Image# 201601149004498954 PAGE 1 / 144

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

							Office Use Only	
1.	NAME OF COMMITTEE (in full)	YPE OR PRIN		ample: If typir r the lines.	ng, type	12FE4M5		
N	lational Democratic Po	licy Comm	ittee					1
AD	DRESS (number and street)	113 HALIFAX	PLACE					
ř	Check if different							
ľ	than previously reported. (ACC)	LEESBURG				VA L	20175	
2.	FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		S	TATE 🛦	ZIP CO	DE 🛦
	C C00136531		3. IS THIS REPORT		IEW N) OR	AM (A)	ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	_ ı	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)		lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	_		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
	April 15 Quarterly Report (Q1) (c) 12-E	Dav	Primary (12P)	General ((12G)	Runoff (12R)
	July 15 Quarterly Report (Q2	PRE	E-Election					,
	October 15		oort for the:	Convention (12C)	Special (125)	
	Quarterly Report (Q3 X January 31 Year-End Report (YE		Election on	M M /	D D /	Y Y Y Y Y	in the State o	f .
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-E	ST-Election	General (300	à)	Runoff (3	0R)	Special (30S)
	Termination Report	Rep	oort for the:	M M /	D D /	V V V V	in the	
	(TER)		Election on	/			State o	f
5.	Covering Period 07	/ D D /	2015	through	12	/ 31 /	2015	
Ιc	ertify that I have examined this	Report and to	the best of my kno	wledge and b	pelief it is true	e, correct and	l complete.	
Тур	pe or Print Name of Treasurer	Katherine Jen	kins					
Sig	nature of Treasurer Kather	ine Jenkins		[Electronically	Filed] Da	ate 01	14	2016
NC	TE: Submission of false, erroned	ous, or incomple	ete information mav su	ubject the pers	son signina thi	s Report to th	ne penalties of 2 l	J.S.C. §437a.
_	Office	, , , , , , , , , , , , , , , , , , , ,		, , , , , ,	3 3	,	FEC FOR	
ı	Use Only						Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name National Democratic Policy Committee 01 2015 2015 Report Covering the Period: 07 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3889.72 January 1, 2015 (b) Cash on Hand at 3877.72 Beginning of Reporting Period..... 480.00 240.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4117.72 4369.72 6(a) and 6(c) for Column B)..... 252.00 504.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 3865.72 3865.72 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 449726.38

Schedule C and/or Schedule D)

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: 07	01 2015	To: 12 31 2015
I. Receipts	I. Receipts COLUMN A Total This Period	
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Heitausiaad	240.00	480.00
(ii) Unitemized(iii) TOTAL (add	240.00	400.00
Lines 11(a)(i) and (ii)▶	240.00	480.00
Enics 11(a)(i) and (ii)	,	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	040.00	490.00
Totals to Line 33, page 5)▶	240.00	480.00
. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
. All Loans neceived	7 7	7
L. Lean Baranarata Basainad	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
5. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. 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
(c) Total Transfers (add 18(a) and 18(b))	0.00	
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	240.00	480.00
Total Fodoral Possints		
. Total Federal Receipts	240.00	480.00
(subtract Line 18(c) from Line 19)▶	240.00	48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronian Tour to Buto		
	(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	252.00	504.00		
2.	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	232.00	304.00		
	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00		
	Independent Expenditures	7 7	3.60		
	(use Schedule E)Coordinated Party Expenditures	0.00	0.00		
	(2 U.S.C. §441a(d))	0.00	0.00		
	(use Schedule F)	7	0.00		
6.	Loan Repayments Made	0.00	0.00		
7	Loans Made	0.00	0.00		
8.	Refunds of Contributions To:	7			
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(b) Political Party Committees(c) Other Political Committees	, , ,			
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
_					
9.	Other Disbursements	0.00	0.00		
0.	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		
1.	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	252.00	504.00		
2.	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

FEC Form 3X (Rev. 02/2003)

Page 5

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

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		(a) I OIT EINE NOMBER.					OF	144
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary Pa	the	(check only 21b 27	one) 22 28a	23 28b	24 28c	2 2		26
Any information copied from such Reports and Staten or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full) National Democratic Policy Commi	·	pontical (John Miles 10	JOHOIL COI	ia ibudo 18	, HOIH SUC			-
Full Name (Last, First, Middle Initial)				5	5				
A. EFT CORPORATION				Date of	Disburse		Y	V	-
Mailing Address 2911 DIXWELL AVE				07		5	201		
HAMDEN	State Zip Code CT 06518			Trans	action ID	: 010000	139010	00013	3101
Purpose of Disbursement EFT PROCESSING FEE				Amount	of Each	Disburse	ment th	is Pe	riod
Candidate Name			Category/ Type			,		40.0	0
	nent For: Primary Gene Other (specify)	eral							
State: District:									
Full Name (Last, First, Middle Initial) B. EFT CORPORATION			Date of	Disburse		Y	V V		
Mailing Address 2911 DIXWELL AVE	Mailing Address 2911 DIXWELL AVE)5	201		
City S HAMDEN	State Zip Code CT 06518			Trans	action ID	: 010000	142010	0001	3201
Purpose of Disbursement EFT PROCESSING FEE				Amount	of Each	Disburse	ment th	is Pe	riod
Candidate Name		C	Category/ Type			,		40.0	0
	nent For: Primary Gene Other (specify) ▼	eral							
Full Name (Last, First, Middle Initial) C. EFT CORPORATION			Date of	Disburse					
Mailing Address 2911 DIXWELL AVE	Mailing Address 2911 DIXWELL AVE)5 / Y	201]
HAMDEN	State Zip Code CT 06518			Trans	action ID	: 010000	144010	0001	3301
Purpose of Disbursement EFT PROCESSING FEE Candidate Name			Category/	Amount	of Each	Disburse	ment th		
Office County			Туре					40.0	J.
Office Sought: House Disbursen Senate President State: District:	Primary Gene Other (specify)	eral							
SUBTOTAL of Disbursements This Page (optional)					-			120.00	0
TOTAL This Period (last page this line number only)								-	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		ON TOTAL NOWBETT.					OF 14
ITEMIZED DISBURSEMENTS	for each category Detailed Summar	y of the	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	3
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) National Democratic Policy Commit		arry political	committee to	SOIICIT COI	undulons	nom such	T COMMI	niee.
Full Name (Last, First, Middle Initial)				5	5			
A. EFT CORPORATION				Date of	Disburse		YYY	
Mailing Address 2911 DIXWELL AVE				10	0		2015	- 1
HAMDEN	State Zip Co CT 06518			Transa	action ID	: 0100001	450100	0013401
Purpose of Disbursement EFT PROCESSING FEE				Amount	of Each	Disbursen	nent this	Period
Candidate Name			Category/ Type					40.00
		General						
State: District:								
Full Name (Last, First, Middle Initial) EFT CORPORATION				Date of	Disburse		N Y N Y	V
Mailing Address 2911 DIXWELL AVE		11	0	5	2015	- 4		
,	State Zip Co			Trans	action ID	: 0100001	520100	0013802
Purpose of Disbursement EFT PROCESSING FEE				Amount	of Each	Disbursen	nent this	Period
Candidate Name			Category/ Type			,		40.00
		General						
Full Name (Last, First, Middle Initial) EFT CORPORATION				Date of	Disburse			
Mailing Address 2911 DIXWELL AVE	Mailing Address 2911 DIXWELL AVE				, D		2015	Y
HAMDEN	State Zip Co			Transa	action ID	: 0100001	530100	0013902
Purpose of Disbursement EFT PROCESSING FEE Candidate Name			21,000	Amount	of Each	Disbursen	nent this	Period
			Category/ Type					40.00
		General						
SUBTOTAL of Disbursements This Page (optional)				i .			12	20.00
TOTAL This Period (last page this line number only).						- 1	24	10.00

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

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		Detailed Summary Page	FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)		Tran	saction ID : LOAN0010000004
National Democratic Policy Comm			
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	[PERSONAL FUNDS]	Election:
HARVEY E. HASCALL			Primary General
Mailing Address 2137 S 1150 EAST			Other (specify)
2137 S 1150 EAST			
City BOUNTIFUL	State UT ZIP Cod	de 84010	
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
M M / D D / Y Y Y Y	M = M / D = D / Y =	Y Y Y	
12 22 1986	11 28	1987 0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
2.1 a 10a.110 (2ab., 1 liber, 1 liber)		ramo or Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	g 1 g 1 g 1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Oit.	710.0-1-	Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
			4000.00
SUBTOTALS This Period This Page (optional)		<u> </u>	1000.00
TOTALS This Period (last page in this line only	y)	>	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If I	no Schedule D, carry forv	vard to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Fage
IAME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN000002009
•	
LOAN SOURCE Full Name (Last, First, Middle Initial) ALBERT E MC NAIR	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1657 EDDY DR	Other (specify)
	de 14120
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1984 0.00 % (apr) Yes ∑ No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
carry catetaining balance only to Line o, confedure D, for this line. If I	is concade b, carry forward to appropriate fine of cullificary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Sun	nmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		-	Transac	tion ID : LOAN000002886
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, MESTHER E. WILSON	fiddle Initial)	[PERSONA	AL FUNDS]	lection: Primary
				General
Mailing Address 6241 WARNER #132				Other (specify) ▼
City HUNTINGTON BEACH	State CA ZIP Cod	de 92647		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
5000.00		0.00		5000.00
TERMS Date Incurred	Date Due	Ir	nterest Rate	Secured:
04 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	04 30 / Y	1985	1200.00	% (apr) Yes 🔀 No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed		
Only State	211 0000	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Empl	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
1		I		
SUBTOTALS This Period This Page (optional	I)		<u> </u>	5000.00
OTALS This Period (last page in this line or	nly)		.	, , , , , , , ,
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D	, carry forward	d to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Sun	nmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN000003820
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M	fiddle Initial)	[PERSONA	L FUNDS]	Election:
MINEHART EDSEN				Primary General
Mailing Address 1949 S MANCHESTER AVE				Other (specify)
SPACE 104				
City ANAHEIM	State CA ZIP Co	de 92802		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
700.00		0.00		700.00
TERMS Date Incurred	Date Due	Ir	nterest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y	YYY	0.00	
08 14 1984	11 14	1984	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Empl	01/04	
1. Full Name (Last, First, Middle Illital)		Name of Empl	oyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L.,	
2. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
			-,-	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
0.1	710.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Empl	oyer	
Mailing Address		Occupation		
Oib.	710 0-4-	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
I				
SUBTOTALS This Period This Page (optional	l)			700.00
TOTALS This Period (last page in this line or	<u> </u>			
The renew (act page in the of	,/			
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D	, carry forwa	rd to appropriate line of Summary.

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

PAGE 12 OF 144

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

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	ge FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	nsaction ID : LOAN0000004982
National Democratic Policy Com			
LOAN SOURCE Full Name (Last, First, EUGENE L DRUSELL	Middle Initial)	[PERSONAL FUNDS	Primary General
Mailing Address 1704 SAWYER			Other (specify) ▼
City WEST COVINA	State CA ZIP Co	de 91790	
Original Amount of Loan	Cumulative Payment To	Date Ba	lance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest Ra	te Secured:
M 08 / D 08 / 1984		1984 0.0	
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:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7.1.7.1.7.1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 8 1
SUBTOTALS This Period This Page (optional	al)	>	1000.00
TOTALS This Period (last page in this line of	only)		
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry fo	rward to appropriate line of Summary.

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

e schedule(s) PAGE 14 OF 144
egory of the mary Page FOR LINE 13 OF FORM 3X

ME OF COMMITTEE (L. F. II)	
ME OF COMMITTEE (In Full)	Transaction ID: LOAN000004983
lational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
EUGENE L DRUSELL	Primary
	General
Mailing Address 1704 SAWYER	Other (specify) ▼
City WEST COVINA State CA ZIP	Code 91790
Original Amount of Loan Cumulative Paymen	t To Date Balance Outstanding at Close of This Period
1000.00	0.00
TERMS	Due Interest Date Consumed
Date Incurred Date I	V V V
08 08 1984 11 08	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	A manufacture to the state of t
City State ZIP Code	Amount Guaranteed
, State 211 Sode	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Assessed
City State ZIP Code	Amount Guaranteed Outstanding:
City State ZIP Code SUBTOTALS This Period This Page (optional)	Outstanding: 1000.
Carry outstanding balance only to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summary

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

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		Detailed Summary I	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		1	Fransactio	n ID : LOAN000005986
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M BILL SUEDKAMP	fiddle Initial)	[PERSONAL FUN		ion: Primary General
Mailing Address 1211 DOUGLAS HWY				Other (specify) ▼
City GILLETTE	State WY ZIP Cod	de 82716		
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Interest	Rate	Secured:
09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		V V V	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		9 1 1 1 1 1
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 or	nly)	>		
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carry	forward to	appropriate line of Summary.

LOANS

Use separate s for each category Detailed Summ

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

lational Democratic Policy Con	nmittee		
LOAN SOURCE Full Name (Last, First BILL SUEDKAMP	, Middle Initial)	[PERSONAL FUNDS] Election: Primary General	
Mailing Address 1211 DOUGLAS HWY		Other (specify) ▼	
City GILLETTE	State WY ZIP Co	ode 82716	
Original Amount of Loan	Cumulative Payment To	Date Balance Outstanding at Close of	f This Period
1000.00		0.00	00.00
Date Incurred 10 18 1984	Date Due	1004	red: Yes X No
List All Endorsers or Guarantors (if ar	ny) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (option	nal)		00.00
OTALS This Period (last page in this line	only)	>	
arry outstanding halance only to LINE 3	Schedule D for this line If	no Schedule D, carry forward to appropriate line of	Summary

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

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		Detailed Summ	ary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	_	•	Transac	tion ID : LOAN000006929
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M HENRY C MAYBERRY	/liddle Initial)	[PERSONAL	FUNDS] E	ection: Primary General
Mailing Address 8071 E 19TH ST				Other (specify) ▼
City WESTMINSTER	State CA ZIP Co	de 92683		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
500.00		0.00		500.00
TERMS Date Incurred	Date Due	Inte	rest Rate	Secured:
10 25 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employ	er	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	l)			500.00
OTALS This Period (last page in this line or	nly)	>		
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, c	arry forward	d to appropriate line of Summary.

