114476
200.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		200.00
1) SUBTOTALS This Period This Page (optiona	l)		1315.00
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)	Γ	(Use separate	PAGE 80 / 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 Deb EASTERN STATES DISTRIBUTORS	tor or Creditor		ebt (Purpose): NE USAGE
Mailing Address P.O. BOX 268			
City State DREXEL HILL PA	ZIP Code 19026		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000114477
915.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00	0.00		915.00
	0.00		915.00
B. Full Name (Last, First, Middle Initial) of Deb EDGEWATER INN	tor or Creditor	Nature of D ROOM RE	ebt (Purpose): ENTAL
Mailing Address PIER 67			
City State SEATTLE WA	ZIP Code 98121		
Outstanding Palanas Designing This Device		T	nsaction ID: INV6010000113744
Outstanding Balance Beginning This Period		Ira	
205.00		Ira	
	Payment This Period	-	ig Balance at Close of This Period
205.00	Payment This Period	-	
205.00 Amount Incurred This Period	0.00	Outstandir	ng Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb	0.00 tor or Creditor	Outstandir	ng Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. Al City State	tor or Creditor PT. 1 ZIP Code	Outstandir	ng Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. Al City State LOS ANGELES CA	tor or Creditor PT. 1	Outstandir	ag Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. All City State LOS ANGELES CA Outstanding Balance Beginning This Period	tor or Creditor PT. 1 ZIP Code	Outstandir	ag Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. Al City State LOS ANGELES CA Outstanding Balance Beginning This Period 22.95	tor or Creditor PT. 1 ZIP Code 90017	Outstandir	ag Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. Al City State LOS ANGELES CA Outstanding Balance Beginning This Period 22.95 Amount Incurred This Period	0.00 tor or Creditor PT. 1 ZIP Code 90017 Payment This Period	Outstandir	ag Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. Al City State LOS ANGELES CA Outstanding Balance Beginning This Period 22.95	tor or Creditor PT. 1 ZIP Code 90017	Outstandir	ag Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address 1339 MARYLAND ST. Al City State LOS ANGELES CA Outstanding Balance Beginning This Period 22.95 Amount Incurred This Period	0.00 tor or Creditor PT. 1 ZIP Code 90017 Payment This Period 0.00	Outstandir	ng Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address Mailing Address 1339 MARYLAND ST. Al City State LOS ANGELES CA Outstanding Balance Beginning This Period 22.95 Amount Incurred This Period 0.00	0.00 tor or Creditor PT. 1 ZIP Code 90017 Payment This Period 0.00	Outstandir	ng Balance at Close of This Period 205.00 ebt (Purpose):
205.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb EDWARD CORPUS Mailing Address Mailing Address 1339 MARYLAND ST. All City State LOS ANGELES CA Outstanding Balance Beginning This Period 22.95 Amount Incurred This Period 0.00	0.00 tor or Creditor PT. 1 ZIP Code 90017 Payment This Period 0.00	Outstandir	ng Balance at Close of This Period 205.00 ebt (Purpose):

SCHEDULE D (FEC	Form 3X)			eparate	PAGE 81 / 143
DEBTS AND OBLIGA	-		sche	dule(s)	
Excluding Loans				each ered line)	(check only one) 9 X 10
NAME OF COMMITTEE	(In Full)			,	X 10
National Democratic F					
A. Full Name (Last, F EMERY WORLDW	irst, Middle Initial) of Debtor IDE	r or Creditor			lebt (Purpose): S PACKAGE SERVICE
Mailing Address P.C). BOX 100				
City BALTIMORE	State MD	ZIP Code 21277			
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112315
	11.50				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			11.50
B. Full Name (Last, F ERIE HILTON HOT	irst, Middle Initial) of Debtor ELERIE/PA	or Creditor			ebt (Purpose): ENTALS
) METROPOLITAN HO AST FAYETTE STREE				
City BALTIMORE	State MD	ZIP Code 21202			
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112364
	37.10				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			37.10
C. Full Name (Last, F ERNEST BAALS	irst, Middle Initial) of Debtor	r or Creditor			ebt (Purpose): AND LODGING
Mailing Address 826	GARWOOD ROAD				
City ERIAL	State NJ	ZIP Code 08081			
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112094
	206.00				
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			206.00
1) SUBTOTALS This P	Period This Page (optional)		•		254.60
,	0 (1)	only)	`►		
3) TOTAL OUTSTANDI		Ile C (last page only)	•		
4) ADD 2) and 3) and c	arry forward to appropriate	line of Summary Page (last page only	/) Þ		

SCHEDULE D (FEC Fo	orm 3X)		(Use separa	PAGE 82 / 143
-	-		schedule(s	
DEBTS AND OBLIGAT	IONS		for each numbered lir	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In			Turnbered III	ne) X 10
National Democratic Poli				
A. Full Name (Last, First EVELYN LANTZ	, Middle Initial) of Debtor	or Creditor	Nature PRIN	of Debt (Purpose): TING
Mailing Address 1826	NORIEGA STREET			
0.1	01-11-	710.0.1		
City SAN FRANCISCO	State CA	ZIP Code 94122		
Outstanding Balance B	eginning This Period			Transaction ID: INV6010000112386
	60.98			
Amount Incurre	d This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		60.98
		0		
B. Full Name (Last, First EXECUTIVE HOTEL		or Creditor		of Debt (Purpose): TING ROOM RENTAL
Mailing Address 1055	FIRST AVE.			
City SAN DIEGO	State CA	ZIP Code 92101		
Outstanding Balance B				Transaction ID: INV6010000114372
	100.00			
Amount Incurre	d This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		100.00
C. Full Name (Last, First EXECUTIVE RED CA		or Creditor		of Debt (Purpose): M RENTALS
Mailing Address 4020	SOUTHWEST FREE	WAY		
City HOUSTON	State TX	ZIP Code 77027		
Outstanding Balance B		11021		Transaction ID: INV6010000112317
	22.00	_		
Amount Incurre	d This Period	Payment This Period	Outst	anding Balance at Close of This Period
	0.00	0.00		22.00
1) SUBTOTALS This Period	od This Page (optional)		▶	182.98
		only)	▶	
3) TOTAL OUTSTANDING		ile C (last page only)		
		ine of Summary Page (last page only		
+, ADD 2, and 3, and carr	y iorwaru io appropriate i	me or Summary Fage (last page only		

