

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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

Signature of Treasurer Katherine Jenkins [Electronically Filed] Date 01 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Democratic Policy Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="3889.72"/>	<input type="text" value="3889.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3877.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="240.00"/>	<input type="text" value="480.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="4117.72"/>	<input type="text" value="4369.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="252.00"/>	<input type="text" value="504.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3865.72"/>	<input type="text" value="3865.72"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="449726.38"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Democratic Policy Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	240.00	480.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	240.00	480.00
(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)	240.00	480.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	240.00	480.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	240.00	480.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	252.00	504.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	252.00	504.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	252.00	504.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	252.00	504.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	240.00	480.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	240.00	480.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	252.00	504.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	252.00	504.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Full Name (Last, First, Middle Initial)

A. EFT CORPORATION

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement
EFT PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2015

Transaction ID : 01000013901000013101

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. EFT CORPORATION

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement
EFT PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : 01000014201000013201

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. EFT CORPORATION

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement
EFT PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2015

Transaction ID : 01000014401000013301

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

120.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

Full Name (Last, First, Middle Initial)

A. EFT CORPORATION

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement
EFT PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2015

Transaction ID : 01000014501000013401

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. EFT CORPORATION

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement
EFT PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2015

Transaction ID : 01000015201000013802

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. EFT CORPORATION

Mailing Address 2911 DIXWELL AVE

City HAMDEN State CT Zip Code 06518

Purpose of Disbursement
EFT PROCESSING FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		05		2015

Transaction ID : 01000015301000013902

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

120.00

TOTAL This Period (last page this line number only)..... ▶

240.00

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y 12 / 22 / 1986
Date Due: M M / D D / Y Y Y Y Y Y 11 / 28 / 1987
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred MM / DD / YYYY 04 / 30 / 1984	Date Due MM / DD / YYYY 04 / 30 / 1985	Interest Rate 1200.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)..... ▶	5000.00
TOTALS This Period (last page in this line only)..... ▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred MM / DD / YYYY 08 / 14 / 1984	Date Due MM / DD / YYYY 11 / 14 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)..... ▶	[] 700.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1250.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: MM / DD / YYYY (08 / 08 / 1984) Date Due: MM / DD / YYYY (11 / 08 / 1984) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: MM / DD / YYYY (08 / 08 / 1984) Date Due: MM / DD / YYYY (11 / 08 / 1984) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred M M / D D / Y Y Y Y 10 / 25 / 1984	Date Due M M / D D / Y Y Y Y 10 / 24 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 09 / 28 / 1984	Date Due 09 / 28 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000009557
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LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT LOFTUS	[PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2446 N SUMMIT		
City DECATUR State IL ZIP Code 62526		

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS	Date Incurred 06 / 05 / 1984	Date Due 07 / 05 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 12 / 29 / 1986	Date Due 12 / 12 / 1987	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

Original Amount of Loan <input type="text" value="200.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="200.00"/>
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TERMS

Date Incurred MM / DD / YYYY 05 / 14 / 1984	Date Due MM / DD / YYYY 08 / 14 / 1984	Interest Rate <input type="text" value="1800.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: MM / DD / YYYY (05 / 31 / 1984) Date Due: MM / DD / YYYY (11 / 30 / 1984) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: MM / DD / YYYY (06 / 15 / 1984) Date Due: MM / DD / YYYY (08 / 15 / 1984) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: MM / DD / YYYY (06 / 19 / 1984) Date Due: MM / DD / YYYY (08 / 19 / 1984) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y → 08 / 08 / 1984
Date Due: M M / D D / Y Y Y Y Y Y → 10 / 08 / 1984
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

Original Amount of Loan	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:
MM / DD / YYYY 08 / 14 / 1984	MM / DD / YYYY 11 / 14 / 1984	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	300.00
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="100.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: MM / DD / YYYY / /

Date Due: MM / DD / YYYY / /

Interest Rate: % (apr)

Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="100.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred MM / DD / YYYY 08 / 17 / 1984	Date Due MM / DD / YYYY 11 / 17 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred MM / DD / YYYY 08 / 17 / 1984	Date Due MM / DD / YYYY 11 / 17 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: MM / DD / YYYY (09 / 06 / 1984) Date Due: MM / DD / YYYY (12 / 06 / 1984) Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y /

Date Due: M M / D D / Y Y Y Y /

Interest Rate: % (apr)

Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1500.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000021069
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LOAN SOURCE Full Name (Last, First, Middle Initial) LOUIS HARDING	[PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 815 N MADISON		
City PIERRE	State SD	ZIP Code 57501