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

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

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FOR LINE 13 OF FORM 3X

	Detailed Sulfilliary Fage
AME OF COMMITTEE (In Full) National Democratic Policy Committee	Transaction ID : LOAN0000009055
valional Democratic Folicy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
ROBERT C MCKINNEY	Primary
	General
Mailing Address PO BOX 3245	Other (specify)
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:
	22 1985 1200.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sour	ce
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State Zir Gode	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
1	
SUBTOTALS This Period This Page (optional)	
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for	this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS

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

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	, ,
National Democratic Policy Committee	Transaction ID : LOAN0000009557
LOAN SOURCE Full Name (Last, First, Middle Initial)	IDERSONAL FUNDS: Election:
ROBERT LOFTUS	Primary
Mailing Address	General Other (coecifu)
Mailing Address 2446 N SUMMIT	Other (specify) \blacktriangledown
City DECATUR State IL ZIP Co.	de ₆₂₅₂₆
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	latered Peter
Date Incurred Date Due	Interest Rate Secured:
06 / 05 / 1984 07 / 05 / Y	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	ı
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Summary P	Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		т	Fransaction ID : LOAN0000010472
National Democratic Policy Comn			
LOAN SOURCE Full Name (Last, First, N SCOTT BEARD	diddle Initial)	[PERSONAL FUND	DSJ Election: Primary General
Mailing Address 4125 HAWTHORNE	_		Other (specify) ▼
City DALLAS	State TX ZIP Cod	de 75202	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
M 04 / D 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		V V V	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optiona	 I)	>	1000.00
OTALS This Period (last page in this line or	nly)	>	
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule D, carry	forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)		Tran	saction ID : LOAN000010652
lational Democratic Policy Com	nmittee	IIai	isaction ib . LOAN0000010032
<u> </u>			
LOAN SOURCE Full Name (Last, First, NANCY J STEINER	Middle Initial)	[PERSONAL FUNDS]	
INANCTISTEINER			Primary General
Mailing Address 2809 GREER RD			Other (specify)
2009 GREEK KD			
City PALO ALTO	State CA ZIP Co	ode 94303	
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS	Data Dua	Interest Det	- Canada
Date Incurred	Date Due	Interest Rate	
12 29 1986	12 12	1987 0.00	9/2 (apr) Yes X NO
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
-		Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		A	
City State	e ZIP Code	Amount Guaranteed	
	0000	Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		'	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	9 9
1		1	
UBTOTALS This Period This Page (option	nal)	.	1000.00
2.2 2 3.3 (6)	,		
OTALS This Period (last page in this line	only)	>	
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full) ational Democratic Policy Cor	nmittee	Trai	nsaction ID : LOAN0000011262
-			
LOAN SOURCE Full Name (Last, First RAY BRANDENBERG	t, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 1303 AMORETTI			Other (specify) ▼
City THERMOPOLIS	State WY ZIP (Code 82443	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Period
200.00		0.00	200.00
TERMS			
Date Incurred Mark	Date Du	le Interest Rat	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	te ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)	<u> </u>	200.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3	. Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pag	e FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	ammitta a	Trai	nsaction ID : LOAN0000011993
ational Democratic Policy Co	mmittee		
LOAN SOURCE Full Name (Last, Fin JACKSON B BREEZE	rst, Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 419 QUARTZ ST			Other (specify)
City REDWOOD CITY	State CA ZIP (Code 94062	
Original Amount of Loan	Cumulative Payment		ance Outstanding at Close of This Perio
1000.00		0.00	1000.00
TERMS			
Date Incurred 11 30 1984	Date Du	nterest Rat	
List All Endorsers or Guarantors (if	any) to Loan Source		
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initia	ıl)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (opt			1000.00
OTALS This Period (last page in this lin			
arry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

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

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	Detailed Sulfilliary Fage
AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000012946
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) FLOYD T WRIGHT	[PERSONAL FUNDS] Election: Primary General
Mailing Address 4207 PATRICIA ST	Other (specify) ▼
City FREMONT State CA	ZIP Code 94536
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Incurred	ate Due Interest Rate Secured:
08 / 24 / Y 1984 M M M M M	/ 1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
CUBTOTALS This Period This Page (optional)	
	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Su	ımmary Page	FOR LINE 1	3 OF FORM 3X
AME OF COMMITTEE (In Full)			Transa	ction ID : LOAN00	00013379
National Democratic Policy Comn					
LOAN SOURCE Full Name (Last, First, MARGARET MAMULA	fliddle Initial)	[PERSON	IAL FUNDS]	Election: Primary General	
Mailing Address 4321 N EL BURRITO				Other (specify)	▼
City TUCSON	State AZ ZIP Cod	de 85705			
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at C	close of This Period
1000.00		0.00)		1000.00
TERMS Date Incurred	Date Due		Interest Rate		Secured:
M 06 / D 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1984	0.00	% (apr)	Yes No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Em	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Emp	ployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optiona	l)		· [1000.00
OTALS This Period (last page in this line or	nly)		<u> </u>		
Carry outstanding balance only to LINE 3, S	chedule D, for this line. If	no Schedule I	D, carry forwa	rd to appropriate	line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	ge FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tra	ansaction ID : LOAN0000013410
National Democratic Policy Comr			
LOAN SOURCE Full Name (Last, First, Marke) BILL DRAKE	Middle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address RT 4 BOX 126	_		Other (specify) ▼
City DEXTER	State MO ZIP Cod	de 63841	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
100.00		0.00	100.00
TERMS Date Incurred	Date Due	Interest Ra	ate Secured:
M 06 / 19 / 1984		1984 0.0	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	.,,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
SUBTOTALS This Period This Page (optional	ત્રી)		100.00
TOTALS This Period (last page in this line o	nly)	>	
Carry outstanding balance only to LINE 3, S	Schedule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FO	UINI OV
ME OF COMMITTEE (In Full) ational Democratic Policy Co	mmittee	Transaction ID : LOAN0000017823	3
-			
LOAN SOURCE Full Name (Last, First HAROLD N LYNGE MD	st, Middle Initial)	[PERSONAL FUNDS] Election: Primary General	
Mailing Address 2 S 13TH ST		Other (specify) ▼	
City SAN JOSSE	State CA ZIP C	Ode 95112	
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of T	his Perio
1000.00		0.00	00.00
TERMS	Data Da	Laborat Bata	.1
Date Incurred Mark	Date Du	e Interest Rate Secured 1984 0.00 % (apr)	
List All Endorsers or Guarantors (if a	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
JBTOTALS This Period This Page (opti	onal)		00.00
OTALS This Period (last page in this line	e only)	>	
arry outstanding balance only to LINE :	3. Schedule D. for this line.	If no Schedule D, carry forward to appropriate line of S	ummarv.

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

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018351
National Democratic Policy Committee	
, , , , , , , , , , , , , , , , , , ,	L Florian
LOAN SOURCE Full Name (Last, First, Middle Initial) GREGORY R WOLF	[PERSONAL FUNDS] Election:
GREGORI R WOL	General
Mailing Address 5258 CARTWRIGHT	Other (specify)
5 5258 CARTWRIGHT	
City NORTH HOLLYWOOD State CA ZIP Co	ode 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	VVV
08 14 1984 11 14	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Gity State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Ivialing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
4. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
SUPTOTALS This Payed This Page (antions!)	300.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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		Detailed Sum	mary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000018352
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M GREGORY R WOLF	liddle Initial)	[PERSONAI	L FUNDS]	Election: Primary General
Mailing Address 5258 CARTWRIGHT	_			Other (specify) ▼
City NORTH HOLLYWOOD	State CA ZIP Cod	de 91601	-	
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Perio
100.00		0.00		100.00
TERMS Date Incurred	Date Due	In	terest Rate	Secured:
M 08 / 14 / 1984		1984	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· ,	
2. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional	l))		100.00
OTALS This Period (last page in this line or	ıly))		
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D,	carry forwar	d to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Sulfilliary F	age
AME OF COMMITTEE (In Full)		Т	ransaction ID : LOAN0000018353
National Democratic Policy Committ			
LOAN SOURCE Full Name (Last, First, Midd	e Initial)	[PERSONAL FUND	
GREGORY R WOLF			Primary
			General
Mailing Address 5258 CARTWRIGHT			Other (specify) ▼
		ode 91601	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
100.00		0.00	100.00
TERMS	Date Due	Interest F	Poto Conwords
Date Incurred	Date Due	V V V	
	1 14	1984	0.00
List All Endorsers or Guarantors (if any) to	Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
City State	ZIF GOULE	Outstanding:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
	0000	Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	7ID Code	Amount	
City State	ZIP Code	Guaranteed Outstanding:	,,,,,,
SUBTOTALS This Period This Page (optional)			100.00
COTALS This Period (last page in this line only).		>	
Carry outstanding balance only to LINE 3, Schee	dule D, for this line. If	no Schedule D, carry f	forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary	Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transaction	on ID : LOAN0000018611
National Democratic Policy Comm	nittee			
LOAN SOURCE Full Name (Last, First, M WILLIAM O MC KAY	fiddle Initial)	[PERSONAL FUN	IDS] Elec	ction: Primary General
Mailing Address 4627 W 137TH PL				Other (specify) ▼
City HAWTHORNE	State CA ZIP Cod	de 90250		
Original Amount of Loan	Cumulative Payment To		Balance C	Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Interest	Poto	Secured:
08 17 1984		1985	0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
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:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional	1)	>		1000.00
OTALS This Period (last page in this line or	าly)	>		7 7
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, carry	forward 1	to appropriate line of Summary.

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Use separate schedule(s) for each category of the Detailed Summary Page PAGE 34 OF 144

FOR LINE 13 OF FORM 3X

	Botanoa Gammary 1 ago
IAME OF COMMITTEE (In Full)	Transaction ID : LOAN0000018612
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) ALFRED MONTEROS	[PERSONAL FUNDS] Election: Primary General
Mailing Address 1210 W PUENTE AVE	Other (specify) \blacktriangledown
	de 91790
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
08 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oity State Zir Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	Jones 20
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	······································
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary	rage : on and its	
AME OF COMMITTEE (In Full)			Transaction ID : LOAN0000018817	
National Democratic Policy Committee				
LOAN SOURCE Full Name (Last, First, Middle Ini LEONARD K NITZ	tial)	[PERSONAL FUN	VDSJ Election: Primary General	
Mailing Address 5343 CALLISTER AVE			Other (specify) ▼	
City SACRAMENTO State		ode 95819		
Original Amount of Loan Cum	ulative Payment T	o Date	Balance Outstanding at Close of This	Period
1000.00		0.00	1000.00)
TERMS Date Incurred	Date Due	e Interest	t Rate Secured:	
08 / 20 / 1984 M 11	/ 20 / Y	1984	0.00	X No
List All Endorsers or Guarantors (if any) to Loar	Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZIP	Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZIP	Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZIP	Code	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional)			1000.00	0
Carry outstanding balance only to LINE 3, Schedule	D, for this line. I	f no Schedule D, carry	y forward to appropriate line of Sumr	nary.

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

		Detailed Summary	y Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transact	ion ID : LOAN0000019658
National Democratic Policy Comn	nittee			
LOAN SOURCE Full Name (Last, First, N WARREN BANDY	fiddle Initial)	[PERSONAL FU	NDSJ Ele	ection: Primary General
Mailing Address 934 TAMARACK LN #6				Other (specify)
City SUNNYVALE	State CA ZIP Cod	de 94086		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due	Interes	st Rate	Secured:
09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		1984	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		9
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			1000.00
TOTALS This Period (last page in this line or	nly)	>		7 1 7 1 7
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carı	y forward	to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Summary Page
ME OF COMMITTEE (In Full)	Transaction ID : LOAN0000019945
ational Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election:
IAN MC CLASHAN	Primary
	General
Mailing Address 245 W LORRAINE ST APT 121	Other (specify) ▼
City GLENDALE State CA ZIP C	Code 91202
Original Amount of Loan Cumulative Payment 7	To Date Balance Outstanding at Close of This Perio
1500.00	0.00 1500.00
TERMS	Interest Pete Secured:
Date Incurred Date Du	V V V V
09 10 1984 12 10	1984 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
0	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Oity State ZIF Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
UBTOTALS This Period This Page (optional)	

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

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FOR LINE 13 OF FORM 3X

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

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	Transaction ID : LOAN0000021171
National Democratic Policy Committee	
LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN PEARSON	[PERSONAL FUNDS] Election: Primary General
Mailing Address RR 1	Other (specify) ▼
City SPENCER State IA ZIP Co	de ₅₁₃₀₁
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	100.00 900.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	1985 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	

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

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		Detailed Summa	ry Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		<u>.</u>	Transac	tion ID : LOAN0000021412
National Democratic Policy Com				
LOAN SOURCE Full Name (Last, First,	Middle Initial)	[PERSONAL F	UNDS]	ection:
MARJORIE CZECZOK				Primary General
Mailing Address 820 LAKE ST S				Other (specify)
020 27 11/2 01 0				
City KIRKLAND		ode 98033		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
250.00		50.00		200.00
TERMS Date Incurred	Date Due	Intere	est Rate	Secured:
M 10 / 25 / 1984		1984	0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any	/) to Loan Source			
Full Name (Last, First, Middle Initial)	<u>, </u>	Name of Employe	r	
Mailing Address		Occupation		
		Amount		
City State	zIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
Chata	e ZIP Code	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
City State	z ZIP Code	Amount Guaranteed		
July	0000	Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employe	r	
Mailing Address		Occupation		
City State	z ZIP Code	Amount Guaranteed		
J, Glate	2 0000	Outstanding:	7	
SUBTOTALS This Period This Page (option	al)	>		200.00
OTALS This Period (last page in this line of	only)	>		22
Carry outstanding balance only to LINE 3,	Schedule D. for this line If	no Schedule D. ca	rry forward	I to appropriate line of Summary
. ,		, ou	,	

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		Detailed Sum	nmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transac	ction ID : LOAN0000022667
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, M ROBERT A FUDO	liddle Initial)	[PERSONA	L FUNDS]	Election: Primary General
Mailing Address 24922 MUIRLANDS SP 36				Other (specify) ▼
City EL TORO	State CA ZIP Cod	de 92630		
Original Amount of Loan	Cumulative Payment To	Date	Balance	e Outstanding at Close of This Period
750.00		0.00		750.00
TERMS Date Incurred	Date Due	In	iterest Rate	Secured:
10 22 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		,
2. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional				750.00
TOTALS This Period (last page in this line or	nly)			
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D,	carry forwar	d to appropriate line of Summary.

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FOR LINE 13 OF FORM 3X

		Detailed Summary P	age FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Т	ransaction ID : LOAN0000023255
National Democratic Policy Comn			
LOAN SOURCE Full Name (Last, First, MKEITH J ORR	fliddle Initial)	[PERSONAL FUND	Primary General
Mailing Address 441 PUERTO PL			Other (specify)
City HAYWARD	State CA ZIP Cod	de 94541	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
500.00	, , , ,	0.00	500.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
10 24 1984		V V V	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	.,,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7
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	l)	>	500.00
TOTALS This Period (last page in this line or	nly)	>	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, carry	forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

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

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

PAGE 44 OF 144

FOR LINE 13 OF FORM 3X

		Detailed Summary Page	FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	mittoo	Tran	saction ID : LOAN0000023612
ational Democratic Policy Com	imiliee		
LOAN SOURCE Full Name (Last, First, JACOB S PAINTER	Middle Initial)	[PERSONAL FUNDS]	Election: Primary General
Mailing Address 4371 SUNRISE DR			Other (specify) ▼
City CASPER	State WY ZIP (Code 82604	
Original Amount of Loan	Cumulative Payment		nce Outstanding at Close of This Perio
250.00		0.00	250.00
TERMS			
Date Incurred 10 / 22 / 1984	Date Du	Interest Rate 1985 0.00	
List All Endorsers or Guarantors (if an	y) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7.1.7.1.7.1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	7
JBTOTALS This Period This Page (option	nal)	<u>}</u>	250.00
OTALS This Period (last page in this line	only)	>	
arry outstanding balance only to LINE 3,	Schedule D. for this line.	If no Schedule D. carry for	ward to appropriate line of Summary

SCHEDULE C (FEC Form 3X)

LOANS

Use sep for each

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

AME OF COMMITTEE (In Full)		Tran	 nsaction ID : LOAN0000023623
lational Democratic Policy Cor	nmittee	1141	isaction is . LOANOUGUESUES
•			
LOAN SOURCE Full Name (Last, First	, Middle Initial)	[PERSONAL FUNDS]	
RONALD A BOWDEN			Primary General
Mailing Address 46 SOMERSET AVE			Other (specify)
40 SOMERSET AVE			
City RIVERSIDE	State RI ZIP Co	ode 02915	
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
1000.00		0.00	1000.00
TERMS	Data Bara	lotonost Dat	0
Date Incurred	Date Due		
10 22 1984	01 22	1985 0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	TID Code	Amount	
City Stat	te ZIP Code	Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Walling Address		Occupation	
		Amount	
City Stat	te ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	te ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Oit.	710.04	Amount	
City Stat	te ZIP Code	Guaranteed Outstanding:	
UBTOTALS This Period This Page (option	nal)	>	1000.00
OTALS This Period (last page in this line	e only)		
TING I CHOO (last page in this line	Unity/		
arry outstanding balance only to LINE 3	, Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Su	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000023624
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M BRYCE JONES	liddle Initial)	[PERSON	AL FUNDS]	Election: Primary General
Mailing Address 213 W OAKRIDGE DR				Other (specify)
City FARMINGTON	State UT ZIP Cod	de 84025		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due		Interest Rate	Secured:
10 22 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Emp	oloyer	
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional			· [1000.00
OTALS This Period (last page in this line or	ıly)		.	
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule [D, carry forwa	rd to appropriate line of Summary.