SCHEDULE D (FEC Form 3X)		(1.100	separate	PAGE 83 / 143	
			iedule(s)	FOR LINE NUMBER:	
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 separate	PAGE 84 / 143
DEBTS AND OBLIGATIONS		schedule(s)	
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 Debto FERRANTE TRAVEL CENTER	r 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: INV6010000113746
57.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		57.00
B. Full Name (Last, First, Middle Initial) of Debto FUSION ENERGY FOUNDATION	r or Creditor	Nature of D LIST PUF	ebt (Purpose): RCHASE
Mailing Address 250 W 57TH ST. STE.171	1		
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	Outstandi	ng Balance at Close of This Period
0.00	0.00		4439.10
C. Full Name (Last, First, Middle Initial) of Debto HENRY MCBRIDE	r or Creditor	Nature of D MISC. EX	0ebt (Purpose): KPENSE
Mailing Address C/O HENRY'S AUTO PAF 91 SO WHITE HORSE PI			
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	Outstandi	ng Balance at Close of This Period
0.00	0.00		233.00
1) SUBTOTALS This Period This Page (optional).			4729.10
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 85 / 143	
-	DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:	
	ATIONS		for each numbered line)	(check only one) 9	
Excluding Loans	(In Full)			X 10	
National Democratic I	· /				
A. Full Name (Last, F HOLIDAY INN	First, Middle Initial) of Debtor	or Creditor		Debt (Purpose): IENTALS	
Mailing Address 16	14 CENTRAL AVENUE				
City ALBANY	State NY	ZIP Code 12205			
Outstanding Balance	ce Beginning This Period		Tra	ansaction ID: INV6010000112341	
	40.00				
Amount Incu	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
	0.00	0.00		40.00	
B. Full Name (Last, F HOLIDAY INN & H	First, Middle Initial) of Debtor IOLIDOME	or Creditor		Debt (Purpose): RENTALS	
Mailing Address 150	01 FREEWAY BLVD.				
City MINNEAPOLIS	State MN	ZIP Code 55430			
Outstanding Balance	ce Beginning This Period		Tra	ansaction ID: INV6010000112996	
	42.00				
Amount Incu	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
	0.00	0.00		42.00	
C. Full Name (Last, F HOLIDAY INN AIR	First, Middle Initial) of Debtor PORT 2	or Creditor	Nature of I ROOM F	Debt (Purpose): IENTALS	
Mailing Address 54(01 GREEN VALLEY DRI	VE			
City BLOOMINGTON	State MN	ZIP Code 55437			
Outstanding Balance	ce Beginning This Period		Tra	ansaction ID: INV6010000112340	
	157.50				
Amount Incu	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
	0.00	0.00		157.50	
1) SUBTOTALS This F	Period This Page (optional)			239.50	
	0 (1)	nly)	►		
3) TOTALS This Period 3) TOTAL OUTSTANDI		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 Form 3X)		(Use	separate	PAGE 86 / 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 of HOLIDAY INN CHEEKTOWAGA	or Creditor		Nature of D ROOM R	ebt (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
0.00	0.00	-		23.15
	0.00			20.13
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 RI	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
			Outstandi	
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	 ווָשָׁו			
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)		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 87 / 143
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
		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 Debto HOLIDAY INN COLISEUM	or or Creditor	Nature of D ROOM R	Debt (Purpose): ENTALS
Mailing Address 440 WEST 57TH STREE	Г		
City State NEW YORK NY	ZIP Code 10019		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000112345
224.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		224.00
B. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN CONCORD	or or Creditor	Nature of D ROOM R	Debt (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 Debto HOLIDAY INN DOWNTOWN	or or Creditor	Nature of D ROOM R	0ebt (Purpose): ENTALS
Mailing Address 1015 ELM STREET			
City State	ZIP Code		
DALLAS TX	75202		
Outstanding Balance Beginning This Period		Tra	insaction 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	r only)	•	
3) TOTAL OUTSTANDING LOANS from Sched	lule 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 88 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	
Excluding Loans			r each bered 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 Debtor of HOLIDAY INN ERIE	r Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 8040 PERRY HWY.				
City State ERIE PA	ZIP Code 16509			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112348
47.70				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			47.70
B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN HAUPPAUGE	r Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address .				
City State HAUPPAUGE NY	ZIP Code 11788			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112349
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 Debtor of HOLIDAY INN KENILWORTH	r Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address BLVD. & SOUTH 31ST ST.				
City State KENILWORTH NJ	ZIP Code 07033			
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000112352
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)		►		152.70
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)	Γ	(Llas concrete	PAGE 89 / 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 I	. ,				
	First, Middle Initial) of Debtor	or Creditor		Debt (Purpose):	
HOLIDAY INN NO	RWALK		ROOM R	ENTALS	
Mailing Address 789	9 CONNECTICUT AVEN	IIIF			
City	State	ZIP Code			
NORWALK	СТ	06854			
Outstanding Balance	ce Beginning This Period		Tra	ansaction ID: INV6010000112356	
	90.00				
Amount Incl	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
0 0 0 0	0.00	0.00		90.00	
	First, Middle Initial) of Debtor	or Creditor		Debt (Purpose):	
HOLIDAY INN OF	LAMAR		ROOM R	ENTALS	
Mailing Address BD	#2 EXIT 25 INTERSTA	TE 80			
City	State	ZIP Code			
MILL HALL	PA	17751			
Outstanding Baland	ce Beginning This Period		Tra	ansaction ID: INV6010000112353	
	52.78				
Amount Incl	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
	0.00	0.00		52.78	
	First, Middle Initial) of Debtor	or Creditor		Debt (Purpose):	
HOLIDAY INN OF	NEWTON		ROOM R	ENTALS	
Mailing Address P.C	D. BOX 4305				
City BOSTON	State MA	ZIP Code 02211			
		02211			
Outstanding Balance	ce Beginning This Period		Tra	Insaction ID: INV6010000112355	
	90.00				
Amount Incu	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
	0.00	0.00		90.00	
	Devied This Deve (antional)			232.78	
1) SUBTOTALS THIS F	Period This Page (optional)				
2) TOTALS This Period	l (last page this line number o	only)			
		. .	•		
3) TOTAL OUTSTANDI	NG LOANS from Schedu	le C (last page only)			
4) ADD 2) and 3) and 0	carry forward to appropriate li	ne of Summary Page (last page only)			
, , ,		, , , , , , , , , , , , , , , , , , , ,			

SCHEDULE D (FEC Form 3X)	<pre></pre>	(Use separate	PAGE 90 / 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 D HOLIDAY INN OF RICHMOND BELLS		Nature of D ROOM R	9ebt (Purpose): ENTALS
Mailing Address 4303 COMMERCE RE).		
City State RICHMOND VA	ZIP Code 23234		
Outstanding Balance Beginning This Perio	bd	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 D HOLIDAY INN OF WILLMAR	ebtor or Creditor	Nature of D ROOM R	Debt (Purpose): ENTALS
Mailing Address P.O. BOX 1157			
City State WILLMAR MN	ZIP Code 56201		
Outstanding Balance Beginning This Perio	od	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 D HOLIDAY INN PROVIDENCE RI	ebtor or Creditor	Nature of D ROOM R	9ebt (Purpose): ENTALS
Mailing Address 21 ATWELLS AVENU	E		
City State PROVIDENCE RI	ZIP Code 02903		
Outstanding Balance Beginning This Perio	Dd	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 (optic	nal)		277.30
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 F	orm 3X)		(1.100.0	oparato	PAGE 91 / 143
DEBTS AND OBLIGATIONS		(Use separate schedule(s)			
	IUNS		for each numbered line)		(check only one) 9
Excluding Loans	- Full)		Tiurnot		X 10
National Democratic Po	,				
	·, · · · · · · · · · · · · · · · · · ·				
A. Full Name (Last, First HOLIDAY INN ROCH	st, Middle Initial) of Debtor HESTER-AIRPORT	or Creditor		lature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 911	BROOKS AVENUE				
City ROCHESTER	State NY	ZIP Code 14624			
Outstanding Balance	Beginning This Period			Tra	nsaction ID: INV6010000112359
	50.00				
Amount Incurr		Payment This Period		Outotoodi	ng Balance at Close of This Period
Amount incum				Outstandi	
	0.00	0.00			50.00
B. Full Name (Last, First HOLIDAY INN ROCK	st, Middle Initial) of Debtor KVILLE	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address 173 S	SUNRISE HWY.				
City ROCKVILLE. L.I.	State NY	ZIP Code 11570			
Outstanding Balance	Beginning This Period		I	Tra	nsaction ID: INV6010000112360
	50.00				
Amount Incurr	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0 0 0 0	0.00	0.00			50.00
	0.00	0.00			00.00
C. Full Name (Last, First HOLIDAY INN SCHE	st, Middle Initial) of Debtor	or Creditor		lature of D ROOM RI	ebt (Purpose): ENTALS
Mailing Address DOW	/NTOWN				
	NOTT TERRACE & FF				
City SCHENECTADY	State NY	ZIP Code 12305			
		12000		T	
Outstanding Balance	Beginning This Period			Ira	nsaction ID: INV6010000112361
	45.00				
Amount Incurr	ed This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			45.00
1) SUBTOTALS This Per	riod This Page (optional)		►		145.00
2) TOTALS This Period (1:	ast page this line number of	only)	▶		
3) TOTAL OUTSTANDING		le C (last page only)	>		
		ne of Summary Page (last page only	r) ►		
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SCHEDULE D (FEC Form 3X)		(1150	separate	PAGE 92 / 143
		sch	edule(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
DEBTS AND OBLIGATIONS			sch	nedule(s)	
	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)))		
2) 3)	SUBTOTALS This Period This Page (optional).	only)))		