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	09 / 27 / 1984	03 / 27 / 1985	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

Original Amount of Loan <input type="text" value="1000.00"/>	Cumulative Payment To Date <input type="text" value="100.00"/>	Balance Outstanding at Close of This Period <input type="text" value="900.00"/>
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TERMS

Date Incurred M M / D D / Y Y Y Y 09 / 28 / 1984	Date Due M M / D D / Y Y Y Y 03 / 28 / 1985	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="900.00"/>
TOTALS This Period (last page in this line only)..... ▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3X)

LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) MARJORIE CZECHOK	[PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 820 LAKE ST S		
City KIRKLAND State WA ZIP Code 98033		

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

Date Incurred 10 / 25 / 1984	Date Due 11 / 25 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)..... ▶	[] 200.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional)..... ▶	750.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y 10 / 24 / 1984
Date Due: M M / D D / Y Y Y Y Y Y 12 / 24 / 1984
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y 10 / 22 / 1984
Date Due: M M / D D / Y Y Y Y Y Y 01 / 22 / 1985
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶	250.00
TOTALS This Period (last page in this line only)..... ▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

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

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred MM / DD / YYYY 10 / 22 / 1984	Date Due MM / DD / YYYY 01 / 22 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 10 / 22 / 1984	Date Due 10 / 22 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred: M M / D D / Y Y Y Y Y Y 10 / 25 / 1984
Date Due: M M / D D / Y Y Y Y Y Y 10 / 25 / 1985
Interest Rate: 0.00 % (apr)
Secured: Yes No

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

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000024453
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LOAN SOURCE Full Name (Last, First, Middle Initial) JAMES HOWARD PETERS	[PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2380 GRANADA AVE		
City LONG BEACH	State CA	ZIP Code 90815

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS	Date Incurred MM / DD / YYYY 11 / 26 / 1984	Date Due MM / DD / YYYY 05 / 26 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred MM / DD / YYYY 11 / 02 / 1984	Date Due MM / DD / YYYY 02 / 02 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred MM / DD / YYYY 11 / 07 / 1984	Date Due MM / DD / YYYY 05 / 07 / 1985	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

Date Incurred 11 / 30 / 1984	Date Due 12 / 30 / 1984	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3X)

LOANS

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

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

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

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y / /

Date Due: M M / D D / Y Y Y Y Y Y / /

Interest Rate: % (apr)

Secured: Yes No

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="12.50"/>	Transaction ID : INV6010000112089	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="198.49"/>	Transaction ID : INV6010000112090	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="198.49"/>

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

Outstanding Balance Beginning This Period <input type="text" value="139.00"/>	Transaction ID : INV6010000112363	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="139.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="349.99"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	Transaction ID : INV6010000112091	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="11.08"/>	Transaction ID : INV6010000112092	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11.08"/>

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

Outstanding Balance Beginning This Period <input type="text" value="65.64"/>	Transaction ID : INV6010000112093	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="65.64"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="101.72"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 57 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 58 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 59 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="1567.00"/>	Transaction ID : INV601000011912	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1567.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	Transaction ID : INV601000011913	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="7316.85"/>	Transaction ID : INV601000011914	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7316.85"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 60 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="8170.00"/>	Transaction ID : INV601000011918	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8170.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1310.00"/>	Transaction ID : INV601000011919	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1310.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="11948.30"/>	Transaction ID : INV601000011920	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11948.30"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="21428.30"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 800.00	Transaction ID : INV601000011921	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

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

Outstanding Balance Beginning This Period 250.00	Transaction ID : INV601000011922	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : INV601000011923	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="8170.00"/>	Transaction ID : INV6010000111924	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8170.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="150.00"/>	Transaction ID : INV6010000111925	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="150.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="30.00"/>	Transaction ID : INV6010000111926	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="30.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="8350.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 64 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 65 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="7910.00"/>	Transaction ID : INV6010000112056	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7910.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="40.00"/>	Transaction ID : INV6010000112057	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="40.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="7989.60"/>	Transaction ID : INV6010000112058	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7989.60"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="15939.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 66 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : INV6010000112062	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="800.00"/>	Transaction ID : INV6010000112063	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="800.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : INV6010000112064	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2800.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 68 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 93.10	Transaction ID : INV6010000112103	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 93.10

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

Outstanding Balance Beginning This Period 15.78	Transaction ID : INV6010000112102	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.78

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

Outstanding Balance Beginning This Period 8023.57	Transaction ID : INV6010000112274	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8023.57

1) SUBTOTALS This Period This Page (optional)..... ▶	8132.45
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 69 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 70 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 71 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="2614.35"/>	Transaction ID : INV6010000112286	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2614.35"/>