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

PAGE 47 OF 144

		Detailed Sur	mmary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		•	Transa	ction ID : LOAN0000023627
National Democratic Policy Comm				
LOAN SOURCE Full Name (Last, First, M	fiddle Initial)	[PERSONA	AL FUNDS]	Election:
MRS BRYCE JONES				Primary General
Mailing Address 213 W OAKRIDGE DR				Other (specify)
City FARMINGTON	State UT ZIP Co	de 84025		
Original Amount of Loan	Cumulative Payment To	Date	Balanc	e Outstanding at Close of This Period
1000.00		0.00		1000.00
TERMS Date Incurred	Date Due		nterest Rate	Secured:
10 / 22 / 1984	01 / D / Y	1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
	710.0	Amount		
City State	ZIP Code	Guaranteed Outstanding:	L.,	
2. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L,	
3. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	L,	
4. Full Name (Last, First, Middle Initial)		Name of Emp	loyer	
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
<u>, </u>		1		
SUBTOTALS This Period This Page (optional)		<u> </u>	1000.00
OTALS This Period (last page in this line or	nly)		· [7
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D	, carry forwa	rd to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

Use separate schedule for each category of the Detailed Summary Pace

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

AME OF COMMITTEE (In Full)		Trai	nsaction ID : LOAN0000023628
lational Democratic Policy Comm	ittee		
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	(DEDOONAL FUNDO)	Election:
MRS DONALD MILLS	iddle illitial)	[PERSONAL FUNDS]	Primary
			General
Mailing Address 4495 WOODLAWN			Other (specify)
City BEAUMONT		de 77703	
Original Amount of Loan	Cumulative Payment To	Date Bal	ance Outstanding at Close of This Perio
500.00		0.00	500.00
TERMS	Data Dua	Interest Dat	Convent
Date Incurred		Interest Rat	
10 22 1984	10 22	1985 0.0	9/2 (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	7
UBTOTALS This Period This Page (optional)	1	<u> </u>	500.00
OTALS This Period (last page in this line on	ly)	>	
carry outstanding balance only to LINE 3, Sc	hedule D. for this line. If	no Schedule D. carry for	ward to appropriate line of Summary

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

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FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

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

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

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FOR LINE 13 OF FORM 3X

		Detailed Summary	/ Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			Transact	ion ID : LOAN0000025202
National Democratic Policy Comn				
LOAN SOURCE Full Name (Last, First, MALMA G UBER	fliddle Initial)	[PERSONAL FU	NDSJ Ele	ection: Primary General
Mailing Address 3447 STERNE ST				Other (specify)
City SAN DIEGO	State CA ZIP Cod	de 92106		
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Close of This Period
500.00		0.00		500.00
TERMS Date Incurred	Date Due	Interes	t Bate	Secured:
11 07 1984		1985	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		· · · · · · · · · · · · · · · · · · ·
UBTOTALS This Period This Page (optional) 500.00				
OTALS This Period (last page in this line or	nly)	>		7
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If	no Schedule D, carr	y forward	to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

		Detailed Suffillary F	age
AME OF COMMITTEE (In Full) National Democratic Policy Comi	mittee	т	ransaction ID: LOAN0000026096
national Democratic Folicy Com	IIIIIIGG		
LOAN SOURCE Full Name (Last, First, GABRIEL DICK	Middle Initial)	[PERSONAL FUND	Election: Primary General
Mailing Address BOX 274			Other (specify)
City CARMEL	State CA ZIP Co	ode 93921	
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This Period
500.00		0.00	500.00
TERMS Date Incurred	Date Due	Interest F	Rate Secured:
11 30 1984	12 / 30 / Y	V V V	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
UBTOTALS This Period This Page (optional			500.00
Carry outstanding balance only to LINE 3, \$	Schedule D, for this line. If	no Schedule D, carry f	orward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

tte schedule(s) PAGE 54 OF 144
ttegory of the immary Page FOR LINE 13 OF FORM 3X

		Detailed Summary Pa	ige TOTT EINE 13 OF TOTTIVI 3X
AME OF COMMITTEE (In Full)	nittoo	Tra	ansaction ID : LOAN0000032658
National Democratic Policy Comm	iiilee		
LOAN SOURCE Full Name (Last, First, N JOHN PRICE	fiddle Initial)	[PERSONAL FUNDS	Election: Primary General
Mailing Address 101 S COTTAGE RD			Other (specify) ▼
City STERLING	State VA ZIP Co	de 22170	
Original Amount of Loan	Cumulative Payment To	Date Ba	alance Outstanding at Close of This Period
750.00	7	0.00	750.00
TERMS	Data Dua	Interest D	oto Societado
Date Incurred Mark Mark Date Date	Date Due	Interest Ra 1986 0.	secured: % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
GUBTOTALS This Period This Page (optional TOTALS This Period (last page in this line or Carry outstanding balance only to LINE 3. So	nly)	>	750.00 41400.00 prward to appropriate line of Summary.
Carry outstanding balance only to LINE 3, So	chedule D, for this line. If	no Schedule D, carry fo	orward to appropriate line of Summary.

Excluding Loans

(Use separate schedule(s) for each

PAGE 55 OF 144 FOR LINE NUMBER: (check only one)

9

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

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AUDIO VISUAL CENTER Mailing Address 235 NORTH BROAD STREET Zip Code **PHILADELPHIA** 19107 Transaction ID: INV6010000112091 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AUDIO VISUAL HEADQUARTERS CORP Mailing Address 361 NORTH OAK STREET City State Zip Code **INGLEWOOD** 90301 CA Outstanding Balance Beginning This Period Transaction ID: INV6010000112092 11.08 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 11.08 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** AVW AUDIO VISUAL INC Mailing Address 1372 WYCLIFF AVE City State Zip Code **DALLAS** 75207 TX Transaction ID: INV6010000112093 Outstanding Balance Beginning This Period 65.64 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 65 64 0.00 101.72 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor BANK OF THE COMMONWEAR	Nature MISC	e of Debt (Purpose): C. EXPENSE		
	Mailing Address PO BOX 32900				
	City State DETROIT	Zip Code MI	48232		
	Outstanding Balance Beginning This Period 1430.00			Trar	nsaction ID: INV6010000112095
	Amount Incurred This Period Payment This Period			Outs	standing Balance at Close of This Period
	0.00		,	0.00	1430.00
	B. Full Name (Last, First, Middle Initial) of Debtor BELMONT RESTAURANT		e of Debt (Purpose): DM RENTALS		
	Mailing Address 541 LEXINGTON AVE.				
	City State NEW YORK	Zip Code NY	10022		
	Outstanding Balance Beginning This Period 110.00				ansaction ID : INV6010000112096
	Amount Incurred This Period	Pa	ment This Period	Outs	standing Balance at Close of This Period
	0.00			0.00	110.00
	C. Full Name (Last, First, Middle Initial) of Debtor BROWN PALACE HOTEL	or Creditor			e of Debt (Purpose): DM RENTALS
	Mailing Address P.O. BOX 1440				
	City DENVER	State CO	Zip Code 80201		
	Outstanding Balance Beginning This Period 273.00			Tra	ansaction ID : INV6010000112097
	Amount Incurred This Period	Pa	ment This Period	Outs	standing Balance at Close of This Period
	0.00	,	,	0.00	273.00
1)	SUBTOTALS This Period This Page (optional)			•	1813.00
2)	TOTALS This Period (last page this line number	only)		>	
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Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е		
	A. Full Name (Last, First, Middle Initial) of Debtor BRUKOFF, BERAS & STEWAR	Nature of Debt (Purpose): ATTY FEES-ZIEGLER/CONG		
	Mailing Address 3000 TOWN CENTER SUITE 2550			
	City State SOUTHFIELD	Zip Code MI	48075	
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112099
	285.00			
	Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
	0.00	7	0.00	285.00
•	B. Full Name (Last, First, Middle Initial) of Debtor of 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 2700.00	Transaction ID : INV6010000111880		
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	2700.00
	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): RENT		
	Mailing Address P.O. BOX 17726			
	City WASHINGTON	State DC	Zip Code 20041	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000111909
	64.51			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	64.51
1)	SUBTOTALS This Period This Page (optional)			3049.51
2)	TOTALS This Period (last page this line number of	only)		>
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	•
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Excluding Loans

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

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): RENT			
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period			Transaction ID : INV601000011191	5
	800.00				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of Th	nis Period
	0.00	00 80	0.00		
	B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	Nature of Debt (Purpose): PHOTOCOPIER USAGE			
	Mailing Address P.O. BOX 17726				
ł	City State	Zip Code			
	WASHINGTON	DC	20041		
	Outstanding Balance Beginning This Period			Transaction ID : INV60100001119	16
	250.00				
		Do	ment This Davied	Outstanding Polones at Class of Th	aio Dariad
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of The	
	0.00		0.0	00 250	0.00
•	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS			Nature of Debt (Purpose): TELECOMMUNICATIONS	
	Mailing Address P.O. BOX 17726				
	City WASHINGTON	State DC	Zip Code 20041		
Ī	Outstanding Balance Beginning This Period			Transaction ID : INV60100001119	17
	1000.00				
	Amount Incurred This Period	Pay	yment This Period	Outstanding Balance at Close of Th	nis Period
	0.00		0.		0.00
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELATIONS SERVICE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code DC WASHINGTON 20041 Transaction ID: INV6010000111918 Outstanding Balance Beginning This Period 8170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8170.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000111919 1310.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1310.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000111920 Outstanding Balance Beginning This Period 11948.30 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11948.30 0.00 21428.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	е					
A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): RENT					
CAMPAIGNER PUBLICATIONS	CAMPAIGNER PUBLICATIONS					
Mailing Address P.O. BOX 17726						
City State	Zip Code DC 20041					
WASHINGTON	Transaction ID : INV6010000111921					
Outstanding Balance Beginning This Period		Hallsaction ID . INVOUTOUOUTT1921				
800.00						
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period				
0.00	0.00	800.00				
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	or Creditor	Nature of Debt (Purpose): PHOTOCOPIER USAGE				
CAMPAIGNER FUBLICATIONS						
Mailing Address P.O. BOX 17726						
City State WASHINGTON	Zip Code DC 20041					
	DC 20041	Transporting ID INVESTIGATION				
Outstanding Balance Beginning This Period		Transaction ID : INV6010000111922				
250.00						
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period				
0.00	0.00	250.00				
C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS		Nature of Debt (Purpose): TELECOMMUNICATIONS				
Mailing Address P.O. BOX 17726						
City WASHINGTON	State Zip Code DC 20041					
Outstanding Balance Beginning This Period		Transaction ID : INV6010000111923				
1000.00						
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period				
0.00	0.00	1000.00				
	7	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
1) SUBTOTALS This Period This Page (optional)		2050.00				
2) TOTALS This Period (last page this line number of	only)					
3) TOTAL OUTSTANDING LOANS from Schedule C						
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) ▶					

Excluding Loans

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	E OF COMMITTEE (In Full) tional Democratic Policy Committe	е			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS					ature of Debt (Purpose): RESS RELATIONS SERVICE
N	Mailing Address P.O. BOX 17726				
	City State VASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000111924
	8170.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	.00	8170.00		
В	E. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS		ature of Debt (Purpose): DVERTISING		
N	failing Address P.O. BOX 17726				
	Sity State VASHINGTON	Zip Code DC	20041		
ľ			20041		Transporting ID INVOCACCOMATAGE
	Outstanding Balance Beginning This Period 150.00				Transaction ID : INV6010000111925
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0.0	.00	150.00
C	c. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				ature of Debt (Purpose):
N	Mailing Address P.O. BOX 17726				
	ity VASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000111926
	30.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	7	0.	0.00	30.00
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS					Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE
İ	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000111927
	5852.00				
	Amount Incurred This Period	Pay	yment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	5852.00
	B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
	Mailing Address P.O. BOX 17726				
	City State WASHINGTON	Zip Code DC	20041		
İ	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112054
	13773.65				Transaction is . INVOVIOU0112034
	Amount Incurred This Period	Pay	yment This Period		Outstanding Balance at Close of This Period
	0.00		, 0	0.00	13773.65
	C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS				Nature of Debt (Purpose): ADVERTISING
	Mailing Address P.O. BOX 17726				
	City WASHINGTON	State DC	Zip Code 20041		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112055
	302.50				
	Amount Incurred This Period	Pay	yment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	302.50
1)	SUBTOTALS This Period This Page (optional)			▶	19928.15
2)	TOTALS This Period (last page this line number of	only)		▶	
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	▶	
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PAGE 65 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)			-1	
National Democratic Policy Committe	ee			
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature o	of Debt (Purpose):
CAMPAIGNER PUBLICATIONS			SUBSC	RIPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
City State	Zip Code			
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Transa	action ID : INV6010000112056
7910.00				
	_			
Amount Incurred This Period	Payn	nent This Period	Outsta	nding Balance at Close of This Period
0.00			0.00	7910.00
	,	,		
B. Full Name (Last, First, Middle Initial) of Debtor			Nature of ADVER	of Debt (Purpose):
CAMPAIGNER PUBLICATIONS	•		7.5721	
Mailing Address P.O. BOX 17726				
	= .			
City State WASHINGTON	Zip Code DC	20041		
	DC	20041		
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112057
40.00				
Amount Incurred This Period	Payn	nent This Period	Outsta	nding Balance at Close of This Period
0.00			0.00	40.00
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C. Full Name (Last, First, Middle Initial) of Debto				of Debt (Purpose):
CAMPAIGNER PUBLICATIONS	S		SUBSC	RIPTIONS PURCHASE
Mailing Address P.O. BOX 17726				
P.O. BOX 17726				
City	State	Zip Code		
WASHINGTON	DC	20041		
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112058
7989.60				
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ее					
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Nature of D	ebt (Purpose):	
CAMPAIGNER PUBLICATIONS	CAMPAIGNER PUBLICATIONS					
Mailing Address P.O. BOX 17726						
City State	Zip Code DC					
WASHINGTON	DC	20041		Transacti	on ID : INV6010000112059	
Outstanding Balance Beginning This Period 800.00				Hansacu	51115 : 11440010000112033	
Amount Incurred This Period	Pavm	nent This Period		Outstandir	ng Balance at Close of This P	Period
0.00	ı uyıı		0.00	Outstarian	800.00	
0.00			3.00		000.00	_
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS					ebt (Purpose): MUNICATIONS	
Mailing Address P.O. BOX 17726						
City State	Zip Code					
WASHINGTON	DC	20041				
Outstanding Balance Beginning This Period				Transact	ion ID : INV6010000112060	
1000.00						
Amount Incurred This Period	Paym	nent This Period		Outstandir	ng Balance at Close of This P	'erioc
0.00		(0.00		1000.00	Ш
C. Full Name (Last, First, Middle Initial) of Debto				Nature of D RENT	ebt (Purpose):	
Mailing Address P.O. BOX 17726						
City	State	Zip Code				
WASHINGTON	DC	20041			. 15 100,000,000,140,001	
Outstanding Balance Beginning This Period 800.00				Transact	ion ID : INV6010000112061	
	Dove	ant This Davied		Outotondin	ar Palanca et Clasa et Thia D) o ri o c
Amount Incurred This Period	Paym	nent This Period	0.00	Outstandir	ng Balance at Close of This P	
0.00			0.00		800.00	Ш
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3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only	y)	▶		, , , , , ,	
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	 Эе			
A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	Nature of D TELECOM	ebt (Purpose): MUNICATIONS		
Mailing Address P.O. BOX 17726				
City State WASHINGTON				
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112062
Amount Incurred This Period	Pay	ment This Period	Outstandii	ng Balance at Close of This Period
0.00		(0.00	1000.00
B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS	Nature of D RENT	ebt (Purpose):		
Mailing Address P.O. BOX 17726				
City State WASHINGTON	Zip Code DC	20041		
Outstanding Balance Beginning This Period 800.00			Transact	tion ID : INV6010000112063
Amount Incurred This Period	Pay	yment This Period	Outstandi	ng Balance at Close of This Period
0.00		, (0.00	800.00
C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS				ebt (Purpose): MUNICATIONS
Mailing Address P.O. BOX 17726				
City WASHINGTON	State DC	Zip Code 20041		
Outstanding Balance Beginning This Period 1000.00			Transact	ion ID : INV6010000112064
Amount Incurred This Period	Pay	yment This Period		ng Balance at Close of This Period
0.00			0.00	1000.00
1) SUBTOTALS This Period This Page (optional)			>	2800.00
2) TOTALS This Period (last page this line number	only)		>	, , , , ,
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ее			
	A. Full Name (Last, First, Middle Initial) of Debtor CAPITOL PLAZA	Nature of Debt (Purpose): ROOM RENTALS			
	Mailing Address 240 WEST STATE STREET				
	City State TRENTON	Zip Code NJ 08608			
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112103	
	93.10				
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	93.10	
	B. Full Name (Last, First, Middle Initial) of Debtor CAPITOL PLAZA HOTEL	or Creditor		Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address HOLIDAY INN				
ł	300 J STREET City State	Zip Code			
	SACRRAMENTO	CA	95814		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112102	
	15.78				
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period	
		ı ayı		15.78	
	0.00		0.00	15.70	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE	
Ì	Mailing Address PO BOX 748				
	RADIO CITY STATION City	State	Zip Code		
	NEW YORK	NY	10101		
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112274	
	8023.57				
	Amount Incurred This Period	Payn	nent This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	8023.57	
1)	SUBTOTALS This Period This Page (optional)			8132.45	
2)	TOTALS This Period (last page this line number	only))		
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4)	ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page only)		