SCHEDULE D (FEC Form 3X)		(Use separ	ate	PAGE 94 / 143
DEBTS AND OBLIGATIONS		schedule	(s)	FOR LINE NUMBER:
Excluding Loans		for each 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 JACK TAR HOTEL	or Creditor		e of Deb M REN	t (Purpose): ITALS
Mailing Address VAN NESS GEARY				
City State SAN FRANCISCO CA	ZIP Code 94101			
Outstanding Balance Beginning This Period		·	Trans	action ID: INV6010000112372
16.40				
Amount Incurred This Period	Payment This Period	Out	standing	Balance at Close of This Period
0.00	0.00			16.40
B. Full Name (Last, First, Middle Initial) of Debtor JERRY LITTON MEMORIAL FUND	or Creditor		e of Deb	t (Purpose): RE
Mailing Address PO BOX 220				
City State CHILLICOTHE MO	ZIP Code 64601			
Outstanding Balance Beginning This Period			Trans	action ID: INV6010000112390
10.00				
Amount Incurred This Period	Payment This Period	Out	standing	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		e of Deb M REN	t (Purpose): ITALS
Mailing Address 1516 VINEWOOD #207				
City State DETROIT MI	ZIP Code 48216			
Outstanding Balance Beginning This Period			Trans	action ID: INV6010000112098
59.03				
Amount Incurred This Period	Payment This Period	Out	standing	Balance at Close of This Period
0.00	0.00			59.03
1) SUBTOTALS This Period This Page (optional)		•		85.43
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 li	ne of Summary Page (last page only) ►		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 95 / 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 Debto KING COLE PROJECTION SERVICE	r or Creditor		Debt (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	Outstandi	ng Balance at Close of This Period
0.00	0.00		84.95
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Debt (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
0.00	0.00		45071.87
C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor		Debt (Purpose): IPTIONS PURCHASE
Mailing Address RT. 1, BOX 22			
City State	ZIP Code		
STERLING VA	22170		
Outstanding Balance Beginning This Period		Tra	Insaction ID: INV6010000115123
1649.60			
Amount Incurred This Period	Payment This Period	Outstandi	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	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)	Γ	(Use separate	PAGE 96 / 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 Debr KMW PUBLISHING CO.	or 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: INV6010000115207
1349.80			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1349.80
B. Full Name (Last, First, Middle Initial) of Debr KMW PUBLISHING CO.	or 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	nsaction ID: INV6010000115362
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 Debr KMW PUBLISHING CO.	or 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: INV6010000115364
1410.40			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		1410.40
1) SUBTOTALS This Period This Page (optional)	•	3760.20
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 97 / 143
DEBTS AND OBLIGATIONS		sch	edule(s)	FOR LINE NUMBER:	
Excluding Loans				r each bered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)					
National Democratic Policy Com	mittee				
A. Full Name (Last, First, Middle I KMW PUBLISHING CO.	nitial) of Debtor or (Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 2	2				
City State STERLING VA	e	ZIP Code 22170			
Outstanding Balance Beginning	This Period			Tra	nsaction ID: INV6010000115365
1350	.85				
Amount Incurred This Pe	eriod	Payment This Period		Outstandir	ng Balance at Close of This Period
0	.00	0.00			1350.85
B. Full Name (Last, First, Middle I KMW PUBLISHING CO.	nitial) of Debtor or (Creditor			ebt (Purpose): PTIONS PURCHASE
Mailing Address RT. 1, BOX 2	2				
City State STERLING VA	9	ZIP Code 22170			
Outstanding Balance Beginning	This Period			Tra	nsaction ID: INV6010000115368
554	.90				
Amount Incurred This Pe	eriod	Payment This Period		Outstandir	ng Balance at Close of This Period
0	.00	0.00			554.90
C. Full Name (Last, First, Middle I KMW PUBLISHING CO.	nitial) of Debtor or (Creditor			ebt (Purpose): PTIONS PURCAHSE
Mailing Address RT. 1, BOX 2	2				
City State STERLING VA	9	ZIP Code 22170			
Outstanding Balance Beginning	This Period			Tra	nsaction ID: INV6010000115371
239	.90				
Amount Incurred This Pe	eriod	Payment This Period		Outstandir	ng Balance at Close of This Period
0	.00	0.00			239.90
1) SUBTOTALS This Period This P	age (optional)		•		2145.65
2) TOTALS This Period (last page th			` ▶		
3) TOTAL OUTSTANDING LOANS		(last page only)	•		
4) ADD 2) and 3) and carry forward)	•	

SCHEDULE D (FEC	Form 3X)		(1.100.0	eparate	PAGE 98 / 143
-	-			dule(s)	
DEBTS AND OBLIG	ATIONS			each ered line)	(check only one) 9
Excluding Loans			numbe	ereu iirie)	X 10
National Democratic I	. ,				
A. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor			lebt (Purpose): IPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Balance	ce Beginning This Period			Tra	nsaction ID: INV6010000115372
	119.75				
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			119.75
B. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor			lebt (Purpose): IPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22				
City STERLING	State VA	ZIP Code 22170			
Outstanding Balance	ce Beginning This Period			Tra	nsaction ID: INV6010000115375
	185.10				
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			185.10
C. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor			ebt (Purpose): IPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22				
City STERLING	State VA	ZIP Code 22170			
	ce Beginning This Period			Tra	nsaction ID: INV6010000115377
	81.00				
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			81.00
	Deried This Page (entionel)		•		385.85
			`		
3) TOTALS This Period		nly) le C (last page only)	`		
		ne of Summary Page (last page only			
		ne or Summary Faye (last paye only	·) ·		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 99 / 143
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			X 10
National Democratic Policy Committe	ee		
A. Full Name (Last, First, Middle Initial) KMW PUBLISHING CO.	of Debtor 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: INV6010000115378
62.35	·		
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		62.35
B. Full Name (Last, First, Middle Initial) KMW PUBLISHING CO.	of Debtor 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: INV6010000115379
42.10			
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		42.10
C. Full Name (Last, First, Middle Initial) KMW PUBLISHING CO.	of Debtor or Creditor		Debt (Purpose): ITOINS PURCHASE
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This		Tra	ansaction ID: INV6010000115380
51.10			
Amount Incurred This Period	Payment This Period		ing 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	e number only)		
3) TOTAL OUTSTANDING LOANS fro	m Schedule C (last page only)	•	
4) ADD 2) and 3) and carry forward to ap	propriate line of Summary Page (last page only) >	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 100 / 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 Debte KMW PUBLISHING CO.	or 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	nsaction ID: INV6010000115381
13.45			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		13.45
B. Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO.	or or Creditor		Debt (Purpose): IPTIONS PURCHASES
Mailing Address RT. 1, BOX 22			
City State STERLING VA	ZIP Code 22170		
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000115383
4567.27			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		4567.27
C. Full Name (Last, First, Middle Initial) of Debte KMW PUBLISHING CO.	or 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	nsaction ID: INV6010000115384
19.20			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		19.20
1) SUBTOTALS This Period This Page (optional)			4599.92
2) TOTALS This Period (last page this line numbe	r only)	•	
3) TOTAL OUTSTANDING LOANS from Schee	lule 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)		(Lloo concrete	PAGE 101 / 143
-	-		(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIG	ATIONS		for each numbered line	e) (check only one) 9
Excluding Loans	(In Full)			e) X 10
National Democratic I	. ,			
A Full Name (Last F	First, Middle Initial) of Debtor	or Creditor	Nature	of Debt (Purpose):
KMW PUBLISHING				CRIPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balance	ce Beginning This Period			Transaction ID: INV601000011538
	25.34			
Amount Incu	urred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
	0.00	0.00		25.34
B. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor		of Debt (Purpose): CRIPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Balance	ce Beginning This Period			Transaction ID: INV6010000115386
	397.04			
Amount Incu	urred This Period	Payment This Period	Outsta	nding Balance at Close of This Period
	0.00	0.00		397.04
C. Full Name (Last, F KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor		of Debt (Purpose): CRIPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
	ce Beginning This Period		•	Transaction ID: INV601000011538
	33.88			
Amount Incu	urred This Period	Payment This Period	Outsta	Inding Balance at Close of This Period
	0.00	0.00		33.88
				456.26
2) TOTALS This Period	(last page this line number c	only)		· · · · · · · · · · · ·
3) TOTAL OUTSTAND	NG LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) and 0	carry forward to appropriate li	ne of Summary Page (last page only		