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

Outstanding Balance Beginning This Period <input type="text" value="5250.00"/>	Transaction ID : INV6010000112287	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5250.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1151.71"/>	Transaction ID : INV6010000112288	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1151.71"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9016.06"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="2614.35"/>	Transaction ID : INV6010000112289	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2614.35"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2296.00"/>	Transaction ID : INV6010000112290	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2296.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="10085.00"/>	Transaction ID : INV6010000112291	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10085.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="14995.35"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="2200.00"/>	Transaction ID : INV6010000112292	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2200.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : INV6010000112293	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="9170.00"/>	Transaction ID : INV6010000112294	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9170.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="13370.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : INV6010000112295	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="9170.00"/>	Transaction ID : INV6010000112296	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9170.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2144.91"/>	Transaction ID : INV6010000112297	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2144.91"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="13314.91"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 76 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 77 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 150.00	Transaction ID : INV6010000112304	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

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

Outstanding Balance Beginning This Period 238.50	Transaction ID : INV6010000112308	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 238.50

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

Outstanding Balance Beginning This Period 306.35	Transaction ID : INV6010000112373	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 306.35

1) SUBTOTALS This Period This Page (optional)..... ▶	694.85
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 78 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="194.93"/>	Transaction ID : INV6010000112376	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="194.93"/>

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

Outstanding Balance Beginning This Period <input type="text" value="36.40"/>	Transaction ID : INV6010000113252	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="36.40"/>

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

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID : INV6010000114470	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="431.33"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 79 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 80 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID : INV6010000114474	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	Transaction ID : INV6010000114475	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID : INV6010000114476	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1315.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 81 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 82 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 83 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 60.98	Transaction ID : INV6010000112386	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.98

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

Outstanding Balance Beginning This Period 100.00	Transaction ID : INV6010000114372	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

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

Outstanding Balance Beginning This Period 22.00	Transaction ID : INV6010000112317	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22.00

1) SUBTOTALS This Period This Page (optional)..... ▶	182.98
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 84 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 85 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 86 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 87 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="23.15"/>	Transaction ID : INV6010000112342	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="23.15"/>

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

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	Transaction ID : INV6010000112343	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="45.00"/>	Transaction ID : INV6010000112344	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="118.15"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 88 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 224.00	Transaction ID : INV6010000112345	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 224.00

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

Outstanding Balance Beginning This Period 97.24	Transaction ID : INV6010000112346	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 97.24

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

Outstanding Balance Beginning This Period 52.00	Transaction ID : INV6010000112347	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.00

1) SUBTOTALS This Period This Page (optional)..... ▶	373.24
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 89 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 90 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 90.00	Transaction ID : INV6010000112356	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

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

Outstanding Balance Beginning This Period 52.78	Transaction ID : INV6010000112353	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.78

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

Outstanding Balance Beginning This Period 90.00	Transaction ID : INV6010000112355	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 90.00

1) SUBTOTALS This Period This Page (optional)..... ▶	232.78
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 91 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 92 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000112359	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

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

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000112360	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

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

Outstanding Balance Beginning This Period 45.00	Transaction ID : INV6010000112361	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.00

1) SUBTOTALS This Period This Page (optional)..... ▶	145.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="79.22"/>	Transaction ID : INV6010000112354	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="79.22"/>

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

Outstanding Balance Beginning This Period <input type="text" value="33.90"/>	Transaction ID : INV6010000112369	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="33.90"/>

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

Outstanding Balance Beginning This Period <input type="text" value="102.92"/>	Transaction ID : INV6010000112365	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="102.92"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="216.04"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 88.04	Transaction ID : INV6010000112370	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 88.04

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

Outstanding Balance Beginning This Period 58.43	Transaction ID : INV6010000112371	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 58.43

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

Outstanding Balance Beginning This Period 1000.00	Transaction ID : INV6010000112100	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1146.47
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 95 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period 16.40	Transaction ID : INV6010000112372	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16.40

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

Outstanding Balance Beginning This Period 10.00	Transaction ID : INV6010000112390	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10.00

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

Outstanding Balance Beginning This Period 59.03	Transaction ID : INV6010000112098	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 59.03

1) SUBTOTALS This Period This Page (optional)..... ▶	85.43
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 96 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 97 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="1349.80"/>	Transaction ID : INV6010000115207	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1349.80"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : INV6010000115362	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1410.40"/>	Transaction ID : INV6010000115364	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1410.40"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3760.20"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 98 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 99 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 100 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 101 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 102 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="25.34"/>	Transaction ID : INV6010000115385	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.34"/>