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

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.	Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS			
-	Mailing Address PO BOX 748 RADIO CITY STATION				
-	City State NEW YORK	Zip Code NY 10101			
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112283	
	235.00				
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	235.00	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.			Nature of Debt (Purpose): FIELD OFFICE RENT	
f	Mailing Address PO BOX 748				
-	RADIO CITY STATION City State	Zip Code			
- 1	NEW YORK	NY	10101		
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112284	
	2614.35				
	Amount Incurred This Period	Pavm	nent This Period	Outstanding Balance at Close of This Period	
		. ayın	0.00	2614.35	
	0.00		0.00	2014.33	
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC.			Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE	
ŀ	Mailing Address PO BOX 748				
-	RADIO CITY STATION City	State	Zip Code	_	
	NEW YORK	NY	10101		
	Outstanding Balance Beginning This Period			Transaction ID: INV6010000112285	
	7844.75				
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	7844.75	
1)	SUBTOTALS This Period This Page (optional)		>	10694.10	
2)	TOTALS This Period (last page this line number	only)	>		
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶				

Excluding Loans

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	F COMMITTEE (In Full) nal Democratic Policy Committe	е			
A. Fu	ull Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	Debt (Purpose): FICE RENT
	CAUCUS DISTRIBUTORS INC.	•		FIELD O	-FICE REINI
Mailin	g Address PO BOX 748 RADIO CITY STATION				
City	State	Zip Code			
NEW	YORK	NY	10101		
Out	tstanding Balance Beginning This Period			Transac	tion ID : INV6010000112286
	2614.35				
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00			0.00	2614.35
	Il Name (Last, First, Middle Initial) of Debtor AUCUS DISTRIBUTORS INC.	or Creditor			Debt (Purpose): C TELEPHONE USAGE
Mailin	g Address PO BOX 748 RADIO CITY STATION				
City	State	Zip Code			
NEW	YORK	NY	10101		
Out	tstanding Balance Beginning This Period 5250.00			Transa	ction ID : INV6010000112287
		_			
	Amount Incurred This Period	Pay	ment This Period	Outstand	ding Balance at Close of This Period
	0.00		(0.00	5250.00
	ull Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC.				Debt (Purpose): ANNING FEES & EXPNS
Mailin	g Address PO BOX 748 RADIO CITY STATION				
City		State	Zip Code		
NEW	YORK	NY	10101		
Out	tstanding Balance Beginning This Period			Transa	ction ID : INV6010000112288
		_			
	Amount Incurred This Period	Pay	ment This Period	Outstan	ding Balance at Close of This Period
L	0.00		,	0.00	1151.71
1) SUB	TOTALS This Period This Page (optional)			}	9016.06
2) TOTA	ALS This Period (last page this line number	only)		<u>}</u>	5
3) TOTA	AL OUTSTANDING LOANS from Schedule C	C (last page or	nly)	>	
4) ADD	2) and 3) and carry forward to appropriate I	ine of Summa	ry Page (last page o	only) ▶	

Excluding Loans

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

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

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

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112292 Outstanding Balance Beginning This Period 2200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112293 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112294 Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9170.00 0.00 13370.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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(check only one) numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112295 Outstanding Balance Beginning This Period 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112296 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9170.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112297 Outstanding Balance Beginning This Period 2144.91 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2144.91 0.00 13314.91 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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

Excluding Loans

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

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor CITICORP	Nature of Debt (Purpose): MISC. EXPENSES			
	Mailing Address CCSI COLLECTION DEPARTME P.O. BOX C5216				
	City State Zip Code MELVILLE NY 11750				
٠	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112302
	760.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	760.00
	B. Full Name (Last, First, Middle Initial) of Debtor CLIFFORD B KOENIG	or Creditor			Nature of Debt (Purpose): TRAVEL AND LODGING
	Mailing Address 7195 COOPER SPUR ROAD				
	City State MT HOOD/PARKDALE	Zip Code OR	97041		
	Outstanding Balance Beginning This Period 556.76				Transaction ID : INV6010000112378
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	556.76
	C. Full Name (Last, First, Middle Initial) of Debtor COACHMAN HOTEL	r or Creditor			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 120.00				Transaction ID : INV6010000112303
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	120.00
1)	SUBTOTALS This Period This Page (optional)			>	1436.76
2)	TOTALS This Period (last page this line number	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule (
4)	ADD 2) and 3) and carry forward to appropriate				

Excluding Loans

(Use separate schedule(s) for each

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

Excluding Loans

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AME OF COMMITTEE (In Full) National Democratic Policy Committe	96		
A. Full Name (Last, First, Middle Initial) of Debto DAVID KILBUR	r or Creditor	Nature of Debt (Purpos POSTAGE	se):
Mailing Address 1901 NORIEGA #5			
City State SAN FRANCISCO	Zip Code CA 94122		
Outstanding Balance Beginning This Period		Transaction ID : INV	6010000112376
Amount Incurred This Period	Payment This Period		at Close of This Period
0.00		00	194.93
B. Full Name (Last, First, Middle Initial) of Debtor DOUBLEWOOD INN BEST WES		Nature of Debt (Purpos ROOM RENTAL	se):
Mailing Address 3333 13TH AVE. SOUTH			
City State FARGO	Zip Code ND 58103		
Outstanding Balance Beginning This Period 36.40		Transaction ID : INV	/6010000113252
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0.0	00	36.40
C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU		Nature of Debt (Purpos FIELD OFFICE RENT	se):
Mailing Address P.O. BOX 268			
City DREXEL HILL	State Zip Code PA 19026		
Outstanding Balance Beginning This Period 200.00		Transaction ID : IN	/6010000114470
Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of This Period
0.00	0.	00	200.00
) SUBTOTALS This Period This Page (optional)			431.33
) TOTALS This Period (last page this line number	only)		,
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	,
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Excluding Loans

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	COMMITTEE (In Full) al Democratic Policy Committe	ee			
	II Name (Last, First, Middle Initial) of Debto ASTERN STATES DISTRIBU		Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE		
Mailing	g Address P.O. BOX 268				
City DREX	City State Zip Code DREXEL HILL PA 19026				
Outs	standing Balance Beginning This Period				Transaction ID : INV6010000114471
	915.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	915.00
I	Name (Last, First, Middle Initial) of Debtor ASTERN STATES DISTRIBUT			I	Nature of Debt (Purpose): FIELD OFFICE RENT
Mailing	g Address P.O. BOX 268				
City	State EL HILL	Zip Code PA	19026		
		FA	19020		Transaction ID : INV6010000114472
Outs	Outstanding Balance Beginning This Period 200.00				Transaction ID: INV6010000114472
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0.	0.00	200.00
	III Name (Last, First, Middle Initial) of Debto ASTERN STATES DISTRIBU				Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE
Mailing	g Address P.O. BOX 268				
City DREX	(EL HILL	State PA	Zip Code 19026		
Outs	standing Balance Beginning This Period				Transaction ID : INV6010000114473
	915.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00		0	0.00	915.00
1) SUBT	TOTALS This Period This Page (optional)			•	2030.00
2) TOTA	ALS This Period (last page this line number	>			
3) ТОТА	AL OUTSTANDING LOANS from Schedule	▶			
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее				
	A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBU	Nature of Debt (Purpose): FIELD OFFICE RENT				
	Mailing Address P.O. BOX 268					
	City State DREXEL HILL	Zip Code PA	19026			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000114474	
	200.00					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This	Period
	0.00		7	0.00	200.0	0
i	B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT				Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE	
	Mailing Address P.O. BOX 268					
	City State DREXEL HILL	Zip Code PA	19026			
	Outstanding Balance Beginning This Period 915.00				Transaction ID : INV6010000114475	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This	Period
	0.00			0.00	915.0)
	C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU				Nature of Debt (Purpose): RENT	
	Mailing Address P.O. BOX 268					
	City DREXEL HILL	State PA	Zip Code 19026			
	Outstanding Balance Beginning This Period 200.00				Transaction ID : INV6010000114476	
	Amount Incurred This Period	Pav	ment This Period		Outstanding Balance at Close of This	Period
	0.00			0.00	200.0	
1)	SUBTOTALS This Period This Page (optional)				1315.0	0
2)	TOTALS This Period (last page this line number	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule (>				
4)	ADD 2) and 3) and carry forward to appropriate	only) ▶				

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBU	Nature of Debt (Purpose): TELEPHONE USAGE		
	Mailing Address P.O. BOX 268			
	City State DREXEL HILL	Zip Code PA	19026	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000114477
	915.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.0	915.00
	B. Full Name (Last, First, Middle Initial) of Debtor EDGEWATER INN	or Creditor		Nature of Debt (Purpose): ROOM RENTAL
ľ	Mailing Address PIER 67			
	City State SEATTLE	Zip Code WA	98121	
	Outstanding Balance Beginning This Period 205.00			Transaction ID : INV6010000113744
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	205.00
	C. Full Name (Last, First, Middle Initial) of Debto EDWARD CORPUS	r or Creditor		Nature of Debt (Purpose): PRINTING
Ì	Mailing Address 1339 MARYLAND ST. APT. 1			
	City LOS ANGELES	State CA	Zip Code 90017	
	Outstanding Balance Beginning This Period 22.95			Transaction ID : INV6010000112307
	Amount Incurred This Period	Pav	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	0.0	
1)	SUBTOTALS This Period This Page (optional)			1142.95
2)	TOTALS This Period (last page this line number	>		
3)	TOTAL OUTSTANDING LOANS from Schedule (>		
4)	ADD 2) and 3) and carry forward to appropriate) >		

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE **EMERY WORLDWIDE** Mailing Address P.O. BOX 100 City State Zip Code **BALTIMORE** 21277 Transaction ID: INV6010000112315 Outstanding Balance Beginning This Period 11.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 11.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** ERIE HILTON HOTEL--ERIE/PA Mailing Address C/O METROPOLITAN HOTELS, INC. 2 EAST FAYETTE STREET City State Zip Code **BALTIMORE** 21202 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000112364 37.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 37.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL AND LODGING **ERNEST BAALS** Mailing Address 826 GARWOOD ROAD Zip Code City State **ERIAL** 08081 NJ Transaction ID: INV6010000112094 Outstanding Balance Beginning This Period 206.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 206.00 0.00 254.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

(Use separate schedule(s) for each

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AME OF COMMITTEE (In Full) National Democratic Policy Committe		•	•	
	50			
A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose): PRINTING			
EVELYN LANTZ	FRINTING			
Mailing Address 1826 NORIEGA STREET				
City State	Zip Code		1	
SAN FRANCISCO	CA 94122			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000112386
60.98				
Amount Incurred This Period	Payment This Pe	eriod	Outstanding Bala	ance at Close of This Period
0.00		0.00		60.98
	7			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (P	
EXECUTIVE HOTEL & SPA			MEETING ROOM	RENTAL
Mailing Address 1055 FIRST AVE.				
City State	Zip Code		_	
SAN DIEGO	CA 92101			
Outstanding Balance Beginning This Period			Transaction ID	: INV6010000114372
100.00				
Amount Incurred This Period	Payment This Pe	eriod	Outstanding Bala	ance at Close of This Period
0.00		0.00		100.00
	,			,
C. Full Name (Last, First, Middle Initial) of Debto EXECUTIVE RED CARPET INI			Nature of Debt (P	
Mailing Address 4020 SOUTHWEST FREEWAY				
City	State Zip Code		-	
HOUSTON	TX 77027			
Outstanding Balance Beginning This Period			Transaction ID	: INV6010000112317
22.00				
Amount Incurred This Period	Payment This Pe	eriod	Outstanding Bala	ance at Close of This Period
	r dymone rmo r c		Cutotanding Ban	
0.00		0.00		22.00
1				
SUBTOTALS This Period This Page (optional)		>		182.98
TOTALS This Period (last page this line number	only)	>		
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	,	
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Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee			•	
A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of De	bt (Purpose):
FERRANTE TRAVEL CENTER			TRAVEL-TA	RPLEY/SENATE
Mailing Address 135 BROAD AVENUE				
City State	Zip Code			
PALISADES PARK	NJ 076	550		
Outstanding Balance Beginning This Period			Transaction	n ID : INV6010000113746
57.00				
Amount Incurred This Period	Payment Thi	s Period	Outstanding	Balance at Close of This Period
0.00		0.00		57.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Craditar		Notice of Do	ht (Duwnson)
FUSION ENERGY FOUNDATION			Nature of Del	
Mailing Address 250 W 57TH ST. STE.1711				
250 W 57 IH ST. STE.1711				
City State	Zip Code			
NEW YORK	NY 100	19		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112327
4439.10				
Amount Incurred This Period	Payment Thi	s Period	Outstanding	Balance at Close of This Period
0.00	, , , , ,	0.00		4439.10
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Del MISC. EXPE	
Mailing Address C/O HENRY'S AUTO PARTS			_	
91 SO WHITE HORSE PIKE City	State Zip C	ode	_	
BERLIN	NJ 0800	9		
Outstanding Balance Beginning This Period			Transactio	on ID : INV6010000112396
233.00				
Amount Incurred This Period	Payment Thi	s Period	Outstanding	Balance at Close of This Period
0.00		0.00		233.00
				,
1) SUBTOTALS This Period This Page (optional)		>		4729.10
2) TOTALS This Period (last page this line number	only)	>		7
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page	(last page only) ▶		