SCHEDULE D (FEC Form 3X)	Γ	(Use separate	PAGE 102 / 143
DEBTS AND OBLIGATIONS			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)			eparate	PAGE 103 / 143
			dule(s)	
DEBTS AND OBLIGATIONS			each red 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 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: INV6010000115444
1125.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			1125.00
B. Full Name (Last, First, Middle Initial) of 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: INV6010000115457
800.00				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			800.00
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 STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period		I	Tra	nsaction ID: INV6010000115458
12.75				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
0.00	0.00			12.75
				4007.75
1) SUBTOTALS This Period This Page (optional)		►		1937.75
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	r) >		

SCHEDULE D (FEC	Form 3X)		(Use separate	PAGE 104 / 143
•	DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE	(In Full)		,	× 10
National Democratic	. ,			
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)		(Use se	parate	PAGE 105 / 143
DEBTS AND OBLIGATIONS		schedule(s) FOR LINE		
Excluding Loans		for e number		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)	L			
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): IPTION PRUCHASES
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115472
50.00				
Amount Incurred This Period	Payment This Period	C	Dutstandii	ng Balance at Close of This Period
0.00	0.00			50.00
B. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): IPTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115481
3734.90				
Amount Incurred This Period	Payment This Period	C	Dutstandii	ng Balance at Close of This Period
0.00	0.00			3734.90
C. Full Name (Last, First, Middle Initial) of Debto 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: INV6010000115482
199.25				
Amount Incurred This Period	Payment This Period	C	Dutstandii	ng Balance at Close of This Period
0.00	0.00			199.25
1) SUBTOTALS This Period This Page (optional).		►		3984.15
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 106 / 143
DEBTS AND OBLIG			schedule(s)	FOR LINE NUMBER:
Excluding Loans	Allong		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE	(In Full)		·	
National Democratic	. ,			
A. Full Name (Last, I KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor		Debt (Purpose): RIPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Baland	ce Beginning This Period		Tra	ansaction ID: INV6010000115483
0 0 0 0	2030.98			
Amount Inc	urred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		2030.98
B. Full Name (Last, I KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor		Debt (Purpose): RIPTIONS PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Baland	ce Beginning This Period		Tra	ansaction ID: INV6010000115484
	25.00			
Amount Inc	urred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		25.00
C. Full Name (Last, I KMW PUBLISHING	First, Middle Initial) of Debtor G CO.	or Creditor		Debt (Purpose): RIPTION PURCHASE
Mailing Address RT	. 1, BOX 22			
City STERLING	State VA	ZIP Code 22170		
Outstanding Baland	ce Beginning This Period		Tra	ansaction ID: INV6010000115486
	10.00			
Amount Inc	urred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
	0.00	0.00		10.00
1) SUBTOTALS This I	Period This Page (optional)			2065.98
2) TOTALS This Period	I (last page this line number of	only)		
3) TOTAL OUTSTAND	NG 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)		(11-	0.000/101-	PAGE 107 / 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				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	r or Creditor			ebt (Purpose): IPTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115487
25.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			25.00
 B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 	r or Creditor			ebt (Purpose): IPTION PURCHASE
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115488
25.00				
Amount Incurred This Period	Payment This Period		Outetandi	ng Balance at Close of This Period
		Ū	Outstandi	
0.00	0.00			25.00
C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTION PURCHASE
Mailing Address RT. 1, BOX 22				
City State	ZIP Code			
STERLING VA	22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV601000011548
50.00				
Amount Incurred This Period	Payment This Period		Outetandi	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 (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	r) 1		

SCHEDULE D (FEC Form 3X)		(1.100	accarata	PAGE 108 / 143
			separate iedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			or each () bered line)	(check only one) 9
		num	bereu line)	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): SES OF SUBSCRITIONS
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115490
25.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			25.00
B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	or Creditor			ebt (Purpose): IPTION PURCHASES
Mailing Address RT. 1, BOX 22				
City State STERLING VA	ZIP Code 22170			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000115491
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 KREINGOLD DATA SERVICES	or Creditor			ebt (Purpose): ER SERVICES
Mailing Address STE. 5D, 119 PAYSON AV	E.			
City State	ZIP Code			
NEW YORK NY	10034			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112384
2156.53				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			2156.53
1) SUBTOTALS This Period This Page (optional)		Þ		2206.53
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	<i>ı</i>)		

SCHEDULE D (FEC Form 3X)		(Use sepa	arate	PAGE 109 / 143
DEBTS AND OBLIGATIONS		schedule for eac	e(s)	FOR LINE NUMBER: (check only one) 9
Excluding Loans		numbered		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			1	
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor of KVAR-FM	or Creditor		ure of De	ebt (Purpose):
		IVIL		
Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535				
City State	ZIP Code			
SAN ANTONIO TX	78229			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000112385
544.00				
Amount Incurred This Period	Payment This Period	Ou	utstandir	g Balance at Close of This Period
0.00	0.00			544.00
B. Full Name (Last, First, Middle Initial) of Debtor of LOS ANGELES LABOR COMMITTEE	or Creditor			ebt (Purpose): RENT AND PHONE
Mailing Address 711 S. VERMONT AVE. #20)7			
City State LOS ANGELES CA	ZIP Code 90005			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000112391
21277.77				
Amount Incurred This Period	Payment This Period	Ou	utstandir	g Balance at Close of This Period
0.00	0.00			21277.77
C. Full Name (Last, First, Middle Initial) of Debtor of LOUIS JOLIET RENAISSANCE CENTR	or Creditor			ebt (Purpose): ENTALS
Mailing Address 214 NORTH OTTAWA STR	EET			
City State JOLIET IL	ZIP Code 60431			
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000112393
38.21				
		-		
Amount Incurred This Period	Payment This Period		itstandir	g Balance at Close of This Period
0.00	0.00			38.21
1) SUBTOTALS This Period This Page (optional)		Þ		21859.98
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 lir	e of Summary Page (last page only) ►		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 110 / 143
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 Commi	ttee		
-			
A. Full Name (Last, First, Middle Initia MARK CALNEY	al) of Debtor or Creditor	Nature of D PRINTIN	Debt (Purpose): G
Mailing Address 269 E. NEWTON	I ST.		
City State SEATTLE WA	ZIP Code 98102		
Outstanding Balance Beginning Thi	s Period	Tra	Insaction ID: INV601000011210
205.80			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00			205.80
			200.00
B. Full Name (Last, First, Middle Initia MARRIOT HOTEL PITTSBURG		Nature of D ROOM R	Debt (Purpose): ENTALS
Mailing Address 101 MALL BLVD			
City State MONROEVILLE PA	ZIP Code 15146		
Outstanding Balance Beginning Thi	s Period	Tra	Insaction ID: INV601000011239
227.73	3		
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		227.73
C. Full Name (Last, First, Middle Initia MARRIOTT - SANTA CLARA	al) of Debtor or Creditor	Nature of D ROOM R	Debt (Purpose): ENTALS
Mailing Address GREAT AMERIC	AN PARKWAY		
City State SANTA CLARA CA	ZIP Code 95054		
Outstanding Balance Beginning Thi	s Period	Tra	Insaction ID: INV601000011299
24.50)		
Amount Incurred This Period		Outstandi	ing Balance at Close of This Period
			24.50
0.00			24.30
1) SUBTOTALS This Period This Page	e (optional)		458.03
2) TOTALS This Period (last page this li	ne number only)	•	
	rom Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to a	appropriate line of Summary Page (last page only	/) ►	