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

Outstanding Balance Beginning This Period <input type="text" value="397.04"/>	Transaction ID : INV6010000115386	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="397.04"/>

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

Outstanding Balance Beginning This Period <input type="text" value="33.88"/>	Transaction ID : INV6010000115387	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="33.88"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="456.26"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 103 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="101.14"/>	Transaction ID : INV6010000115388	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="101.14"/>

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

Outstanding Balance Beginning This Period <input type="text" value="121.51"/>	Transaction ID : INV6010000115410	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="121.51"/>

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	Transaction ID : INV6010000115422	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="247.65"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 104 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 105 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	850.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 106 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	Transaction ID : INV6010000115472	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3734.90"/>	Transaction ID : INV6010000115481	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3734.90"/>

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

Outstanding Balance Beginning This Period <input type="text" value="199.25"/>	Transaction ID : INV6010000115482	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="199.25"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3984.15"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 107 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="2030.98"/>	Transaction ID : INV6010000115483	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2030.98"/>

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	Transaction ID : INV6010000115484	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="10.00"/>	Transaction ID : INV6010000115486	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2065.98"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 108 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	Transaction ID : INV6010000115487	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	Transaction ID : INV6010000115488	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="50.00"/>	Transaction ID : INV6010000115489	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="100.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 109 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	Transaction ID : INV6010000115490	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="25.00"/>	Transaction ID : INV6010000115491	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KREINGOLD DATA SERVICES	Nature of Debt (Purpose): COMPUTER SERVICES
Mailing Address STE. 5D, 119 PAYSON AVE.	
City State Zip Code NEW YORK NY 10034	

Outstanding Balance Beginning This Period <input type="text" value="2156.53"/>	Transaction ID : INV6010000112384	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2156.53"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2206.53"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 110 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KVAR-FM	Nature of Debt (Purpose): MEDIA-RADIO
Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535	
City State Zip Code SAN ANTONIO TX 78229	

Outstanding Balance Beginning This Period 544.00	Transaction ID : INV6010000112385	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 544.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOS ANGELES LABOR COMMITTEE	Nature of Debt (Purpose): FLD OFC RENT AND PHONE
Mailing Address 711 S. VERMONT AVE. #207	
City State Zip Code LOS ANGELES CA 90005	

Outstanding Balance Beginning This Period 21277.77	Transaction ID : INV6010000112391	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21277.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LOUIS JOLIET RENAISSANCE CENTR	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 214 NORTH OTTAWA STREET	
City State Zip Code JOLIET IL 60431	

Outstanding Balance Beginning This Period 38.21	Transaction ID : INV6010000112393	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 38.21

1) SUBTOTALS This Period This Page (optional)..... ▶	21859.98
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 111 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARK CALNEY	Nature of Debt (Purpose): PRINTING
Mailing Address 269 E. NEWTON ST.	
City State Zip Code SEATTLE WA 98102	

Outstanding Balance Beginning This Period <input type="text" value="205.80"/>	Transaction ID : INV6010000112101	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="205.80"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARRIOT HOTEL PITTSBURGH	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 101 MALL BLVD.	
City State Zip Code MONROEVILLE PA 15146	

Outstanding Balance Beginning This Period <input type="text" value="227.73"/>	Transaction ID : INV6010000112395	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="227.73"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARRIOTT - SANTA CLARA	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address GREAT AMERICAN PARKWAY	
City State Zip Code SANTA CLARA CA 95054	

Outstanding Balance Beginning This Period <input type="text" value="24.50"/>	Transaction ID : INV6010000112997	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="24.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="458.03"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 112 OF 144
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARTY SIMON	Nature of Debt (Purpose): FREIGHT AND POSTAGE
Mailing Address 2971 W 8TH ST. #111	
City State Zip Code LOS ANGELES CA 96402	

Outstanding Balance Beginning This Period 154.47	Transaction ID : INV6010000112907	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 154.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 446.69	Transaction ID : INV6010000114180	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 446.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 626.32	Transaction ID : INV6010000114182	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 626.32

1) SUBTOTALS This Period This Page (optional)..... ▶	1227.48
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 113 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="800.00"/>	Transaction ID : INV6010000114183	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="800.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="3179.29"/>	Transaction ID : INV6010000114184	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3179.29"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="3.32"/>	Transaction ID : INV6010000114185	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3.32"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3982.61"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 114 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="5.50"/>	Transaction ID : INV6010000114186	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MC GUINNESS & WILLIAMS	Nature of Debt (Purpose): ATTORNEY FEES
Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="255.00"/>	Transaction ID : INV6010000114189	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="255.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIAWIRE	Nature of Debt (Purpose): PRESS RELEASE DISTRIBUTN
Mailing Address 117 SOUTH 17TH ST. SUITE 210	
City State Zip Code PHILADELPHIA PA 19103	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	Transaction ID : INV6010000112397	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="320.50"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 115 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIAWIRE	Nature of Debt (Purpose): PRS REL DIST-ELDER/USS
Mailing Address 117 SOUTH 17TH ST. SUITE 210	
City State Zip Code PHILADELPHIA PA 19103	