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN** Mailing Address 1614 CENTRAL AVENUE State Zip Code **ALBANY** 12205 Transaction ID: INV6010000112341 Outstanding Balance Beginning This Period 40.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 40.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN & HOLIDOME** Mailing Address 1501 FREEWAY BLVD. City State Zip Code **MINNEAPOLIS** 55430 MN Outstanding Balance Beginning This Period Transaction ID: INV6010000112996 42.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 42.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS HOLIDAY INN AIRPORT 2** Mailing Address 5401 GREEN VALLEY DRIVE Zip Code City State **BLOOMINGTON** 55437 MN Transaction ID: INV6010000112340 Outstanding Balance Beginning This Period 157.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 157.50 0.00 239.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ее					
A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN CHEEKTOWAG			Natu RO	Nature of Debt (Purpose): ROOM RENTALS		
Mailing Address 609 DINGENS ST.						
City State CHEEKTOWAGA	Zip Code NY	14206				
Outstanding Balance Beginning This Period 23.15			Tr	ansactio	on ID : INV6010000112342	
Amount Incurred This Period	Payı	ment This Period	Ot	utstandir	ng Balance at Close of This Period	
0.00		, O	.00		23.15	
B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN CHERRY HILL	or Creditor			ure of D	ebt (Purpose): NTALS	
Mailing Address RTE 70 & SAYRE AVENUE						
City State CHERRY HILL	Zip Code NJ	08034				
Outstanding Balance Beginning This Period 50.00			т	ransact	ion ID : INV6010000112343	
Amount Incurred This Period	Payı	ment This Period	Ou	utstandir	ng Balance at Close of This Period	
0.00	,	, 0	.00		50.00	
C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN CHICO	r or Creditor			re of DOM REI	ebt (Purpose): NTALS	
Mailing Address 685 MANZANITA COURT						
City CHICO	State CA	Zip Code 95926				
Outstanding Balance Beginning This Period 45.00			Т	ransact	ion ID : INV6010000112344	
Amount Incurred This Period	Payı	ment This Period	Ot	utstandir	ng Balance at Close of This Period	
0.00		Ç	0.00		45.00	
1) SUBTOTALS This Period This Page (optional)			>		118.15	
2) TOTALS This Period (last page this line number	only)		▶		7	
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4) ADD 2) and 3) and carry forward to appropriate	nly) ▶					

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее			
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN COLISEUM		Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address 440 WEST 57TH STREET				
	City State NEW YORK	Zip Code NY	10019		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112345
	224.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	,	(0.00	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 CONCORD	Zip Code CA	94520		
İ	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112346
	97.24				1.41.545.161.12
	Amount Incurred This Period	Pav	ment This Period		Outstanding Balance at Close of This Period
	0.00	1 dy		0.00	97.24
	0.00			3.00	07.24
	C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN DOWNTOWN	r or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 1015 ELM STREET				
Ì	City	State	Zip Code		
	DALLAS	TX	75202		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112347
	52.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	52.00
1)	SUBTOTALS This Period This Page (optional)			▶	373.24
2)	TOTALS This Period (last page this line number	only)		>	
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee		
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN ERIE	Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address 8040 PERRY HWY.			
	City State ERIE	Zip Code PA	16509	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112348
	47.70			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	47.70
	B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN HAUPPAUGE	Nature of Debt (Purpose): ROOM RENTALS		
	Mailing Address .			
ł	City State	Zip Code		
	HAUPPAUGE	NY	11788	
	Outstanding Balance Beginning This Period 60.00			Transaction ID : INV6010000112349
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	60.00
ı	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN KENILWORTH	r or Creditor		Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address BLVD. & SOUTH 31ST ST.			
	City KENILWORTH	State NJ	Zip Code 07033	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112352
	45.00			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	45.00
1)	SUBTOTALS This Period This Page (optional)			152.70
2)	TOTALS This Period (last page this line number	only)		•
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е			
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN NORWALK		Nature of Debt (Purpose): ROOM RENTALS		
İ	Mailing Address 789 CONNECTICUT AVENUE				
	City State NORWALK	Zip Code CT 06854			
	Outstanding Balance Beginning This Period				Transaction ID: INV6010000112356
	90.00				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	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 MILL HALL	Zip Code PA	17751		
Ì	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112353
	52.78				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	52.78
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address P.O. BOX 4305				
	City BOSTON	State MA	Zip Code 02211		
	Outstanding Balance Beginning This Period 90.00				Transaction ID : INV6010000112355
	Amount Incurred This Period	Pav	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	90.00
1)	SUBTOTALS This Period This Page (optional)			▶	232.78
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3)					
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Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF RICHMOND BELLS Mailing Address 4303 COMMERCE RD. City State Zip Code RICHMOND 23234 Transaction ID: INV6010000112358 Outstanding Balance Beginning This Period 157.30 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 157.30 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN OF WILLMAR Mailing Address P.O. BOX 1157 City State Zip Code WILLMAR 56201 MN Outstanding Balance Beginning This Period Transaction ID: INV6010000112362 45.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN PROVIDENCE RI Mailing Address 21 ATWELLS AVENUE City State Zip Code **PROVIDENCE** 02903 RΙ Transaction ID: INV6010000112357 Outstanding Balance Beginning This Period 75.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 75.00 0.00 277.30 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	e			
	A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN ROCHESTER-AII			Nature of I ROOM RE	Debt (Purpose): ENTALS
	Mailing Address 911 BROOKS AVENUE				
	City State ROCHESTER	Zip Code NY	14624		
	Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000112359
	50.00				
	Amount Incurred This Period	Payı	ment This Period	Outstand	ling Balance at Close of This Period
	0.00	,	C	0.00	50.00
	B. Full Name (Last, First, Middle Initial) of Debtor o HOLIDAY INN ROCKVILLE	or Creditor		Nature of I	Debt (Purpose): ENTALS
	Mailing Address 173 SUNRISE HWY.				
Ì	City State	Zip Code			
	ROCKVILLE. L.I.	NY	11570		
	Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112360
	50.00	Dove	ment This Devied	Outstand	ling Polongs at Class of This Povied
	Amount Incurred This Period	Payi	ment This Period		ling Balance at Close of This Period
	0.00		0	0.00	50.00
	C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN SCHENECTADY	or Creditor		Nature of I ROOM RI	Debt (Purpose): ENTALS
	Mailing Address DOWNTOWN 100 NOTT TERRACE & FRANKLII	N			
İ	City	State	Zip Code		
	SCHENECTADY	NY	12305		
	Outstanding Balance Beginning This Period			Transac	ction ID : INV6010000112361
	45.00				
	Amount Incurred This Period	Payı	ment This Period	Outstand	ling Balance at Close of This Period
	0.00	7	(0.00	45.00
1)	SUBTOTALS This Period This Page (optional)			}	145.00
2)	TOTALS This Period (last page this line number o	nly)			7
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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ее			
	A. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN-AIRPORT/NOR		Nature of Debt (Purpose): ROOM RENTALS		
Ì	Mailing Address 4545 N. LINDBURGH BLVD.				
	City State BRIDGETON	Zip Code MO 63044			
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112354
	79.22				
	Amount Incurred This Period	Pay	yment This Period		Outstanding Balance at Close of This Period
	0.00		(0.00	79.22
ľ	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 TEMPLE	Zip Code TX	76503		
	Outstanding Balance Beginning This Period			'	Transaction ID : INV6010000112369
	33.90				
	Amount Incurred This Period	Pay	yment This Period		Outstanding Balance at Close of This Period
	0.00		C	0.00	33.90
	C. Full Name (Last, First, Middle Initial) of Debto HOWARD JOHNSON'S	r or Creditor			Nature of Debt (Purpose): ROOM RENTALS
ŀ	Mailing Address P.O. BOX 3045				
	City BOSTON	State MA	Zip Code 02107		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112365
	102.92				
	Amount Incurred This Period	Pay	yment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	102.92
1)	SUBTOTALS This Period This Page (optional)			>	216.04
2)	TOTALS This Period (last page this line number	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	>	
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	 ee				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HUDSON'S WASHINGTON NEWS MEDIA				Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE	
İ	Mailing Address 7315 WISCONSIN AVENUE SUITE 1200N					
	City State BETHESDA	Zip Code MD 20814				
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112370	
	88.04					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00			0.00	88.04	
	B. Full Name (Last, First, Middle Initial) of Debtor HYATT PALO ALTO	or Creditor			Nature of Debt (Purpose): ROOM RENTALS	
	Mailing Address 4290 EL CAMINO REAL					
ł	City State	Zip Code				
	PALO ALTO	CA	94306			
	Outstanding Balance Beginning This Period				Transaction ID: INV6010000112371	
	58.43					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00		,	0.00	58.43	
	C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			Nature of Debt (Purpose): CREDIT CARD MERCHANT DISC	
	Mailing Address 423L UNIVERSITY BOULEVARD)				
ł	City	State	Zip Code			
	DALLAS	TX	75205			
	Outstanding Balance Beginning This Period				Transaction ID: INV6010000112100	
	1000.00					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00		,	0.00	1000.00	
1)	SUBTOTALS This Period This Page (optional)			▶	1146.47	
2)	2) TOTALS This Period (last page this line number only)					
3)	TOTAL OUTSTANDING LOANS from Schedule (C (last page o	nly)	▶		
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Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** KING COLE PROJECTION SERVICE Mailing Address 36-16 29TH STREET State Zip Code LONG ISLAND CITY 11106 Transaction ID: INV6010000112377 Outstanding Balance Beginning This Period 84.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 84.95 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUB. NOT ENTERED IN 1987 KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115120 45071.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45071.87 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115123 Outstanding Balance Beginning This Period 1649.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1649.60 0.00 46806.42 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ее				
	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 STERLING	Zip Code VA 22170				
	Outstanding Balance Beginning This Period	riod			Transaction ID : INV6010000115207	
	1349.80					
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of Th	is Period
	0.00		7	0.00	1349	9.80
	B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO.	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 STERLING	Zip Code VA	22170		_	
	Outstanding Balance Beginning This Period				Transaction ID: INV601000011536	32
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of Th	is Period
	0.00	,		0.00	1000).00
	C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	r or Creditor			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE	
	Mailing Address RT. 1, BOX 22					
	City STERLING	State VA	Zip Code 22170			
	Outstanding Balance Beginning This Period				Transaction ID : INV601000011536	34
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of Th	nie Pariod
	0.00	1 ay	ment mis renou	0.00		0.40
1)	SUBTOTALS This Period This Page (optional)			>	376	0.20
	TOTAL OUTSTANDING LOADS from Schodule (
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115365 Outstanding Balance Beginning This Period 1350.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1350.85 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115368 554.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 554.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCAHSE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115371 Outstanding Balance Beginning This Period 239.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 239 90 0.00 2145.65 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115372 Outstanding Balance Beginning This Period 119.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 119.75 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115375 185.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 185.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115377 Outstanding Balance Beginning This Period 81.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 81.00 0.00 385.85 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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AME OF COMMITTEE (In Full)		•				
National Democratic Policy Commi	ttee					
A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE			
KMW PUBLISHING CO.		OBSCRIPTIONS P	JRCHASE			
Mailing Address RT. 1, BOX 22						
City State	City State Zip Code					
STERLING	VA 22170					
Outstanding Balance Beginning This Period			Transaction ID : IN	V6010000115378		
62.35						
Amount Incurred This Period	Payment This Period	d	Outstanding Balanc	e at Close of This Period		
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B. Full Name (Last, First, Middle Initial) of Debi	tor or Creditor	N	ature of Debt (Purpo	Jee).		
KMW PUBLISHING CO.	ior or orealier		SUBSCRIPTIONS PL			
Mailing Address RT. 1, BOX 22						
City State	Zip Code					
STERLING	VA 22170					
Outstanding Balance Beginning This Period			Transaction ID : IN	IV6010000115379		
42.10						
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KMW PUBLISHING CO.	otor or creation		SUBUCRITOINS PU			
Mailing Address RT. 1, BOX 22						
City	State Zip Code					
STERLING	VA 22170					
Outstanding Balance Beginning This Period			Transaction ID : IN	IV6010000115380		
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115381 Outstanding Balance Beginning This Period 13.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13.45 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115383 4567.27 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4567.27 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): KMW PUBLISHING CO SUBSCRIPTIONS PURCHASE

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Mailing Address RT. 1, BOX 22			
City	State	Zip Code	-
STERLING	VA	22170	
Outstanding Balance Beginning This Period 19.20			Transaction ID : INV6010000115384
Amount Incurred This Period 0.00	P	ayment This Period	Outstanding Balance at Close of This Period
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115385 Outstanding Balance Beginning This Period 25.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.34 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115386 397.04 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 397.04 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115387 Outstanding Balance Beginning This Period 33.88 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 33 88 0.00 456.26 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	COMMITTEE (In Full) I Democratic Policy Committee	ee					
	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	City State Zip Code STERLING VA 22170						
	Outstanding Balance Beginning This Period			Tr	ansaction ID : INV	/6010000115388	
	101.14						
1	Amount Incurred This Period	Pay	ment This Period	Ou	ıtstanding Balance	at Close of This Period	
	0.00	,	,	0.00		101.14	
I	Name (Last, First, Middle Initial) of Debtor W PUBLISHING CO.	or Creditor			ure of Debt (Purpo BSCRIPTIONS PU		
Mailing /	Address RT. 1, BOX 22						
City STERLII	City State Zip Code STERLING VA 22170						
Outsta	anding Balance Beginning This Period			т	ransaction ID : IN	V6010000115410	
	Amount Incurred This Period	Pay	ment This Period	Οι	utstanding Balance	at Close of This Period	
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I	Name (Last, First, Middle Initial) of Debto IV PUBLISHING CO.	r or Creditor			Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE		
Mailing /	Address RT. 1, BOX 22						
City STERLI	NG	State VA	Zip Code 22170				
Outsta	anding Balance Beginning This Period 25.00			т	ransaction ID : IN	V6010000115422	
	Amount Incurred This Period	Pay	ment This Period	Οι	utstanding Balance	at Close of This Period	
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AME OF COMMITTEE (In Full)				
National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Pu	rpose):
KMW PUBLISHING CO.			SUBSCRIPTIONS	PURCHASE
Mailing Address RT. 1, BOX 22			-	
City State STERLING	Zip Code VA 22170			
Outstanding Balance Beginning This Period	22170		Transaction ID : I	INV6010000115444
1125.00				
Amount Incurred This Period	Payment This Perio	od	Outstanding Balar	nce at Close of This Period
0.00		0.00		1125.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Pu	rpose):
KMW PUBLISHING CO.			SUBSCRIPTIONS	
Mailing Address RT. 1, BOX 22			-	
R1. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000115457
800.00				
Amount Incurred This Period	Payment This Period	od	Outstanding Balar	nce at Close of This Period
0.00		0.00		800.00
O. F. II News (Leaf First Middle Initial) of Date	an an Oardhan		N : (D) : (D	
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		Nature of Debt (Pul SUBSCRIPTIONS	
Mailing Address RT. 1, BOX 22			_	
City	State Zip Code		-	
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Transaction ID :	INV6010000115458
12.75				
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115469 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115470 750.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 750.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115471 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 850.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PRUCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115472 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115481 3734.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3734.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115482 Outstanding Balance Beginning This Period 199.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 199 25 0.00 3984.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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