SCHEDULE D (FEC Fo	rm 3X)		(Use sepa	PAGE 111	/ 143
DEBTS AND OBLIGATI	-		schedule	(s) FOR LINE NUMBER:	
Excluding Loans	0113		for each numbered		9 X 10
NAME OF COMMITTEE (In F	Full)				
National Democratic Polic	cy Committee				
A. Full Name (Last, First, MARTY SIMON	Middle Initial) of Debto	r or Creditor		re of Debt (Purpose): IGHT AND POSTAGE	
Mailing Address 2971 V	V 8TH ST. #111				
City LOS ANGELES	State CA	ZIP Code 96402			
Outstanding Balance Be	eginning This Period			Transaction ID: INV60100	00112907
	154.47				
Amount Incurred	This Period	Payment This Period	Out	standing Balance at Close of Th	nis Period
	0.00	0.00		11	54.47
B. Full Name (Last, First, MC GUINESS & WILL		r or Creditor		re of Debt (Purpose): ORNEY EXPENSES	
Mailing Address 1015 F SUITE		T, NW			
City WASHINGTON	State DC	ZIP Code 20005			
Outstanding Balance Be	eginning This Period			Transaction ID: INV60100	000114180
	446.69				
Amount Incurred	This Period	Payment This Period	Out	standing Balance at Close of Th	nis Period
	0.00	0.00		44	46.69
C. Full Name (Last, First, MC GUINESS & WILL	,	r or Creditor		re of Debt (Purpose): ORNEY FEES & EXPENSI	ES
Mailing Address 1015 F SUITE		T, NW			
City	State	ZIP Code			
WASHINGTON	DC	20005			
Outstanding Balance Be				Transaction ID: INV60100	100114182
	626.32		_		
Amount Incurred	This Period	Payment This Period		standing Balance at Close of Th	nis Period
	0.00	0.00		6	26.32
1) SUBTOTALS This Perio	d This Page (optional).		Þ	1227.48	3
2) TOTALS This Period (las	t page this line number	only)	•		
3) TOTAL OUTSTANDING	LOANS from Sched	ule C (last page only)	•		0 0
4) ADD 2) and 3) and carry	r forward to appropriate	line of Summary Page (last page only	/) >		

SCHEDULE D (FEC Form 3X)		(Use ser	oarate	PAGE 112 / 143
DEBTS AND OBLIGATIONS				
Excluding Loans		for ea numbere		(check only one) 9 X 10
NAME OF COMMITTEE (In Full)				
National Democratic Policy Committee				
A. Full Name (Last, First, Middle Initial) of Debtor 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	O	utstandi	ng Balance at Close of This Period
0.00	0.00			800.00
B. Full Name (Last, First, Middle Initial) of Debtor 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 3179.29			Tra	nsaction ID: INV6010000114184
Amount Incurred This Period	Payment This Period	0	utstandii	ng Balance at Close of This Period
	0.00			3179.29
C. Full Name (Last, First, Middle Initial) of Debtor 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	0	utstandi	ng Balance at Close of This Period
0.00	0.00			3.32
1) SUBTOTALS This Period This Page (optional)		Þ		3982.61
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)		(1)50	separate	PAGE 113 / 143
		sch	edule(s)	
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 MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): EY EXPENSES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200	, NW			
City State	ZIP Code			
WASHINGTON DC Outstanding Balance Beginning This Period	20005		Tra	nsaction ID: INV6010000114186
5.50			Πü	
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			5.50
B. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor		Nature of D ATTORNI	ebt (Purpose): EY FEES
Mailing Address 1015 FIFTEENTH STREET SUITE 1200				
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		Outstandi	ng Balance at Close of This Period
0.00	0.00			255.00
C. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor			ebt (Purpose): ELEASE DISTRIBUTN
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State PHILADELPHIA PA	ZIP Code 19103			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112397
60.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			60.00
1) SUBTOTALS This Period This Page (optional)		Þ		320.50
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	r) 🕨		

SCHEDULE D (FEC Form 3X)		(Use separa	ate	PAGE 114 / 143
DEBTS AND OBLIGATIONS		schedule(s) FC	
Excluding Loans		for each numbered li		neck 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		e of Debt (F REL DIS	Purpose): T-ELDER/USS
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State PHILADELPHIA PA	ZIP Code 19103			
Outstanding Balance Beginning This Period			Transact	tion ID: INV6010000112398
65.00				
Amount Incurred This Period	Payment This Period	Outs	tanding Ba	alance at Close of This Period
0.00	0.00			65.00
B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE	or Creditor		e of Debt (F REL DIS	^P urpose): T-DOUGLAS/GOV
Mailing Address 117 SOUTH 17TH ST. SUITE 210				
City State PHILADELPHIA PA	ZIP Code 19103			
Outstanding Balance Beginning This Period			Transac	tion ID: INV6010000112399
35.00				
Amount Incurred This Period	Payment This Period	Outs	tanding Ba	alance 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		e of Debt (F DRNEY F	^P urpose): EES & EXPENSES
Mailing Address 204 WASHINGTON AVENU	JE, N.E.			
City State MARIETTA GA	ZIP Code 30060			
Outstanding Balance Beginning This Period			Transac	tion ID: INV6010000114254
2354.40				
Amount Incurred This Period	Payment This Period	Outs	tanding Ba	alance 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				
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)		(1.100	aoparata	PAGE 115 / 143
	-			separate edule(s)	
DEBTS AND OBLIG	ATIONS		fo	r each Ó	(check only one) 9
Excluding Loans			numu	ered line)	X 10
NAME OF COMMITTEE National Democratic F	, ,				
A. Full Name (Last, F MELVIN S. NASH	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): EY FEES & EXPENSES
Mailing Address 204	WASHINGTON AVEN	JE, N.E.			
City MARIETTA	State GA	ZIP Code 30060			
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000114255
	1496.91				
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			1496.91
B. Full Name (Last, F MICHAEL FRANK,	First, Middle Initial) of Debtor ESQ.	or Creditor			ebt (Purpose): ES-WINTER/CONG
Mailing Address 434	SPITZER BLDG				
City TOLEDO	State OH	ZIP Code 43604			
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112321
	400.00				
Amount Incu	Irred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00			400.00
C. Full Name (Last, F MICHAEL HODGE	First, Middle Initial) of Debtor	or Creditor		Nature of D PRINTINC	ebt (Purpose): G
Mailing Address 126	65 48TH AVE.				
City SAN FRANCISCO	State CA	ZIP Code 94122			
Outstanding Balanc	e Beginning This Period			Tra	nsaction ID: INV6010000112368
0 0 0 0	127.20				
Amount Incu	urred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
	0.00	0.00	U III		127.20
1) SUBTOTALS This F	Period This Page (optional)		►		2024.11
		nly)	,		
3) TOTALS This Period 3) TOTAL OUTSTANDI		e C (last page only)	`		
		ne of Summary Page (last page only			
	any iorward to appropriate in	ne or Summary Faye (last paye 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)		(Use	separate	PAGE 117 / 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 of NEW YORK TELEPHONE	or 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.	or Creditor			ebt (Purpose): ES - NY BEAM DEMS
Mailing Address ATTORNEY AT LAW				
ONE EAST MAIN STREET	ZIP Code			
BAY SHORE NY	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.	or Creditor			ebt (Purpose): / FEES-NY BEAM DEM
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET				
City State BAY SHORE NY	ZIP Code 11706			
	11700		-	
Outstanding Balance Beginning This Period			Ira	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)		Þ		6399.33
2) TOTALS This Period (last page this line number or		•		
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	e separate	PAGE 118 / 143	
			redule(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 o	r Creditor			Pebt (Purpose):	
PETER ENNIS			INAVEL	AND LODGING	
Mailing Address 65 SEAMAN AVE.					
City State NEW YORK NY	ZIP Code 10034				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112316	
16.76					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			16.76	
B. Full Name (Last, First, Middle Initial) of Debtor o PMR PRINTING	r Creditor		Nature of D PRINTING	lebt (Purpose): G	
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22					
City State STERLING VA	ZIP Code 22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112882	
2500.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			2500.00	
C. Full Name (Last, First, Middle Initial) of Debtor o PMR PRINTING	r Creditor		Nature of D PRINTING	lebt (Purpose): G	
Mailing Address INDIAN CREEK CENTER III					
RT. 1, BOX 22 City State	ZIP Code				
STERLING VA	22170				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112885	
6123.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00			6123.00	
1) SUBTOTALS This Period This Page (optional)		I		8639.76	
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)64	e separate	PAGE 119 / 143
		scl	hedule(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 PROVIDENCE MARRIOTT INN	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTAL
Mailing Address CHARLES & ORMS STREE	ETS		_	
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
			Cutotandi	
0.00	0.00			125.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MGMT.	or 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 PUBLICATION & GENERAL MGMT.	or 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: INV6010000112656
3000.00				
Amount Incurred This Period	Pourmont This Poriod		Outstandi	ng Palanaa at Class of This Pariod
	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		4825.00
2) TOTALS This Period (last page this line number o		j		
	e C (last page only)	I		
4) ADD 2) and 3) and carry forward to appropriate lin	ne of Summary Page (last page only)	_{')} I		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 120 / 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 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: INV6010000112657
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 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	Outstandi	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	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	only)	•	
	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)		(60 6	eparate	PAGE 121 / 143
DEBTS AND OBLIGATIONS		sche	dule(s)	
			each ered 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 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		Outstandi	ng Balance at Close of This Period
			Cutstanun	
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: INV6010000112666
3000.00				
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period
0.00	0.00			3000.00
C. Full Name (Last, First, Middle Initial) of 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		I	Tra	nsaction ID: INV6010000112667
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 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)			eparate	PAGE 122 / 143
DEBTS AND OBLIGATIONS		sched	dule(s)	
			each red 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 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: INV6010000112668
3000.00				
Amount Incurred This Period	Payment This Period		Outstandii	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: INV6010000112669
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 SERVICES
Mailing Address P.O. BOX 836				
City State	ZIP Code			
LEESBURG VA	22075			
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112670
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
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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 Form 3X)		(1100	separate	PAGE 123 / 143
			edule(s)	
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)		(Use separate	PAGE 124 / 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 Debte PUBLICATION & GENERAL MGMT.	or or Creditor		Debt (Purpose): //ENT &DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This Period		Tra	Insaction 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 Debte PUBLICATION & GENERAL MGMT.	or or 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	Insaction ID: INV6010000112675
3000.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	0.00		3000.00
C. Full Name (Last, First, Middle Initial) of Debte PUBLICATION & GENERAL MGMT.	or or Creditor		Debt (Purpose): EMENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This Period		 Tra	Insaction ID: INV6010000112676
3000.00			
Amount Incurred This Period	Payment This Period	Outotand	ing Balance at Close of This Period
		Outstand	
0.00	0.00		3000.00
1) SUBTOTALS This Period This Page (optional)			9000.00
2) TOTALS This Period (last page this line number	r only)		
3) TOTAL OUTSTANDING LOANS from Schee	dule 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 125 / 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 Debtor of PUBLICATION & GENERAL MGMT.	or Creditor		[:] Debt (Purpose): GEMENT & DP SERVICE
Mailing Address P.O. BOX 836			
City State LEESBURG VA	ZIP Code 22075		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000112677
3000.00			
Amount Incurred This Period	Payment This Period	Outetan	iding Balance at Close of This Period
		Outstan	
0.00	0.00		3000.00
B. Full Name (Last, First, Middle Initial) of Debtor of PUROLATOR COURIER CORP.	or Creditor		[:] Debt (Purpose): SS PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK RC	DAD		
City State NEW HYDE PARK NY	ZIP Code 11042		
Outstanding Balance Beginning This Period		т	ransaction ID: INV6010000112891
55.10			
Amount Incurred This Period	Payment This Period	Outstan	ding 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		[:] Debt (Purpose): RENTALS
Mailing Address 1-3 WATERVLIET AVE.			
City State ALBANY NY	ZIP Code 12206		
Outstanding Balance Beginning This Period		T	ransaction ID: INV6010000112892
43.45		•	
		_	
Amount Incurred This Period	Payment This Period	Outstan	iding 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		•	
	e C (last page only)	• ·	
4) ADD 2) and 3) and carry forward to appropriate lin) •	