Outstanding Balance Beginning This Period <input type="text" value="65.00"/>	Transaction ID : INV6010000112398	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="65.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MEDIAWIRE	Nature of Debt (Purpose): PRS REL DIST-DOUGLAS/GOV
Mailing Address 117 SOUTH 17TH ST. SUITE 210	
City State Zip Code PHILADELPHIA PA 19103	

Outstanding Balance Beginning This Period <input type="text" value="35.00"/>	Transaction ID : INV6010000112399	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MELVIN S. NASH	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 204 WASHINGTON AVENUE, N.E.	
City State Zip Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period <input type="text" value="2354.40"/>	Transaction ID : INV6010000114254	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2354.40"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2454.40"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 116 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MELVIN S. NASH	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 204 WASHINGTON AVENUE, N.E.	
City State Zip Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period 1496.91	Transaction ID : INV6010000114255	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1496.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MICHAEL FRANK, ESQ.	Nature of Debt (Purpose): ATTY FEES-WINTER/CONG
Mailing Address 434 SPITZER BLDG	
City State Zip Code TOLEDO OH 43604	

Outstanding Balance Beginning This Period 400.00	Transaction ID : INV6010000112321	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MICHAEL HODGEKISS	Nature of Debt (Purpose): PRINTING
Mailing Address 1265 48TH AVE.	
City State Zip Code SAN FRANCISCO CA 94122	

Outstanding Balance Beginning This Period 127.20	Transaction ID : INV6010000112368	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 127.20

1) SUBTOTALS This Period This Page (optional)..... ▶	2024.11
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 117 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW BENJAMIN FRANKLIN HOUSE	Nature of Debt (Purpose): LITERATURE PURCHASE
Mailing Address 304 W 58TH ST.	
City State Zip Code NEW YORK NY 10019	

Outstanding Balance Beginning This Period <input type="text" value="176.50"/>	Transaction ID : INV6010000112400	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="176.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW HAMPSHIRE HIGHWAY HOTEL	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address FT. EDDY ROAD	
City State Zip Code CONCORD NH 03301	

Outstanding Balance Beginning This Period <input type="text" value="75.20"/>	Transaction ID : INV6010000112401	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.20"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW SOLIDARITY INT'L PRESS	Nature of Debt (Purpose): ADVERTISING
Mailing Address 304 W. 58TH ST. 5TH FL.	
City State Zip Code NEW YORK NY 10019	

Outstanding Balance Beginning This Period <input type="text" value="540.00"/>	Transaction ID : INV6010000112402	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="540.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="791.70"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 118 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEW YORK TELEPHONE	Nature of Debt (Purpose): TELEPHONE
Mailing Address 10 COLUMBUS CIRCLE	
City State Zip Code NEW YORK NY 10019	

Outstanding Balance Beginning This Period 236.83	Transaction ID : INV6010000112403	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 236.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATRICK F ADAMS P.C.	Nature of Debt (Purpose): ATTY FEES - NY BEAM DEMS
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET	
City State Zip Code BAY SHORE NY 11706	

Outstanding Balance Beginning This Period 5762.50	Transaction ID : INV6010000112085	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5762.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATRICK F ADAMS P.C.	Nature of Debt (Purpose): CIK-ATTY FEES-NY BEAM DEM
Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET	
City State Zip Code BAY SHORE NY 11706	

Outstanding Balance Beginning This Period 400.00	Transaction ID : INV6010000112086	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00

1) SUBTOTALS This Period This Page (optional)..... ▶	6399.33
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 119 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PETER ENNIS	Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 65 SEAMAN AVE.	
City State Zip Code NEW YORK NY 10034	

Outstanding Balance Beginning This Period 16.76	Transaction ID : INV6010000112316	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMR PRINTING	Nature of Debt (Purpose): PRINTING
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22	
City State Zip Code STERLING VA 22170	

Outstanding Balance Beginning This Period 2500.00	Transaction ID : INV6010000112882	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMR PRINTING	Nature of Debt (Purpose): PRINTING
Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22	
City State Zip Code STERLING VA 22170	