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PAGE 107 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)		•	•	
National Democratic Policy Commit	tee			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Na	ure of Debt (Purpose	e):
KMW PUBLISHING CO.	SI	JBSCRIPTIONS PUR	CHASE	
Mailing Address RT. 1, BOX 22				
City State STERLING	Zip Code VA 22170			
	22170	т	ransaction ID : INV6	010000115483
Outstanding Balance Beginning This Period				
2030.98				
Amount Incurred This Period	Payment This Period	d C	outstanding Balance a	at Close of This Period
0.00		0.00		2030.98
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		ure of Debt (Purpose	*
KMW PUBLISHING CO.		St	JBSCRIPTIONS PUR	CHASE
Mailing Address RT. 1, BOX 22				
City State	Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Fransaction ID : INV	6010000115484
25.00				
Amount Incurred This Period	Payment This Period	d (outstanding Balance a	at Close of This Period
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0.00		0.00		
C. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor		ure of Debt (Purpose	
RIVIVI FOBLISHING CO.				
Mailing Address RT. 1, BOX 22				
City	State Zip Code			
STERLING	VA 22170			
Outstanding Balance Beginning This Period			Fransaction ID : INV	6010000115486
10.00				
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Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	ee				
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				Nature of Debt (Purpose): SUBSCRIPTION PURCHASE	
	Mailing Address RT. 1, BOX 22					
	City State STERLING	Zip Code VA	22170			
	Outstanding Balance Beginning This Period 25.00				Transaction ID : INV6010000115487	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00	,	(0.00	25.00	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO.				Nature of Debt (Purpose): SUBSCRIPTION PURCHASE	
	Mailing Address RT. 1, BOX 22					
	City State STERLING	Zip Code VA	22170			
	Outstanding Balance Beginning This Period 25.00				Transaction ID : INV6010000115488	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
	0.00		(0.00	25.00	
	C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO.	or or Creditor			Nature of Debt (Purpose): SUBSCRIPTION PURCHASE	
	Mailing Address RT. 1, BOX 22					
	City STERLING	State VA	Zip Code 22170			
	Outstanding Balance Beginning This Period 50.00				Transaction ID : INV6010000115489	
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period	
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NAME OF COMMITTEE (In Full) National Democratic Policy Commit	tee		•	·		
A. Full Name (Last, First, Middle Initial) of Debt KMW PUBLISHING CO.	or or Creditor			Nature of De PURCHASE	ebt (Purpose): ES OF SUBSCRITIONS	
Mailing Address RT. 1, BOX 22						
City State STERLING	Zip Code VA	22170				
Outstanding Balance Beginning This Period				Transactio	on ID : INV6010000115490	
25.00 Amount Incurred This Period	Pav	ment This Period		Outstandin	g Balance at Close of This Period	
0.00	1 dy	ment mis renou	0.00	Cutstanding	25.00	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor				ebt (Purpose): FION PURCHASES	
Mailing Address RT. 1, BOX 22						
City State STERLING	Zip Code VA	22170				
Outstanding Balance Beginning This Period			·	Transacti	on ID : INV6010000115491	
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C. Full Name (Last, First, Middle Initial) of Debt KREINGOLD DATA SERVICE					ebt (Purpose): R SERVICES	
Mailing Address STE. 5D, 119 PAYSON AVE.						
City NEW YORK	State NY	Zip Code 10034				
Outstanding Balance Beginning This Period 2156.53				Transacti	on ID : INV6010000112384	
Amount Incurred This Period	Pay	ment This Period	1	Outstanding	g Balance at Close of This Period	
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Excluding Loans

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PAGE 110 OF 144 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	Э				
	A. Full Name (Last, First, Middle Initial) of Debtor (Natu ME	Nature of Debt (Purpose): MEDIA-RADIO			
	Mailing Address TEXAS LOTAS CORP. 8400 DAPAPOINT ST. 535					
ı	City State	Zip Code				
	SAN ANTONIO	TX	78229			
	Outstanding Balance Beginning This Period			Tra	ansaction ID : INV60	010000112385
	544.00					
	Amount Incurred This Period	Pay	ment This Period	Ou	itstanding Balance a	t Close of This Period
	0.00		,	0.00		544.00
ŀ	B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Natu	re of Debt (Purpose):
	LOS ANGELES LABOR COMMITTEE				OFC RENT AND PI	
	Mailing Address 711 S. VERMONT AVE. #207					
ı	City State	Zip Code				
	LOS ANGELES	CA	90005			
	Outstanding Balance Beginning This Period			Ti	ransaction ID : INV6	010000112391
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	21211.11					
	Amount Incurred This Period	Pay	ment This Period	Ou	itstanding Balance a	t Close of This Period
	0.00		(0.00	,	21277.77
	C. Full Name (Last, First, Middle Initial) of Debtor LOUIS JOLIET RENAISSANCE				re of Debt (Purpose OM RENTALS):
	Mailing Address 214 NORTH OTTAWA STREET					
ŀ	City	State	Zip Code			
	JOLIET	IL	60431			
	Outstanding Balance Beginning This Period			Tı	ransaction ID : INV6	010000112393
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	ME OF COMMITTEE (In Full) ational Democratic Policy Committee	е		
	A. Full Name (Last, First, Middle Initial) of Debtor MARK CALNEY	or Creditor		Nature of Debt (Purpose): PRINTING
Ī	Mailing Address 269 E. NEWTON ST.			
Ì	City State	Zip Code		—
-	SEATTLE	WA	98102	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112101
	205.80			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	205.80
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARRIOT HOTEL PITTSBURGH			Nature of Debt (Purpose): ROOM RENTALS
İ	Mailing Address 101 MALL BLVD.			
Ī	City State	Zip Code	45440	
ŀ	MONROEVILLE	PA	15146	
	Outstanding Balance Beginning This Period			Transaction ID : INV6010000112395
	227.73			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	
	C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA	or Creditor		Nature of Debt (Purpose): ROOM RENTALS
Ì	Mailing Address GREAT AMERICAN PARKWAY			
	City SANTA CLARA	State	Zip Code 95054	
ł	SANTA CLARA	CA	93034	Transaction ID : INV6010000112997
	Outstanding Balance Beginning This Period			11ansaction iD . invoc10000112397
	24.50			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	24.50
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Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
MARTY SIMON			FREIGHT	AND POSTAGE
Mailing Address 2971 W 8TH ST. #111				
City State	Zip Code			
LOS ANGELES	CA	96402		
Outstanding Balance Beginning This Period			Transacti	on ID : INV6010000112907
154.47				
7				
Amount Incurred This Period	Payı	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	154.47
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):
MC GUINESS & WILLIAMS				Y EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200 City State	Zip Code			
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114180
446.69				
Amount Incurred This Period	Payı	ment This Period	Outstandir	ng Balance at Close of This Period
0.00	7	0.	.00	446.69
C. Full Name (Last, First, Middle Initial) of Debtor MC GUINESS & WILLIAMS	or Creditor			ebt (Purpose): Y FEES & EXPENSES
Mailing Address 1015 FIFTEENTH STREET, NW				
SUITE 1200 City	State	Zip Code		
WASHINGTON	DC	20005		
Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000114182
626.32				
Amount Incurred This Period	Payı	nent This Period	Outstandir	ng Balance at Close of This Period
0.00		0	.00	626.32
, , , , , , , , , , , , , , , , , , , ,				,
1) SUBTOTALS This Period This Page (optional)			>	1227.48
2) TOTALS This Period (last page this line number of	only)		>	7
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page on	ly)	>	, , , , , , ,
4) ADD 2) and 3) and carry forward to appropriate li	ne of Summar	y Page (last page or	nly) ▶	A A

Excluding Loans

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

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

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State Zip Code DC WASHINGTON 20005 Transaction ID: INV6010000114186 Outstanding Balance Beginning This Period 5.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State City Zip Code WASHINGTON DC 20005 Outstanding Balance Beginning This Period Transaction ID: INV6010000114189 255.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 255.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELEASE DISTRIBUTN **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 City State Zip Code **PHILADELPHIA** 19103 PA Transaction ID: INV6010000112397 Outstanding Balance Beginning This Period 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 60.00 0.00 320.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

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

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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144

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRS REL DIST-ELDER/USS **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 State Zip Code **PHILADELPHIA** 19103 Transaction ID: INV6010000112398 Outstanding Balance Beginning This Period 65.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 65.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRS REL DIST-DOUGLAS/GOV **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 City State Zip Code **PHILADELPHIA** 19103 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000112399 35.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 35.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES MELVIN S. NASH Mailing Address 204 WASHINGTON AVENUE, N.E. Zip Code City State **MARIETTA** 30060 GΑ Transaction ID: INV6010000114254 Outstanding Balance Beginning This Period 2354.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2354.40 0.00 2454.40 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	е				
	A. Full Name (Last, First, Middle Initial) of Debtor MELVIN S. NASH	or Creditor		Natu AT	Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES	
	Mailing Address 204 WASHINGTON AVENUE, N.E	 Ε.				
	City State MARIETTA	Zip Code GA	30060			
	Outstanding Balance Beginning This Period 1496.91			Tra	ansaction ID :	INV6010000114255
	Amount Incurred This Period 0.00	Pay	ment This Period	Ou 0.00	itstanding Bala	nce at Close of This Period 1496.91
	B. Full Name (Last, First, Middle Initial) of Debtor of MICHAEL FRANK, ESQ.	or Creditor			re of Debt (Pu Y FEES-WINT	
	Mailing Address 434 SPITZER BLDG					
- 1	City State TOLEDO	Zip Code OH	43604			
	Outstanding Balance Beginning This Period 400.00			Т	ransaction ID :	: INV6010000112321
	Amount Incurred This Period	Pay	ment This Period	Οι	tstanding Bala	nce at Close of This Period
	0.00		(0.00		400.00
	C. Full Name (Last, First, Middle Initial) of Debtor MICHAEL HODGEKISS	or Creditor			re of Debt (Pu INTING	irpose):
L	Mailing Address 1265 48TH AVE.					
	City SAN FRANCISCO	State CA	Zip Code 94122			
	Outstanding Balance Beginning This Period 127.20			Т	ransaction ID :	: INV6010000112368
	Amount Incurred This Period 0.00	Pay	ment This Period	O.00	itstanding Bala	nce 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 of	only)		>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>		. ,
4)	ADD 2) and 3) and carry forward to appropriate li	ne of Summa	ry Page (last page o	only) ▶		

(Use separate schedule(s) for each

PAGE 117 OF 144 FOR LINE NUMBER: (check only one)

Excluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto NEW BENJAMIN FRANKLIN H	Nature of De LITERATUR	bt (Purpose): E PURCHASE	
Mailing Address 304 W 58TH ST.	7. 0.1		
City State NEW YORK	Zip Code NY 10019		
Outstanding Balance Beginning This Period 176.50 Amount Incurred This Period	Payment This Period		n ID: INV6010000112400 g Balance at Close of This Period
0.00		0.00	176.50
B. Full Name (Last, First, Middle Initial) of Debtor NEW HAMPSHIRE HIGHWAY I		Nature of De ROOM REN	
Mailing Address FT. EDDY ROAD City State	Zip Code		
CONCORD	NH 03301		
Outstanding Balance Beginning This Period 75.20		Transactio	on ID : INV6010000112401
Amount Incurred This Period	Payment This Period	Outstanding	Balance at Close of This Period
0.00		0.00	75.20
C. Full Name (Last, First, Middle Initial) of Debto		Nature of De ADVERTISII	
Mailing Address 304 W. 58TH ST. 5TH FL.			
City NEW YORK	State Zip Code NY 10019		
Outstanding Balance Beginning This Period 540.00		Transactio	on ID : INV6010000112402
Amount Incurred This Period 0.00	Payment This Period	Outstanding	Balance at Close of This Period 540.00
1) SUBTOTALS This Period This Page (optional)			791.70
2) TOTALS This Period (last page this line number	only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only) ▶	

Excluding Loans

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PAGE 118 OF 144 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e			·	
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			of Debt (Purpose):	
	NEW YORK TELEPHONE			TELE	PHONE	
	Mailing Address 10 COLUMBUS CIRCLE					
ŀ	City State	Zip Code				
	NEW YORK	NY	10019			
	Outstanding Balance Beginning This Period			Tran	saction ID : INV60100001124	103
	236.83					
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close of	This Period
	0.00			0.00		236.83
	B. Full Name (Last, First, Middle Initial) of Debtor PATRICK F ADAMS P.C.	or Creditor			of Debt (Purpose): FEES - NY BEAM DEMS	
	Mailing Address ATTORNEY AT LAW					
ŀ	ONE EAST MAIN STREET City State	Zip Code				
	BAY SHORE	NY	11706			
	Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112	085
	5762.50					
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close of	This Period
	0.00	,		0.00	57	62.50
	C. Full Name (Last, First, Middle Initial) of Debtor PATRICK F ADAMS P.C.	or Creditor			of Debt (Purpose): ATTY FEES-NY BEAM DEM	
	Mailing Address ATTORNEY AT LAW ONE EAST MAIN STREET					
f	City	State	Zip Code			
	BAY SHORE	NY	11706			
	Outstanding Balance Beginning This Period			Tra	nsaction ID : INV6010000112	086
	400.00					
	Amount Incurred This Period	Pay	ment This Period	Outs	tanding Balance at Close of	This Period
	0.00			0.00	, , , , ,	100.00
1)	SUBTOTALS This Period This Page (optional)			}	, 60	399.33
2)	TOTALS This Period (last page this line number	only)		<u>}</u>		
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page or			7	
4)	ADD 2) and 3) and carry forward to appropriate I	ine of Summa	ry Page (last page o	only) ▶		

(Use separate schedule(s) for each

PAGE 119 OF 144 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Co	ommittee		
A. Full Name (Last, First, Middle Initial) PETER ENNIS	of Debtor or Creditor		ebt (Purpose): ND LODGING
Mailing Address 65 SEAMAN AVE.			
City State	Zip Code		
NEW YORK	NY 10034		
Outstanding Balance Beginning This I		Transaction	on ID : INV6010000112316
16.7	76		
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.0	00	0.00	16.76
B. Full Name (Last, First, Middle Initial) PMR PRINTING	of Debtor or Creditor	Nature of D PRINTING	ebt (Purpose):
Mailing Address INDIAN CREEK CENT RT. 1, BOX 22			
City State STERLING	Zip Code VA 22170		
Outstanding Balance Beginning This I	Period	Transact	ion ID : INV6010000112882
2500.0	00		
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.0	00	0.00	2500.00
C. Full Name (Last, First, Middle Initial) PMR PRINTING) of Debtor or Creditor	Nature of D PRINTING	ebt (Purpose):
Mailing Address INDIAN CREEK CENT RT. 1, BOX 22			
City STERLING	State Zip Code VA 22170		
Outstanding Balance Beginning This I	-	Transact	ion ID : INV6010000112885
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.0	00	0.00	6123.00
1) SUBTOTALS This Period This Page (o	optional)	<u></u>	8639.76
2) TOTALS This Period (last page this line	e number only)	<u>+</u>	, , , , , ,
3) TOTAL OUTSTANDING LOANS from S	Schedule C (last page only)	>	
4) ADD 2) and 3) and carry forward to ap	opropriate line of Summary Page (last pac	ge only) ▶	