SCHEDULE D (FEC Form 3X)		(1.100.0000	rata	PAGE 126 / 143	
		(Use separ schedule		FOR LINE NUMBER:	
DEBTS AND OBLIGATIONS		for each		(check only one) 9	
		numbered	iirie)	X 10	
NAME OF COMMITTEE (In Full) National Democratic Policy Committee					
A. Full Name (Last, First, Middle Initial) of Debto RAMADA INN CASPER	r or Creditor			bt (Purpose): NTALS	
Mailing Address PO BOX 2917					
City State CASPER WY	ZIP Code 82602				
Outstanding Balance Beginning This Period			Tran	saction ID: INV6010000112893	
108.85					
Amount Incurred This Period	Payment This Period	Out	standing	g Balance at Close of This Period	
0.00	0.00			108.85	
B. Full Name (Last, First, Middle Initial) of Debto RAMADA INN ST. LOUIS	r or Creditor			bt (Purpose): NTALS	
Mailing Address 9636 NATURAL BRIDGE	RD.				
City State ST. LOUIS MO	ZIP Code 63134				
Outstanding Balance Beginning This Period			Tran	saction ID: INV6010000112894	
52.31					
Amount Incurred This Period	Payment This Period	Out	standing	g Balance at Close of This Period	
0.00	0.00			52.31	
C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO	r or Creditor			bt (Purpose): NTALS	
Mailing Address 3645 N. PAN AM EXPRES	SSWAY				
City State SAN ANTONIO TX	ZIP Code 78219				
Outstanding Balance Beginning This Period			Tran	saction ID: INV601000011289	
60.00					
Amount Incurred This Period	Payment This Period	Out	standin	g Balance at Close of This Period	
0.00	0.00			60.00	
0.00	0.00		1 1	00.00	
1) SUBTOTALS This Period This Page (optional).		►		221.16	
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 127 / 143
		schedule(s)	
DEBTS AND OBLIGATIONS		for each numbered line)	(check only one) 9
		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	3		
	·		
A. Full Name (Last, First, Middle Initial) or RENAISSANCE MARKETING	f Debtor or Creditor	Nature of D OFFICE	Debt (Purpose): RENT
Mailing Address 1249 WASHINGTO	N BLVD. STE. 626		
City State DETROIT MI	ZIP Code 48226		
Outstanding Balance Beginning This P	eriod	Tra	Insaction ID: INV6010000112898
600.00	·		
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
0.00	0.00		600.00
B. Full Name (Last, First, Middle Initial) o RHEA, BOYD & RHEA	f Debtor or Creditor		Debt (Purpose): EY FEES & EXPENSES
Mailing Address 930 FORREST AVE	INUE		
City State GADSDEN AL	ZIP Code 35901		
Outstanding Balance Beginning This P		Tra	ansaction ID: INV6010000114208
24.60	 -		
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
0.00	0.00		24.60
C. Full Name (Last, First, Middle Initial) o RICHARD MAGRAW	f Debtor or Creditor	Nature of D AUTO RE	Debt (Purpose): ENTAL
Mailing Address 22-60 23RD ST.			
City State	ZIP Code		
ASTORIA NY	11105		
Outstanding Balance Beginning This P	eriod	Tra	ansaction ID: INV6010000112394
114.90			
Amount Incurred This Period	Payment This Period	Quitatandi	ing Balance at Close of This Period
0.00	0.00		114.90
1) SUBTOTALS This Period This Page (or	otional)		739.50
2) TOTALS This Period (last page this line i			
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)		(1.100	separate	PAGE 128 / 143
	s		edule(s)	FOR LINE NUMBER:
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 of ROBERT COLE	or Creditor		Nature of D ROOM R	ebt (Purpose): ENTALS
Mailing Address 4119 W. BELLEPLAINE #2V	N			
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		Outstandi	ng Balance at Close of This Period
0.00	0.00			1243.95
B. Full Name (Last, First, Middle Initial) of Debtor of ROBERT KAY	or Creditor			ebt (Purpose): AND LODGING
Mailing Address 22-49 38TH 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			19.74
C. Full Name (Last, First, Middle Initial) of Debtor of 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
1) SUBTOTALS This Period This Page (optional)		Þ		1471.51
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		') D		