Outstanding Balance Beginning This Period 6123.00	Transaction ID : INV6010000112885	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6123.00

1) SUBTOTALS This Period This Page (optional)..... ▶	8639.76
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 120 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDENCE MARRIOTT INN	Nature of Debt (Purpose): ROOM RENTAL
Mailing Address CHARLES & ORMS STREETS	
City State Zip Code PROVIDENCE RI 02904	

Outstanding Balance Beginning This Period 125.00	Transaction ID : INV6010000113747	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 125.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): ACCOUNTING & DP SERVICE
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 1700.00	Transaction ID : INV6010000112654	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): ACCOUNTING & DP SERVICE
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 3000.00	Transaction ID : INV6010000112656	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	4825.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 121 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICE
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112657	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112658	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112661	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 122 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SREVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112662	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112666	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112667	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 123 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112668	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112669	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112670	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 124 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICE
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112671	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & D P SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112672	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112673	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 125 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112674	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112675	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICES
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112676	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 126 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT.	Nature of Debt (Purpose): MANAGEMENT & DP SERVICE
Mailing Address P.O. BOX 836	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	Transaction ID : INV6010000112677	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PURULATOR COURIER CORP.	Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE
Mailing Address 3333 NEW HYDE PARK ROAD	
City State Zip Code NEW HYDE PARK NY 11042	

Outstanding Balance Beginning This Period <input type="text" value="55.10"/>	Transaction ID : INV6010000112891	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="55.10"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor QUALITY INN ALBANY	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1-3 WATERVLIET AVE.	
City State Zip Code ALBANY NY 12206	

Outstanding Balance Beginning This Period <input type="text" value="43.45"/>	Transaction ID : INV6010000112892	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="43.45"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3098.55"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 127 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN CASPER	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address PO BOX 2917	
City State Zip Code CASPER WY 82602	

Outstanding Balance Beginning This Period 108.85	Transaction ID : INV6010000112893	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 108.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN ST. LOUIS	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 9636 NATURAL BRIDGE RD.	
City State Zip Code ST. LOUIS MO 63134	

Outstanding Balance Beginning This Period 52.31	Transaction ID : INV6010000112894	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.31

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RAMADA INN-SAN ANTONIO	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 3645 N. PAN AM EXPRESSWAY	
City State Zip Code SAN ANTONIO TX 78219	

Outstanding Balance Beginning This Period 60.00	Transaction ID : INV6010000112897	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

1) SUBTOTALS This Period This Page (optional)..... ▶	221.16
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 128 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RENAISSANCE MARKETING	Nature of Debt (Purpose): OFFICE RENT
Mailing Address 1249 WASHINGTON BLVD. STE. 626	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 600.00	Transaction ID : INV6010000112898	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RHEA, BOYD & RHEA	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
Mailing Address 930 FORREST AVENUE	
City State Zip Code GADSDEN AL 35901	

Outstanding Balance Beginning This Period 24.60	Transaction ID : INV6010000114208	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 24.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor RICHARD MAGRAW	Nature of Debt (Purpose): AUTO RENTAL
Mailing Address 22-60 23RD ST.	
City State Zip Code ASTORIA NY 11105	

Outstanding Balance Beginning This Period 114.90	Transaction ID : INV6010000112394	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 114.90

1) SUBTOTALS This Period This Page (optional)..... ▶	739.50
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 129 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT COLE	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 4119 W. BELLEPLAINE #2W	
City State Zip Code CHICAGO IL 60641	

Outstanding Balance Beginning This Period 1243.95	Transaction ID : INV6010000112305	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1243.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT KAY	Nature of Debt (Purpose): TRAVEL AND LODGING
Mailing Address 22-49 38TH ST.	
City State Zip Code ASTORIA NY 11105	

Outstanding Balance Beginning This Period 19.74	Transaction ID : INV6010000112375	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 19.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROGER HAM	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 2 PINEHURST	
City State Zip Code NEW YORK CITY NY 10033	

Outstanding Balance Beginning This Period 207.82	Transaction ID : INV6010000112330	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 207.82

1) SUBTOTALS This Period This Page (optional)..... ▶	1471.51
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 130 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RONALD KOKINDA	Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 524.50	Transaction ID : INV6010000114750	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 524.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RONALD KOKINDA	Nature of Debt (Purpose): CONSULTING
Mailing Address 36-5 FORT EVANS ROAD, NE	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 1600.00	Transaction ID : INV6010000114756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1600.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAFEWAY PRINTING	Nature of Debt (Purpose): PRINTING
Mailing Address 3276 WEST 6TH ST.	
City State Zip Code LOS ANGELES CA 90020	