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(Use separate schedule(s) for each

PAGE 120 OF 144 FOR LINE NUMBER: (check only one)

Excluding Loans		numl	pered line)	X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	•	•	
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	ebt (Purpose):
PROVIDENCE MARRIOTT INN			ROOM REN	ITAL
Mailing Address CHARLES & ORMS STREETS				
City State	Zip Code			
PROVIDENCE	RI ₀₂₉₀₄			
Outstanding Balance Beginning This Period			Transactio	n ID : INV6010000113747
125.00				
Amount Incurred This Period	Payment This Peri	od	Outstanding	g Balance at Close of This Period
0.00		0.00		125.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of De	ebt (Purpose):
PUBLICATION & GENERAL MG	MT.		ACCOUNTII	NG & DP SERVICE
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112654
1700.00				
Amount Incurred This Period	Payment This Peri	od	Outstanding	g Balance at Close of This Period
0.00		0.00		1700.00
0.00	7 7	0.00		7
C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO				ebt (Purpose): NG & DP SERVICE
Mailing Address P.O. BOX 836				
City	State Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112656
3000.00				
Amount Incurred This Period	Payment This Pari	od	Outstanding	a Balanca at Class of This Pariod
	Payment This Peri		Outstanding	g Balance at Close of This Period
0.00		0.00		3000.00
1) SUBTOTALS This Period This Page (optional)		>		4825.00
2) TOTALS This Period (last page this line number	only)	>		7
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	>		7
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last p	age only) ▶		

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICE PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112657 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERVICES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000112658 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MANAGEMENT & DP SERIVCES PUBLICATION & GENERAL MGMT. Mailing Address P.O. BOX 836 City State Zip Code **LEESBURG** 22075 VA Transaction ID: INV6010000112661 Outstanding Balance Beginning This Period 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3000.00 0.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

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

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

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(Use separate schedule(s) for each

PAGE 122 OF 144 FOR LINE NUMBER: (check only one)

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	OF COMMITTEE (In Full) onal Democratic Policy Committe	ee	•	•	
A.	Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	PUBLICATION & GENERAL MO	GMT.		MANAGEM	IENT & DP SREVICES
Ма	iling Address P.O. BOX 836				
Cit		Zip Code		1	
LE	ESBURG	VA 22075			
	Outstanding Balance Beginning This Period			Transaction	on ID : INV6010000112662
	3000.00				
- 1 '	Amount Incurred This Period	Payment This Period	d	Outstandin	ng Balance at Close of This Period
	Amount incured this Fellou	rayment mis reno	u	Outstandii	
ш	0.00		0.00		3000.00
B.	Full Name (Last, First, Middle Initial) of Debtor	or Creditor			ebt (Purpose):
	PUBLICATION & GENERAL MG	MT.		MANAGEM	ENT & DP SERVICES
Ма	iling Address P.O. BOX 836			-	
Cit	y State	Zip Code		-	
LE	ESBURG	VA 22075			
(Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112666
	3000.00				
	Amount Incurred This Period	Payment This Period	d	Outstandir	ng Balance at Close of This Period
	0.00		0.00		3000.00
					, , , , , , , , , , , , , , , , , , , ,
C.	Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO				ebt (Purpose): IENT &DP SERVICES
Ма	iling Address P.O. BOX 836			_	
City	у	State Zip Code		-	
- 1	ESBURG	VA 22075			
(Outstanding Balance Beginning This Period			Transact	ion ID : INV6010000112667
	3000.00				
		Doumant This Davis	٨	Outotondin	as Dalamas at Class of This Davied
	Amount Incurred This Period	Payment This Perior		Outstandir	ng Balance at Close of This Period
ш	0.00		0.00	l	3000.00
1) SI	JBTOTALS This Period This Page (optional)		>		9000.00
	OTALS This Period (last page this line number				
	OTAL OUTSTANDING LOANS from Schedule (
	DD 2) and 3) and carry forward to appropriate I			-	7
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO		Nature of D MANAGEN	Debt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transacti	ion ID : INV6010000112668
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
B. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MG			Debt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transac	tion ID : INV6010000112669
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
0.00		0.00	3000.00
C. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO			Debt (Purpose): MENT & DP SERVICES
Mailing Address P.O. BOX 836			
City LEESBURG	State Zip Code VA 22075		
Outstanding Balance Beginning This Period 3000.00		Transac	tion ID : INV6010000112670
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	3000.00
1) SUBTOTALS This Period This Page (optional)			9000.00
2) TOTALS This Period (last page this line number	only)	>	7
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	>	7
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page	only) ▶	

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(Use separate schedule(s) for each

PAGE 124 OF 144 FOR LINE NUMBER: (check only one)

Excluding Loans	numbered	mbered line)		
NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee	•		_
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Natu	re of Debt (Purpose):	
PUBLICATION & GENERAL MO	GMT.	MA	NAGEMENT &DP SÉRVICE	
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		Tr	ansaction ID : INV6010000112671	
3000.00				
Amount Insured This David	December This Device	-	statematics. Delegate at Class of This	Daviad
Amount Incurred This Period	Payment This Period	J 0	itstanding Balance at Close of This	Period
0.00		0.00	3000.0	0
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		re of Debt (Purpose):	
PUBLICATION & GENERAL MG	MT.	MA	NAGEMENT &D P SERVICES	
Mailing Address P.O. BOX 836				
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		т	ransaction ID : INV6010000112672	
3000.00				
Amount Incurred This Period	Payment This Period	d O	itstanding Balance at Close of This	Period
0.00		0.00	3000.0	0
C. Full Name (Last, First, Middle Initial) of Debtor	or Craditor	Note	ero of Doht (Duranco)	
PUBLICATION & GENERAL MO			re of Debt (Purpose): NAGEMENT &DP SERVICES	
Mailing Address P.O. BOX 836				
City	State Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period		т	ransaction ID : INV6010000112673	
3000.00				
Amount Incurred This Period	Payment This Period	4 0	Itstanding Balance at Close of This	Pariod
	rayinent mis renot			
0.00		0.00	3000.0	0
SUBTOTALS This Period This Page (optional)		>	9000.0	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	ge only) ▶		

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NAME OF COMM National De	MITTEE (In Full) emocratic Policy Committe	e			
A. Full Name	e (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):
	ICATION & GENERAL MO	GMT.		MANGEME	NT &DP SERVICES
Mailing Addre	P.O. BOX 836				
City LEESBURG	State	Zip Code VA 2	22075		
Outstanding	g Balance Beginning This Period			Transaction	on ID : INV6010000112674
	3000.00				
Ame	ount Incurred This Period	Payment ¹	This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.00		3000.00
B Full Name	(Last, First, Middle Initial) of Debtor	or Craditor		Noture of D	cht (Purnoss):
	CATION & GENERAL MC				ebt (Purpose): ENT & DP SERVICES
Mailing Addre	P.O. BOX 836				
1 '	State	Zip Code			
LEESBURG		VA 2	22075		
Outstanding	g Balance Beginning This Period			Transact	ion ID : INV6010000112675
	3000.00				
Am	ount Incurred This Period	Payment ¹	This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.00		3000.00
	e (Last, First, Middle Initial) of Debtor				ebt (Purpose): IENT & DP SERVICES
Mailing Addre	P.O. BOX 836				
City		State Zip	Code		
LEESBURG		VA 22	2075		
Outstanding	g Balance Beginning This Period 3000.00			Transact	ion ID : INV6010000112676
Am	ount Incurred This Period	Payment	This Period	Outstandir	ng Balance at Close of This Period
	0.00		0.00		3000.00
1) SUBTOTALS	S This Period This Page (optional))		9000.00
2) TOTALS Thi	is Period (last page this line number	only)			
3) TOTAL OUT	TSTANDING LOANS from Schedule (Clast page only)		·	, , , , , , , , ,
4) ADD 2) and	3) and carry forward to appropriate	line of Summary Pac	ge (last page only)		

(Use separate schedule(s) for each

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PAGE 126 OF 144

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AME OF COMMITTEE (In Full) National Democratic Policy Comm	ittee		
A. Full Name (Last, First, Middle Initial) of De	btor or Creditor	Nature of Debt (Purp	ose):
PUBLICATION & GENERAL	MGMT.	MANAGEMENT & D	P SERVICE
Mailing Address P.O. BOX 836			
City State LEESBURG	Zip Code VA 22075		
Outstanding Balance Beginning This Period		Transaction ID : IN	V6010000112677
3000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.0)	3000.00
B. Full Name (Last, First, Middle Initial) of Det	otor or Creditor	Nature of Debt (Purp	ose):
PUROLATOR COURIER COF		EXPRESS PACKAG	
Mailing Address 3333 NEW HYDE PARK ROA	AD		
City State	Zip Code		
NEW HYDE PARK	NY 11042		
Outstanding Balance Beginning This Period		Transaction ID : II	NV6010000112891
55.10 Amount Incurred This Period	Payment This Period	Outstanding Baland	e at Close of This Period
0.00	0.0)	55.10
C. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of Debt (Purp ROOM RENTALS	ose):
Mailing Address 1-3 WATERVLIET AVE.			
City ALBANY	State Zip Code NY 12206		
Outstanding Balance Beginning This Period		Transaction ID : II	NV6010000112892
43.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance	e at Close of This Period
0.00	0.0		43.45
SUBTOTALS This Period This Page (optional)	•	3098.55
TOTALS This Period (last page this line num	ber only)	·,	.,
TOTAL OUTSTANDING LOANS from Schedu	ile C (last page only)	·,	. ,
ADD 2) and 3) and carry forward to appropris	ate line of Summary Page (last page only) ▶	

Excluding Loans

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PAGE 127 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full) National Democratic Policy Committ	ee	
		1
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose): ROOM RENTALS
RAMADA INN CASPER		
Mailing Address PO BOX 2917		
City State	Zip Code	
CASPER	WY 82602	
Outstanding Balance Beginning This Period		Transaction ID : INV6010000112893
108.85		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	108.85
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
RAMADA INN ST. LOUIS		ROOM RENTALS
Mailing Address 9636 NATURAL BRIDGE RD.		
City State	Zip Code	
ST. LOUIS	MO 63134	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112894
52.31		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	52.31
C. Full Name (Last, First, Middle Initial) of Debto RAMADA INN-SAN ANTONIO	or or Creditor	Nature of Debt (Purpose): ROOM RENTALS
Mailing Address 3645 N. PAN AM EXPRESSWA	Y	
City	State Zip Code	
SAN ANTONIO	TX 78219	
Outstanding Balance Beginning This Period		Transaction ID: INV6010000112897
60.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	60.00
SUBTOTALS This Period This Page (optional)		221.16
TOTALS This Period (last page this line number	only)	<u> </u>
) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	•
) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	>

Excluding Loans

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

PAGE 128 OF 144 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE National Democ	(In Full) ratic Policy Committee	е			
, , , ,	First, Middle Initial) of Debtor NCE MARKETING	or Creditor			Nature of Debt (Purpose): OFFICE RENT
Mailing Address ₁₂	49 WASHINGTON BLVD. STE.	626			
City State DETROIT		Zip Code MI	48226		
Outstanding Balan	ce Beginning This Period				Transaction ID : INV6010000112898
	600.00				
Amount Inc	curred This Period	Payı	ment This Period	0.00	Outstanding Balance at Close of This Period
	0.00			0.00	600.00
B. Full Name (Last, RHEA, BOY	First, Middle Initial) of Debtor of D & RHEA	or Creditor			Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES
	FORREST AVENUE				
City State GADSDEN		Zip Code AL	35901		
Outstanding Balan	ce Beginning This Period 24.60				Transaction ID : INV6010000114208
Amount Inc	curred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	24.60
C. Full Name (Last, RICHARD I	First, Middle Initial) of Debtor MAGRAW	or Creditor			Nature of Debt (Purpose): AUTO RENTAL
Mailing Address 22	-60 23RD ST.				
City ASTORIA		State NY	Zip Code 11105		
Outstanding Balan	ce Beginning This Period				Transaction ID : INV6010000112394
Amount Inc	curred This Period	Payı	ment This Period		Outstanding Balance at Close of This Period
	0.00	,	,	0.00	114.90
1) SUBTOTALS This F	Period This Page (optional)				739.50
2) TOTALS This Period	d (last page this line number of	only)		>	
3) TOTAL OUTSTAND	ING LOANS from Schedule C	(last page on	ly)	>	
4) ADD 2) and 3) and	carry forward to appropriate li	ne of Summar	ry Page (last page	only) ▶	

Excluding Loans

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

PAGE 129 OF 144 FOR LINE NUMBER: (check only one)

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e			
	A. Full Name (Last, First, Middle Initial) of Debtor ROBERT COLE	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 4119 W. BELLEPLAINE #2W				
	City State CHICAGO	Zip Code IL	60641		
	Outstanding Balance Beginning This Period				Transaction ID : INV6010000112305
	1243.95				
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	1243.95
	B. Full Name (Last, First, Middle Initial) of Debtor (ROBERT KAY	or Creditor			Nature of Debt (Purpose): TRAVEL AND LODGING
	Mailing Address 22-49 38TH ST.				
	City State ASTORIA	Zip Code NY	11105		
	Outstanding Balance Beginning This Period 19.74				Transaction ID : INV6010000112375
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00			0.00	19.74
	C. Full Name (Last, First, Middle Initial) of Debtor ROGER HAM	or Creditor			Nature of Debt (Purpose): ROOM RENTALS
	Mailing Address 2 PINEHURST				
	City NEW YORK CITY	State NY	Zip Code 10033		
	Outstanding Balance Beginning This Period 207.82				Transaction ID : INV6010000112330
	Amount Incurred This Period	Pay	ment This Period		Outstanding Balance at Close of This Period
	0.00	1 1 7		0.00	207.82
1)	SUBTOTALS This Period This Page (optional)			>	1471.51
2)	TOTALS This Period (last page this line number of	only)		>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	>	
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ary Page (last page	e only) ►	

Excluding Loans

(Use separate schedule(s) for each

PAGE 130 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)	maitta a		•	
National Democratic Policy Com	mittee			
A. Full Name (Last, First, Middle Initial) of	Debtor or Creditor		Nature of Debt (Pur	pose):
RONALD KOKINDA			CONSULTING	
Mailing Address 36-5 FORT EVANS ROAD	, NE		_	
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period	od		Transaction ID : I	NV6010000114750
524.50				
Amount Incurred This Period	Payment This Per	od	Outstanding Balar	nce at Close of This Period
0.00		0.00		524.50
B. Full Name (Last, First, Middle Initial) of D	ehtor or Creditor		Nature of Debt (Pur	nose).
RONALD KOKINDA	obtor or Greater		CONSULTING	p030).
Mailing Address 36-5 FORT EVANS ROAD,	, NE		_	
City State	Zip Code			
LEESBURG	VA 22075			
Outstanding Balance Beginning This Period	od		Transaction ID :	INV6010000114756
1600.00				
Amount Incurred This Period	Payment This Per	iod	Outstanding Balar	nce at Close of This Period
0.00		0.00	,	1600.00
C. Full Name (Last, First, Middle Initial) of	Debtor or Creditor		Nature of Debt (Pur	pose):
SAFEWAY PRINTING			PRINTING	
Mailing Address 3276 WEST 6TH ST.			_	
City	State Zip Code			
LOS ANGELES	CA 90020			
Outstanding Balance Beginning This Period	od		Transaction ID :	INV6010000112901
300.38				
	Payment This Per	ind	Outstanding Ralar	aco at Class of This Pariod
Amount Incurred This Period	Payment This Per		Outstanding Balar	ace at Close of This Period
0.00		0.00		300.38
) SUBTOTALS This Period This Page (option	nal)	>		2424.88
) TOTALS This Period (last page this line nu	ımber only)	>		7
) TOTAL OUTSTANDING LOANS from Sche	edule C (last page only)	>		.,
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Excluding Loans