SCHEDULE D (FEC	Form 3X)		(1.100	acharata	PAGE 129 / 143	
-	-			e separate nedule(s)	FOR LINE NUMBER:	
DEBTS AND OBLIG	ATIONS			or each bered line)	(check only one) 9	
Excluding Loans	(In Full)		num		X 10	
National Democratic F						
A. Full Name (Last, F RONALD KOKINDA	irst, Middle Initial) of Debtor A	or Creditor		Nature of D CONSUL	ebt (Purpose): TING	
Mailing Address 36-	5 FORT EVANS ROAD,	NE				
City LEESBURG	State VA	ZIP Code 22075				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000114750	
	524.50					
Amount Incu	rred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period	
				Outstandi		
	0.00	0.00			524.50	
B. Full Name (Last, F RONALD KOKINDA	irst, Middle Initial) of Debtor A	or Creditor		Nature of D CONSUL	ebt (Purpose): TING	
Mailing Address 36-	5 FORT EVANS ROAD,	NE				
City	State	ZIP Code		-		
LEESBURG	VA	22075				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000114756	
	1600.00					
Amount Incu	rred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			1600.00	
C. Full Name (Last, F SAFEWAY PRINTI	irst, Middle Initial) of Debtor NG	or Creditor		Nature of D PRINTING	ebt (Purpose): G	
Mailing Address 327	6 WEST 6TH ST.					
City	State	ZIP Code		-		
LOS ANGELES	CA	90020				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV6010000112901	
	300.38					
Amount Incu	rred This Period	Payment This Period		Outstandii	ng Balance at Close of This Period	
	0.00	0.00			300.38	
1) SUBTOTALS This P	eriod This Page (optional)				2424.88	
2) TOTALS This Period	(last page this line number o	nly)	,			
3) TOTAL OUTSTANDIN	IG LOANS from Schedul	e C (last page only)]			
4) ADD 2) and 3) and c	arry forward to appropriate li	ne of Summary Page (last page only	/)			

SCHEDULE D (FEC Form 3X)		(Use	separate	PAGE 130 / 143
DEBTS AND OBLIGATIONS		sche	edule(s) r each	FOR LINE NUMBER: (check only one) 9
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 SAN FRANCISCO LABOR CTTE.	or Creditor		Nature of D POSTAG	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		Outstandi	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	or Creditor		Nature of D AIR TRA\	ebt (Purpose): /EL
Mailing Address 253 - 12 UNION TURNPIKE	<u>-</u>			
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		Outstandi	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	or Creditor			ebt (Purpose): O 4/10 INV-TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE	1			
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		Outstandi	ng Balance at Close of This Period
0.00	0.00			40.00
1) SUBTOTALS This Period This Page (optional)		►		743.47
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)) •		

SCHEDULE D (FEC Form 3X)		(LISP	separate	PAGE 131 / 143
DEBTS AND OBLIGATIONS		sch	edule(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 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		•		
, , , , , , , , , , , , , , , , , , , ,	C (last page only)	•		
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
DEBTS AND OBLIGATIONS			ule(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)			(1100	e separate	PAGE 133 / 143	
	ETS AND OBLIGATIONS		scl	nedule(s)	FOR LINE NUMBER:	
	cluding Loans			or each bered line)	(check only one) 9 X 10	
	AME OF COMMITTEE (In Full)			,	X 10	
N	ational Democratic Policy Committee					
	A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: S. JOHNSON/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: 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 SOLOMON, FOLEY & MORAN	or Creditor		Nature of Debt (Purpose): ATTY FEE: E.SEFCOVIC/CONG		
	Mailing Address ATTORNEYS AT LAW			-		
	2280 PENOBSCOT BUILDI 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 SOLOMON, FOLEY & MORAN	or Creditor			ebt (Purpose): E: G SHEPPARD/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: INV6010000112913	
	538.46					
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			538.46	
					1615 29	
1)	SUBTOTALS This Period This Page (optional)				1615.38	
2)	TOTALS This Period (last page this line number o	nly)	I			
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	/)			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 134 / 143	
DEBTS AND OBLIGATIONS		schedule(s)		
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 Debtor SOLOMON, FOLEY & MORAN	or Creditor		lebt (Purpose): E: H. SHORE/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD	NING			
City State DETROIT MI	ZIP Code 48226			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112914	
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 SOLOMON, FOLEY & MORAN	or Creditor		ebt (Purpose): E: J. STAMPS/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD	DING			
City State DETROIT MI	ZIP Code 48226			
Outstanding Balance Beginning This Period		Tra	nsaction ID: INV6010000112915	
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 SOLOMON, FOLEY & MORAN	or Creditor		lebt (Purpose): E: J. VAUGHN/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILD	DING			
City State DETROIT MI	ZIP Code			
Outstanding Balance Beginning This Period	48226	.		
		Ira	nsaction ID: INV6010000112916	
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)			1615.38	
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 sepa	rate	PAGE 135 / 143	
		schedule	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 of SOLOMON, FOLEY & MORAN	or Creditor			ot (Purpose): O. WALKER/CONG	
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDI					
City State DETROIT MI	ZIP Code 48226				
Outstanding Balance Beginning This Period			Trans	action ID: INV6010000112917	
538.46					
Amount Incurred This Period	Payment This Period	Out	tstanding	Balance at Close of This Period	
0.00	0.00			538.46	
B. Full Name (Last, First, Middle Initial) of Debtor of SOUTHEAST POLITICAL LITERATURE	or Creditor		Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE		
Mailing Address SALES & DISTRIBUTION, I 3916-A VERO ROAD	NC.				
City State BALTIMORE MD	ZIP Code 21227				
Outstanding Balance Beginning This Period			Trans	action ID: INV6010000114478	
915.00					
Amount Incurred This Period	Payment This Period	Out	tstanding	Balance at Close of This Period	
0.00	0.00			915.00	
C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE	or Creditor			ot (Purpose): ICE RENT	
Mailing Address SALES & DISTRIBUTION, I 3916-A VERO ROAD	NC.				
City State BALTIMORE MD	ZIP Code 21227				
Outstanding Balance Beginning This Period			Trans	action ID: INV6010000114479	
200.00					
Amount Incurred This Period	Payment This Period	Out	standing	Balance at Close of This Period	
0.00	0.00			200.00	
1) SUBTOTALS This Period This Page (optional)		•		1653.46	
2) TOTALS This Period (last page this line number 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) ►			

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 136 / 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 Debtor SOUTHEAST POLITICAL LITERATURE	or Creditor		Debt (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	Insaction 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 Debtor SOUTHEAST POLITICAL LITERATURE	or Creditor		Debt (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	Insaction ID: INV6010000114481	
200.00				
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period	
0.00	0.00		200.00	
C. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITERATURE	or Creditor		Debt (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	insaction 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 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	e separate	PAGE 137 / 143	
	EBTS AND OBLIGATIONS		sch	nedule(s)	FOR LINE NUMBER:	
				or each bered line)	(check only one) 9 X 10	
	cluding Loans AME OF COMMITTEE (In Full)			,		
	ational Democratic Policy Committee					
	A. Full Name (Last, First, Middle Initial) of D SOUTHEAST POLITICAL LITERATUR			Nature of D RENT)ebt (Purpose):	
	Mailing Address SALES & DISTRIBUT 3916-A VERO ROAD					
	City State BALTIMORE MD	ZIP Code 21227				
	Outstanding Balance Beginning This Perio	bd		Tra	Insaction ID: INV6010000114483	
	200.00					
	Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
	0.00	0.00			200.00	
	B. Full Name (Last, First, Middle Initial) of D STATE OF CALIFORNIA	lebtor or Creditor		Nature of Debt (Purpose): PRINTING		
	Mailing Address OFFICE OF STATE P LEGISLATIVE BILL R					
	City State SACRAMENTO CA	ZIP Code 95814				
	Outstanding Balance Beginning This Perio	od .		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 D STATLER BUFFALO	ebtor or Creditor		Nature of D ROOM R	Debt (Purpose): ENTALS	
	Mailing Address 107 DELAWARE AVE	NUE				
	City State BUFFALO NY	ZIP Code 14202				
	Outstanding Balance Beginning This Perio	od		Tra	nsaction ID: INV6010000112918	
	85.00					
	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 (optic	nal)	I		338.00	
2	TOTALS This Period (last page this line nur	nber only)				
3	TOTAL OUTSTANDING LOANS from So	chedule C (last page only)]			
4	ADD 2) and 3) and carry forward to approp	riate line of Summary Page (last page only	<i>ı</i>)			