Outstanding Balance Beginning This Period 300.38	Transaction ID : INV6010000112901	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.38

1) SUBTOTALS This Period This Page (optional)..... ▶	2424.88
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 131 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAN FRANCISCO LABOR CTTE.	Nature of Debt (Purpose): POSTAGE
Mailing Address 1826 NOREIGA ST.	
City State Zip Code SAN FRANCISCO CA 94122	

Outstanding Balance Beginning This Period <input type="text" value="413.47"/>	Transaction ID : INV6010000112902	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="413.47"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANS SOUCI TRAVEL	Nature of Debt (Purpose): AIR TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE	
City State Zip Code FLORAL PARK NY 11004	

Outstanding Balance Beginning This Period <input type="text" value="290.00"/>	Transaction ID : INV6010000113737	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="290.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SANS SOUCI TRAVEL	Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL
Mailing Address 253 - 12 UNION TURNPIKE	
City State Zip Code FLORAL PARK NY 11004	

Outstanding Balance Beginning This Period <input type="text" value="40.00"/>	Transaction ID : INV6010000113743	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="40.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="743.47"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 132 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEGAL, MORAN & FEINBERG	Nature of Debt (Purpose): ATTORNEY FEES
Mailing Address 210 COMMERCIAL STREET	
City State Zip Code BOSTON MA 02109	

Outstanding Balance Beginning This Period 712.50	Transaction ID : INV6010000113750	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 712.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SEVEN SEAS MOTOR INN	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1823 OLD RED TRAIL	
City State Zip Code MANDAN ND 58554	

Outstanding Balance Beginning This Period 46.12	Transaction ID : INV6010000112903	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 46.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SHERATON COLUMBUS PLAZA	Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG
Mailing Address 50 NORTH THIRD STREET	
City State Zip Code COLUMBUS OH 43215	

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000112906	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) SUBTOTALS This Period This Page (optional)..... ▶	808.62
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 133 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.45	Transaction ID : INV6010000112908	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.45	Transaction ID : INV6010000112909	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112910	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

1) SUBTOTALS This Period This Page (optional)..... ▶	1615.36
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center;">SOLOMON, FOLEY & MORAN</p>	Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">538.46</div>	Transaction ID : INV6010000112911
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">538.46</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center;">SOLOMON, FOLEY & MORAN</p>	Nature of Debt (Purpose): ATTY FEE: E.SEFKOVIC/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">538.46</div>	Transaction ID : INV6010000112912
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">538.46</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center;">SOLOMON, FOLEY & MORAN</p>	Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">538.46</div>	Transaction ID : INV6010000112913
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">538.46</div>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">1615.38</div>
2) TOTALS This Period (last page this line number only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;"> </div>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 135 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	Transaction ID : INV6010000112914	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	Transaction ID : INV6010000112915	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period <input type="text" value="538.46"/>	Transaction ID : INV6010000112916	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="538.46"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1615.38"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 136 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOLOMON, FOLEY & MORAN	Nature of Debt (Purpose): ATTY FEE: O. WALKER/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING	
City State Zip Code DETROIT MI 48226	

Outstanding Balance Beginning This Period 538.46	Transaction ID : INV6010000112917	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 538.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 915.00	Transaction ID : INV6010000114478	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 915.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 200.00	Transaction ID : INV6010000114479	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional)..... ▶	1653.46
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 137 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	Transaction ID : INV6010000114480	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID : INV6010000114481	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): TELEPHONE USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period <input type="text" value="915.00"/>	Transaction ID : INV6010000114482	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2030.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 138 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SOUTHEAST POLITICAL LITERATURE	Nature of Debt (Purpose): RENT
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD	
City State Zip Code BALTIMORE MD 21227	

Outstanding Balance Beginning This Period 200.00	Transaction ID : INV6010000114483	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATE OF CALIFORNIA	Nature of Debt (Purpose): PRINTING
Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM	
City State Zip Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 53.00	Transaction ID : INV6010000112389	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 53.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor STATLER BUFFALO	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 107 DELAWARE AVENUE	
City State Zip Code BUFFALO NY 14202	

Outstanding Balance Beginning This Period 85.00	Transaction ID : INV6010000112918	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 85.00

1) SUBTOTALS This Period This Page (optional)..... ▶	338.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 139 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SYRACUSE AIRPORT INN	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address HANCOCK AIRPORT	
City State Zip Code NORTH SYRACUSE NY 13212	