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PAGE 131 OF 144 FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (National Democra	In Full) atic Policy Committe	е	·	
	FIRST CONTROL OF THE	Nature of Debt (Purpose): POSTAGE		
	NOREIGA ST.			
City State SAN FRANCISCO		Zip Code CA	94122	
Outstanding Balance	e Beginning This Period			Transaction ID : INV6010000112902
	413.47			
Amount Incu	rred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	413.47
B. Full Name (Last, Fi	rst, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): AIR TRAVEL
Mailing Address 253	- 12 UNION TURNPIKE			
City State FLORAL PARK		Zip Code NY	11004	
	e Beginning This Period	INI		Transaction ID : INV6010000113737
Amount Incu	rred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
7	0.00	,	0.00	290.00
C. Full Name (Last, F	First, Middle Initial) of Debtor CI TRAVEL	or Creditor		Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL
Mailing Address 253	- 12 UNION TURNPIKE			
City FLORAL PARK		State NY	Zip Code 11004	
Outstanding Balance	e Beginning This Period			Transaction ID : INV6010000113743
	40.00			
Amount Incu	rred This Period	Payr	nent This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	40.00
1) SUBTOTALS This Pe	eriod This Page (optional)			743.47
2) TOTALS This Period	(last page this line number	only)	>	3
3) TOTAL OUTSTANDIN	NG LOANS from Schedule C	C (last page on	ly)	7 7
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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PAGE 132 OF 144 FOR LINE NUMBER: (check only one)

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excluding Loans			numb	ered line)	 X 10
NAME OF COMMITTEE (In Full) National Democratic Policy Commit	ttee		•		
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor			Nature of Del	bt (Purpose):
SEGAL, MORAN & FEINBER	G			ATTORNEY	FEES
Mailing Address 210 COMMERCIAL STREET					
City State	Zip Code				
BOSTON	MA	02109			
Outstanding Balance Beginning This Period				Transaction	n ID : INV6010000113750
712.50					
Amount Incurred This Period	Pay	ment This Period		Outstanding	Balance at Close of This Period
	· · · · ·		1		
0.00			0.00		712.50
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor			Nature of Del	
SEVEN SEAS MOTOR INN				ROOM REN	TALS
Mailing Address 1823 OLD RED TRAIL					
01-1-	7'- 0-1-				
City State	Zip Code	EOEE A			
MANDAN	ND	58554			
Outstanding Balance Beginning This Period				Transactio	on ID : INV6010000112903
46.40					
46.12					
Amount Incurred This Period	Pay	ment This Period		Outstanding	Balance at Close of This Period
0.00			0.00		46.12
0.00			0.00		40.12
C. Full Name (Last, First, Middle Initial) of Deb SHERATON COLUMBUS PLA				Nature of Del	bt (Purpose): COTT/CONG
Markey Address					
Mailing Address 50 NORTH THIRD STREET					
City	State	Zip Code			
COLUMBUS	ОН	43215			
Outstanding Polones Posinning This Povied				Transactio	on ID : INV6010000112906
Outstanding Balance Beginning This Period				Transactio	JII ID . 114 V 00 1 0 0 00 0 1 1 2 9 0 0
50.00					
Amount Incurred This Period	Pov	ment This Period		Outstanding	Release at Class of This Pariod
Altiount incurred This Feriod	Гау	ment mis renou		Outstanding	Balance at Close of This Period
0.00			0.00		50.00
	,				,
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1) SUBTOTALS This Period This Page (optional).				1	808.62
, <u> </u>					
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	- *				
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page or	าly)		<u></u>	, ,
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NAME OF COMMITTEE (In Full) National Democratic Policy Committe	e			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature o	of Debt (Purpose):
SOLOMON, FOLEY & MORAN			ATTY F	FEE: L. BOYLE/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING				
City State	Zip Code			
DETROIT	MI	48226		
Outstanding Release Regioning This Region			Trans	action ID : INV6010000112908
Outstanding Balance Beginning This Period			Trans	
538.45				
A LITTLE DOLLAR			0	
Amount Incurred This Period	Payr	nent This Period	Outsta	anding Balance at Close of This Period
0.00			0.00	538.45
D. Full Name (Least First Middle 1995) of Dahton			1.51	(5.1.6)
B. Full Name (Last, First, Middle Initial) of Debtor (or Creditor			of Debt (Purpose): FEE: S. CROCKER/CONG
SOLOMON, FOLEY & MORAN			AIII	EE. S. CROCKER/CONG
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING City State	Zip Code			
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112909
			ITalis	Saction 15 : 11440010000112303
538.45				
Amount Incurred This Period	Payr	nent This Period	Outsta	anding Balance at Close of This Period
0.00		(0.00	538.45
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of	of Debt (Purpose):
SOLOMON, FOLEY & MORAN			ATTY F	FEE: M. DEAN/USS
Mailing Address ATTORNEYS AT LAW				
2280 PENOBSCOT BUILDING				
City	State	Zip Code		
DETROIT	MI	48226		
Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112910
538.46				
	_			
Amount Incurred This Period	Payr	nent This Period	Outsta	anding Balance at Close of This Period
0.00			0.00	538.46
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Com	mittee	
A. Full Name (Last, First, Middle Initial) of SOLOMON, FOLEY & MO		Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG
Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILI	DING	
City State DETROIT	Zip Code MI 48226	
Outstanding Balance Beginning This Peri	od	Transaction ID : INV6010000112911
538.46		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	538.46
B. Full Name (Last, First, Middle Initial) of I SOLOMON, FOLEY & MOR		Nature of Debt (Purpose): ATTY FEE: E.SEFCOVIC/CONG
Mailing Address ATTORNEYS AT LAW		
2280 PENOBSCOT BUILD City State	DING Zip Code	_
DETROIT	MI 48226	
Outstanding Balance Beginning This Peri	od	Transaction ID : INV6010000112912
538.46		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	538.46
C. Full Name (Last, First, Middle Initial) of SOLOMON, FOLEY & MOI		Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG
Mailing Address ATTORNEYS AT LAW		
2280 PENOBSCOT BUILI City	DING State Zip Code	_
DETROIT	MI 48226	
Outstanding Balance Beginning This Peri	od	Transaction ID: INV6010000112913
538.46		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	538.46
1) SUBTOTALS This Period This Page (option	nal)	1615.38
2) TOTALS This Period (last page this line n	umber only)	
3) TOTAL OUTSTANDING LOANS from Sch	edule C (last page only)	
4) ADD 2) and 3) and carry forward to appro	priate line of Summary Page (last page only) ▶	

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112914 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112915 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 538.46 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Transaction ID: INV6010000112916 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 1615.38 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: O. WALKER/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112917 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD State City Zip Code **BALTIMORE** 21227 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000114478 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 915.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** 21227 MD Transaction ID: INV6010000114479 Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 1653.46 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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PAGE 137 OF 144 FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full)				P 1
National Democratic Policy Committe	ее			
A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of	Debt (Purpose):
SOUTHEAST POLITICAL LITE	RATURE		FLD OFF	C TELEPHONÉ USAGE
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
City State	Zip Code			
BALTIMORE	MD	21227		
Outstanding Balance Beginning This Period			Transac	tion ID : INV6010000114480
915.00				
Amount Incurred This Period	Paym	ent This Period	Outstand	ding Balance at Close of This Period
0.00			.00	915.00
, , , , , , , , , , , , , , , , , , , ,				
B. Full Name (Last, First, Middle Initial) of Debtor SOUTHEAST POLITICAL LITEF				Debt (Purpose): FFICE RENT
Mailing Address SALES & DISTRIBUTION INC.				
Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD				
City State	Zip Code			
BALTIMORE	MD	21227		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000114481
200.00				
Amount Incurred This Period	Paym	ent This Period	Outstand	ding Balance at Close of This Period
0.00	,	0	.00	200.00
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of	Debt (Purpose):
SOUTHEAST POLITICAL LITE				ONE USAGE
Mailing Address SALES & DISTRIBUTION, INC.				
3916-A VERO ROAD				
City BALTIMORE	State MD	Zip Code 21227		
Outstanding Balance Beginning This Period			Transa	ction ID : INV6010000114482
915.00				
Amount Incurred This Period	Dove	ont This Pariod	Outstand	ding Balance at Close of This Period
	rayıı	ent This Period		· · · · · · · · · · · · · · · · · · ·
0.00	7		.00	915.00
) SUBTOTALS This Period This Page (optional)			}	2030.00
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) TOTAL OUTSTANDING LOANS from Schedule (
				7
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD State Zip Code **BALTIMORE** 21227 Transaction ID: INV6010000114483 Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** STATE OF CALIFORNIA Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM City State Zip Code **SACRAMENTO** CA 95814 Outstanding Balance Beginning This Period Transaction ID: INV6010000112389 53.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 53.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** STATLER BUFFALO Mailing Address 107 DELAWARE AVENUE City State Zip Code **BUFFALO** 14202 NY Transaction ID: INV6010000112918 Outstanding Balance Beginning This Period 85.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 85.00 0.00 338.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	e			
	A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature	of Debt (Purpose):
	SYRACUSE AIRPORT INN			ROOM	M RENTALS
	Mailing Address HANCOCK AIRPORT				
ı	City State	Zip Code			
	NORTH SYRACUSE	NY	13212		
	Outstanding Balance Beginning This Period			Trans	saction ID : INV6010000112921
	19.00				
	Amount Incurred This Period	Pay	ment This Period	Outst	tanding Balance at Close of This Period
	0.00			0.00	19.00
-	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature	of Debt (Purpose):
	TED HERBERT				FEES & EXP-GA DEM SL
	Mailing Address 142 FOREST AVENUE N.E.				
ł	City State	Zip Code			
	MARIETTA	GA	30060		
	Outstanding Balance Beginning This Period			Trar	nsaction ID : INV6010000114387
	1088.20				
	Amount Incurred This Period	Pay	ment This Period	Outst	tanding Balance at Close of This Period
	0.00		,	0.00	1088.20
ı	C. Full Name (Last, First, Middle Initial) of Debtor TED HERBERT	or Creditor			of Debt (Purpose): FEES & EXP-GA DEM SL
	Mailing Address 142 FOREST AVENUE N.E.				
ł	City	State	Zip Code		
	MARIETTA	GA	30060		
	Outstanding Balance Beginning This Period			Trar	nsaction ID : INV6010000114393
	800.00				
	Amount Incurred This Period	Pav	ment This Period	Outst	tanding Balance at Close of This Period
	0.00			0.00	800.00
	0.00	7	7	0.00	000.00
1)	SUBTOTALS This Period This Page (optional)			.	1907.20
2)	TOTALS This Period (last page this line number of	only)			
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)		
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page o	only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 140 OF
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(check only one)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** THE CHANCELLOR HOTEL Mailing Address 1501 SOUTH NEIL STREET State Zip Code **CHAMPAIGN** 61820 Transaction ID: INV6010000112301 Outstanding Balance Beginning This Period 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 25.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** THE COLONNADE Mailing Address 120 HUNTINGTON AVENUE City State Zip Code **BOSTON** 02116 MA Outstanding Balance Beginning This Period Transaction ID: INV6010000112306 75.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 75.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** THE PRESS CLUB OF HOUSTON Mailing Address THE WORLD TRADE CENTER 1520 TEXAS AVENUE City State Zip Code HOUSTON 77002 TX Transaction ID: INV6010000112890 Outstanding Balance Beginning This Period 25.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 25.00 0.00 125.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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

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

Excluding Loans

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

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	ME OF COMMITTEE (In Full) ational Democratic Policy Committe	ee			
	A. Full Name (Last, First, Middle Initial) of Debtor VITA OBERSCHNEIDER	Nature of Debt (Purpose): ROOM RENTALS	Nature of Debt (Purpose): ROOM RENTALS		
•	Mailing Address 544 OAK HILL RD.				
	City State ELGIN	Zip Code IL	60120		
	Outstanding Balance Beginning This Period			Transaction ID : INV60	10000112404
	149.16				
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at	Close of This Period
	0.00	7	0.	0	149.16
	B. Full Name (Last, First, Middle Initial) of Debtor WESTBOROUGH PLAZA HOTE			Nature of Debt (Purpose) MEETING ROOM RENTA	
	Mailing Address 5 TURNPIKE ROAD				
	City State WESTBOROUGH	Zip Code MA	01581		
	Outstanding Balance Beginning This Period 54.25			Transaction ID : INV60	010000114249
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at	Close of This Period
	0.00		0.	0	54.25
•	C. Full Name (Last, First, Middle Initial) of Debtor WESTERN UNION INTERNATION			Nature of Debt (Purpose) TELEPHONE	:
	Mailing Address BOX 6022 CHRUCH ST. STA.				
	City NEW YORK	State NY	Zip Code 10008		
	Outstanding Balance Beginning This Period			Transaction ID : INV60	010000112926
	18.42	Po	mant This Pariod	Outstanding Palance at	Class of This Pariod
	Amount Incurred This Period 0.00	Pay	ment This Period 0.	Outstanding Balance at	18.42
1)	SUBTOTALS This Period This Page (optional)			<u> </u>	221.83
2)	TOTALS This Period (last page this line number	only)		<u> </u>	,
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page o	nly)	<u> </u>	,
4)	ADD 2) and 3) and carry forward to appropriate I	<i>(</i>) ►	,		

Excluding Loans

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

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee	ee		
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose): TYPE SETTING
Mailing Address 722 EAST MARKET STREET			
City State LEESBURG	Zip Code VA	22075	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112983
741.67			
Amount Incurred This Period	Paymen	t This Period	Outstanding Balance at Close of This Period
0.00		0.00	741.67
B. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP	or Creditor		Nature of Debt (Purpose): TYPE & ART
Mailing Address 722 EAST MARKET STREET			
City State LEESBURG	Zip Code VA	22075	
Outstanding Balance Beginning This Period 926.37			Transaction ID : INV6010000112988
Amount Incurred This Period	Paymen	t This Period	Outstanding Balance at Close of This Period
0.00		0.00	926.37
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WORLDCOMP			Nature of Debt (Purpose): TYPE & ART
Mailing Address 722 EAST MARKET STREET			
City LEESBURG		ip Code 22075	
Outstanding Balance Beginning This Period			Transaction ID : INV6010000112992
71.58			
Amount Incurred This Period	Paymen	t This Period	Outstanding Balance at Close of This Period
0.00		0.00	71.58
1) SUBTOTALS This Period This Page (optional)		>	1739.62
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) ▶			

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

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(check only one) **Excluding Loans** NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TYPE SETTING WORLDCOMP Mailing Address 722 EAST MARKET STREET State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112993 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** YMCA SYRACUSE Mailing Address 340 MONTGOMERY STREET City State Zip Code SYRACUSE NY 13202 Outstanding Balance Beginning This Period Transaction ID: INV6010000112994 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 25.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MAILING LABELS-SUB LISTS ZELLER & LETICA INC. Mailing Address 15 E. 26TH ST. Zip Code City State **NEW YORK** 10010 NY Transaction ID: INV6010000112995 Outstanding Balance Beginning This Period 57.84 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 57 84 0.00