SCHEDULE D (FEC Form 3X)	(Use		separate	PAGE 138 / 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 SYRACUSE AIRPORT INN	or Creditor		Nature of D ROOM RI	ebt (Purpose): ENTALS	
Mailing Address HANCOCK AIRPORT					
City State NORTH SYRACUSE NY	ZIP Code 13212				
Outstanding Balance Beginning This Period			Tra	nsaction ID: INV6010000112921	
19.00					
Amount Incurred This Period	Payment This Period		Outstandi	ng Balance at Close of This Period	
0.00	0.00	-		19.00	
	0.00			19.00	
B. Full Name (Last, First, Middle Initial) of Debtor 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 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: INV6010000114393	
800.00					
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)		►		1907.20	
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 Form 3X)		(Lise son	(Use separate PAGE 139 / 143		
		schedul	le(s)		
DEBTS AND OBLIGATIONS		for ea numbere		(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 THE CHANCELLOR HOTEL	or Creditor			ebt (Purpose): ENTALS	
Mailing Address 1501 SOUTH NEIL STREE	T				
City State CHAMPAIGN IL	ZIP Code 61820				
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000112301	
25.00					
Amount Incurred This Period	Payment This Period	0	utetandin	g Balance at Close of This Period	
			utstanum		
0.00	0.00			25.00	
B. Full Name (Last, First, Middle Initial) of Debtor THE COLONNADE	or Creditor		Nature of Debt (Purpose): ROOM RENTALS		
Mailing Address 120 HUNTINGTON AVENU	JE				
City State BOSTON MA	ZIP Code 02116				
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000112306	
75.00					
Amount Incurred This Period	Payment This Period	Οι	utstandin	ng Balance at Close of This Period	
0.00	0.00			75.00	
C. Full Name (Last, First, Middle Initial) of Debtor THE PRESS CLUB OF HOUSTON	or Creditor			ebt (Purpose): ENTALS	
Mailing Address THE WORLD TRADE CEN 1520 TEXAS AVENUE	ITER				
City State HOUSTON TX	ZIP Code 77002				
Outstanding Balance Beginning This Period			Trar	nsaction ID: INV6010000112890	
25.00					
Amount Incurred This Period	Payment This Period	Οι	utstandin	g 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 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)				

SCHEDUI E D (EEC	SCHEDULE D (FEC Form 3X)		(Use separate		PAGE 140 / 143	
	-		schedule	e(s)	FOR LINE NUMBER:	
DEBTS AND OBLIC	ATIONS		for each numbered line		(check only one) 9	
Excluding Loans	= (In Full)		namberea		X 10	
National Democratic	. ,					
A. Full Name (Last, TONI JENNINGS	First, Middle Initial) of Debtor	or Creditor		ire of De	bt (Purpose):	
Mailing Address 24	414 13TH AVE. SO. #104					
City	State	ZIP Code				
SEATTLE	WA	98144				
Outstanding Balar	nce Beginning This Period			Tran	saction ID: INV60100001123	
	30.15					
Amount Ind	curred This Period	Payment This Period	Out	tstandin	g Balance at Close of This Period	
	0.00	0.00			30.15	
B. Full Name (Last, TREAT CATEREF	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): NTALS	
Mailing Address 50) PARK PLACE					
City NEWARK	State NJ	ZIP Code 07101				
Outstanding Balar	nce Beginning This Period			Tran	saction ID: INV601000011292	
	100.00					
Amount Inc	curred This Period	Payment This Period	Ou	tstandin	g Balance at Close of This Period	
	0.00	0.00			100.00	
C. Full Name (Last, TUTTLES RESTA	First, Middle Initial) of Debtor	or Creditor			ebt (Purpose): NTALS	
	C/O GILBERT ROBINSON O. BOX 16000	I COLLEX)				
City KANSAS CITY	State MO	ZIP Code 64112				
Outstanding Balar	nce Beginning This Period			Tran	saction ID: INV601000011292	
	50.00					
Amount Ind	curred This Period	Payment This Period	Out	tstandin	g Balance at Close of This Period	
	0.00	0.00			50.00	
1) SUBTOTALS This	Period This Page (optional)		▶	0 0	180.15	
- -		nly)	_, [1 1		
3) TOTAL OUTSTANE		le C (last page only)		1 1 1 1		
		ne of Summary Page (last page only)	⊢			
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SCHEDULE D (FE	C Form 3X)	ſ	(Use separate	PAGE 141 / 143
DEBTS AND OBLI	•		schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTE	EE (In Full)		,	X 10
National Democration				
A. Full Name (Last VITA OBERSCH	t, First, Middle Initial) of Debtor NEIDER	or Creditor	Nature of D ROOM R	lebt (Purpose): ENTALS
Mailing Address 5	44 OAK HILL RD.			
City ELGIN	State IL	ZIP Code 60120		
Outstanding Bala	ance Beginning This Period		Tra	nsaction ID: INV6010000112404
	149.16			
Amount Ir	ncurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		149.16
	t, First, Middle Initial) of Debtor H PLAZA HOTEL	or Creditor		ebt (Purpose): B ROOM RENTAL
Mailing Address 5	TURNPIKE ROAD			
City WESTBOROUG	State H MA	ZIP Code 01581		
Outstanding Bala	ance Beginning This Period		Tra	nsaction ID: INV6010000114249
	54.25			
Amount Ir	ncurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		54.25
	t, First, Middle Initial) of Debtor DN INTERNATIONAL	or Creditor	Nature of D TELEPHC	ebt (Purpose): DNE
Mailing Address E	BOX 6022 CHRUCH ST. S	TA.		
City NEW YORK	State NY	ZIP Code		
	ance Beginning This Period	10008		nsaction ID: INV6010000112926
			Ira	IISACTION ID: INVOUTUUUUT 12920
	18.42		e	
Amount Ir	ncurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	0.00	0.00		18.42
1) SUBTOTALS Thi	s Period This Page (optional)			221.83
2) TOTALS This Peri	od (last page this line number o	only)	•	
3) TOTAL OUTSTAN	DING LOANS from Schedu	le C (last page only)		
4) ADD 2) and 3) an	d carry forward to appropriate li	ine of Summary Page (last page only)		

SCHEDULE D (FEC Form 3X)		(1.100.000	oroto	PAGE 142 / 143		
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DEBTS AND OBLIGA	ATIONS		for eac numbered		(check only one)	9
Excluding Loans			numbered	u iirie)		X 10
National Democratic P	. ,					
	irst, Middle Initial) of Debtor	or Creditor			ebt (Purpose):	
WORLDCOMP			TYI	PE SE	TTING	
Mailing Address 722	EAST MARKET STRE	ET				
City LEESBURG	State VA	ZIP Code 22075				
		22013		-		0000110000
	e Beginning This Period			Ira	nsaction ID: INV601	0000112983
	741.67					
Amount Incu	rred This Period	Payment This Period	Οι	utstandii	ng Balance at Close of	This Period
	0.00	0.00				741.67
B. Full Name (Last, Fi WORLDCOMP	irst, Middle Initial) of Debtor	or Creditor		ure of D PE & A	ebt (Purpose):	
VIONLUCOIVIE				ΓĽαΡ		
Mailing Address 722	EAST MARKET STRE	ET				
City	Chata	ZIP Code				
City LEESBURG	State VA	210 Code 22075				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV601	0000112988
	926.37			IIa	insaction in. invoor	0000112300
Amount Incu	rred This Period	Payment This Period	Οι	utstandı	ng Balance at Close of	This Period
	0.00	0.00				926.37
C Full Name (Leat F	ivet Middle Initial) of Debter	or Croditor	Net	ure of D	eht (Durness)	
WORLDCOMP	irst, Middle Initial) of Debtor	or Greattor		PE&A	ebt (Purpose): \RT	
Mailing Address 722	EAST MARKET STRE	ET				
City	State	ZIP Code				
LEESBURG	VA	22075				
Outstanding Balance	e Beginning This Period			Tra	nsaction ID: INV601	0000112992
0 0 0 0	71.58					
Amount Incu	rred This Period	Payment This Period	0	itetandii	ng Balance at Close of	This Period
				listandi		
	0.00	0.00				71.58
1) SUBTOTALS This P	eriod This Page (optional)		►		1739.	62
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2) IUTALS THIS FERIOD	(iast page this life number (// II-y- /	L	1 1	0 0 0 0 0	
3) TOTAL OUTSTANDIN	NG LOANS from Schedu	le C (last page only)	►			
	and families and the second states			0.0		
4) ADD 2) and 3) and c	arry forward to appropriate l	ine of Summary Page (last page only				

50	HEDULE D (FEC Form 3X)		(1.100.00	parata	PAGE 143 / 143
			(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					
	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 (artical		•		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	-	►		