Outstanding Balance Beginning This Period <input type="text" value="19.00"/>	Transaction ID : INV6010000112921	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TED HERBERT	Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.	
City State Zip Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period <input type="text" value="1088.20"/>	Transaction ID : INV6010000114387	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1088.20"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TED HERBERT	Nature of Debt (Purpose): ATTY FEES & EXP-GA DEM SL
Mailing Address 142 FOREST AVENUE N.E.	
City State Zip Code MARIETTA GA 30060	

Outstanding Balance Beginning This Period <input type="text" value="800.00"/>	Transaction ID : INV6010000114393	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="800.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1907.20"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 140 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE CHANCELLOR HOTEL	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 1501 SOUTH NEIL STREET	
City State Zip Code CHAMPAIGN IL 61820	

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000112301	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE COLONNADE	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 120 HUNTINGTON AVENUE	
City State Zip Code BOSTON MA 02116	

Outstanding Balance Beginning This Period 75.00	Transaction ID : INV6010000112306	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE PRESS CLUB OF HOUSTON	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE	
City State Zip Code HOUSTON TX 77002	

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000112890	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

1) SUBTOTALS This Period This Page (optional)..... ▶	125.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center; font-weight: bold; font-size: 1.2em;">TONI JENNINGS</p>	Nature of Debt (Purpose): POSTAGE
Mailing Address 2414 13TH AVE. SO. #104	
City State Zip Code SEATTLE WA 98144	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">30.15</div>	Transaction ID : INV6010000112374
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">30.15</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center; font-weight: bold; font-size: 1.2em;">TREAT CATERERS</p>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 50 PARK PLACE	
City State Zip Code NEWARK NJ 07101	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">100.00</div>	Transaction ID : INV6010000112922
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">100.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <p style="text-align: center; font-weight: bold; font-size: 1.2em;">TUTTLES RESTAURANT</p>	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address (C/O GILBERT ROBINSON COLLEX) P.O. BOX 16000	
City State Zip Code KANSAS CITY MO 64112	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">50.00</div>	Transaction ID : INV6010000112923
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">50.00</div>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;">180.15</div>
2) TOTALS This Period (last page this line number only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 5px auto; text-align: center;"> </div>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 142 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VITA OBERSCHNEIDER	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 544 OAK HILL RD.	
City State Zip Code ELGIN IL 60120	

Outstanding Balance Beginning This Period 149.16	Transaction ID : INV6010000112404	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 149.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTBOROUGH PLAZA HOTEL	Nature of Debt (Purpose): MEETING ROOM RENTAL
Mailing Address 5 TURNPIKE ROAD	
City State Zip Code WESTBOROUGH MA 01581	

Outstanding Balance Beginning This Period 54.25	Transaction ID : INV6010000114249	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 54.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WESTERN UNION INTERNATIONAL	Nature of Debt (Purpose): TELEPHONE
Mailing Address BOX 6022 CHRUCH ST. STA.	
City State Zip Code NEW YORK NY 10008	

Outstanding Balance Beginning This Period 18.42	Transaction ID : INV6010000112926	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 18.42

1) SUBTOTALS This Period This Page (optional)..... ▶	221.83
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 143 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP	Nature of Debt (Purpose): TYPE SETTING
Mailing Address 722 EAST MARKET STREET	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="741.67"/>	Transaction ID : INV6010000112983	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="741.67"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP	Nature of Debt (Purpose): TYPE & ART
Mailing Address 722 EAST MARKET STREET	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="926.37"/>	Transaction ID : INV6010000112988	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="926.37"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP	Nature of Debt (Purpose): TYPE & ART
Mailing Address 722 EAST MARKET STREET	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period <input type="text" value="71.58"/>	Transaction ID : INV6010000112992	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="71.58"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1739.62"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 144 OF 144
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
National Democratic Policy Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP	Nature of Debt (Purpose): TYPE SETTING
Mailing Address 722 EAST MARKET STREET	
City State Zip Code LEESBURG VA 22075	

Outstanding Balance Beginning This Period 50.00	Transaction ID : INV6010000112993	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor YMCA SYRACUSE	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 340 MONTGOMERY STREET	
City State Zip Code SYRACUSE NY 13202	

Outstanding Balance Beginning This Period 25.00	Transaction ID : INV6010000112994	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZELLER & LETICA INC.	Nature of Debt (Purpose): MAILING LABELS-SUB LISTS
Mailing Address 15 E. 26TH ST.	
City State Zip Code NEW YORK NY 10010	

Outstanding Balance Beginning This Period 57.84	Transaction ID : INV6010000112995	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 57.84

1) SUBTOTALS This Period This Page (optional)..... ▶	132.84
2) TOTALS This Period (last page this line number only)..... ▶	408326.38
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	408326.38