

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Sheldon Schwartz for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	50.00	50.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	50.00	50.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	227445.54	381047.19
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	227445.54	381047.19
8. Cash on Hand at Close of Reporting Period (from Line 27)	15948.75	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	413876.50	

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 3 (Revised 12/2003)

Write or Type Committee Name

Sheldon Schwartz for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50.00	50.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	50.00	50.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	50.00	50.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	213249.84	396866.50
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	213249.84	396866.50
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	213299.84	396916.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	227445.54	381047.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	227445.54	381047.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	30094.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	213299.84
25. SUBTOTAL (add Line 23 and Line 24).....	243394.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	227445.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15948.75

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
J Sweeney

Mailing Address 80 Captain Pierce Rd

City Scituate State MA Zip Code 02066-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer cmt Occupation manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : VNVRXCHBMX3

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

50.00

50.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 86
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **187494.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : VNVRXCEJAS0

Amount of Each Receipt this Period
3877.62

B. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **187504.28**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2014

Transaction ID : VNVRXCEJE92

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **191179.58**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : VNVRXCEJAV6

Amount of Each Receipt this Period
3675.30

SUBTOTAL of Receipts This Page (optional).....

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

7562.92

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **221292.27**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : VNVRXCEJAX1

Amount of Each Receipt this Period
 112.69

B. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **221292.27**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2014

Transaction ID : VNVRXCEJB96

Amount of Each Receipt this Period
 30000.00

C. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **221389.27**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2014

Transaction ID : VNVRXCEJDZ3

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional).....

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

30151.69

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 86
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **221389.27**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2014

Transaction ID : VNVRXCEJE42

Amount of Each Receipt this Period
 58.00

B. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **221399.27**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : VNVRXCEJE76

Amount of Each Receipt this Period
 10.00

C. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **221777.83**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : VNVRXCEJB63

Amount of Each Receipt this Period
 378.56

SUBTOTAL of Receipts This Page (optional).....

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

446.56

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 86
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
256782.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : VNVRXCEJBB2

Amount of Each Receipt this Period
35000.00

B. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
256782.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : VNVRXCEJEE1

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
269282.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : VNVRXCEJBD8

Amount of Each Receipt this Period
12500.00

SUBTOTAL of Receipts This Page (optional).....

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

47505.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 86
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **271091.31**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2014

Transaction ID : VNVRXCEJB39

Amount of Each Receipt this Period
1806.73

B. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **271091.31**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 03 / 2014

Transaction ID : VNVRXCJQP6

Amount of Each Receipt this Period
1.75

C. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **306111.31**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 04 / 2014

Transaction ID : VNVRXCJN232

Amount of Each Receipt this Period
35000.00

SUBTOTAL of Receipts This Page (optional).....

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

36808.48

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 86
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **306111.31**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2014

Transaction ID : VNVRXCJQY55

Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **306151.31**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2014

Transaction ID : VNVRXCJQY21

Amount of Each Receipt this Period
 40.00

C. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **306170.31**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014

Transaction ID : VNVRXCJZ2J0

Amount of Each Receipt this Period
 19.00

SUBTOTAL of Receipts This Page (optional).....

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

79.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 86
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **306172.06**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 10 / 2014

Transaction ID : VNVRXCJQYG2

Amount of Each Receipt this Period
 1.75

B. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **306177.06**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2014

Transaction ID : VNVRXCJQYH9

Amount of Each Receipt this Period
 5.00

C. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **396477.06**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : VNVRXCJN266

Amount of Each Receipt this Period
 90000.00

SUBTOTAL of Receipts This Page (optional).....

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

90006.75

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 86
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **396477.06**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2014

Transaction ID : VNVRXCJN282

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **396837.50**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 14 / 2014

Transaction ID : VNVRXCJN327

Amount of Each Receipt this Period
 360.44

C. Full Name (Last, First, Middle Initial)
Sheldon Schwartz

Mailing Address 5 Abernathy Rd

City Lexington State MA Zip Code 02420-2510

FEC ID number of contributing federal political committee. **C H4MA05175**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **396846.50**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2014

Transaction ID : VNVRXCJQYK5

Amount of Each Receipt this Period
 9.00

SUBTOTAL of Receipts This Page (optional).....

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

669.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Victor Abraham		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 5229 Marina Club Dr		Amount of Each Disbursement this Period 1250.00 Transaction ID : VNTSN9ND658
City Wilmington	State NC	
Zip Code 28409-4101	Purpose of Disbursement Field consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Victor Abraham		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 5229 Marina Club Dr		Amount of Each Disbursement this Period 1042.00 Transaction ID : VNTSN9NTFZ3
City Wilmington	State NC	
Zip Code 28409-4101	Purpose of Disbursement Field consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Whitney Adrian		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 127 Washington St		Amount of Each Disbursement this Period 645.20 Transaction ID : VNTSN9ND666
City Boxford	State MA	
Zip Code 01921-1208	Purpose of Disbursement Field Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2937.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Whitney Adrian		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 127 Washington St		Amount of Each Disbursement this Period 1250.00 Transaction ID : VNTSN9NTG01
City Boxford	State MA	
Zip Code 01921-1208	Purpose of Disbursement Field consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AL Prime		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 175 Lafayette St		Amount of Each Disbursement this Period 49.01 Transaction ID : VNTSN9ND6N4
City Salem	State MA	
Zip Code 01970-4831	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. All Seasons Table		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 64 Pleasant St		Amount of Each Disbursement this Period 41.10 Transaction ID : VNTSN9ND6M6
City Malden	State MA	
Zip Code 02148-4905	Purpose of Disbursement Recruiting meeting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1340.11
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

A. Ann Taylor

Full Name (Last, First, Middle Initial)
Mailing Address 1 Premium Outlet Blvd

City Wrentham State MA Zip Code 02093-1570

Purpose of Disbursement
Clothes for photos

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 03 / 2014

Amount of Each Disbursement this Period
138.45

Transaction ID : VNTSN9ND769

B. Beto Moraes Communications News

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1101

City Concord State MA Zip Code 01742-1101

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 14 / 2014

Amount of Each Disbursement this Period
2400.00

Transaction ID : VNTSN9ND5N1

c. Boston Rebbe

Full Name (Last, First, Middle Initial)
Mailing Address 1710 Beacon St

City Brookline State MA Zip Code 02445-2124

Purpose of Disbursement
Donation to Boston Rebbe

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 12 / 2014

Amount of Each Disbursement this Period
5.00

Transaction ID : VNTSN9NTFN4

SUBTOTAL of Disbursements This Page (optional)..... 2543.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Brazilian Women's Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 697 Cambridge St		Amount of Each Disbursement this Period 10.00
City Brighton	State MA	
Zip Code 02135-2897	Purpose of Disbursement Contribution	Transaction ID : VNTSN9ND7M9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brooks Brothers		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 1 Premium Outlet Blvd		Amount of Each Disbursement this Period 240.51
City Wrentham	State MA	
Zip Code 02093-1570	Purpose of Disbursement Clothes for photos	Transaction ID : VNTSN9ND7D4
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Burger King		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014
Mailing Address 1350 Boylston St		Amount of Each Disbursement this Period 20.00
City Boston	State MA	
Zip Code 02215-4302	Purpose of Disbursement Latino Day	Transaction ID : VNTSN9NTFH3
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	270.51
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Calvin Klein		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 1 Premium Outlet Blvd		Amount of Each Disbursement this Period 43.99
City Wrentham	State MA	
Zip Code 02093-1570	Purpose of Disbursement Clothes for photos	Transaction ID : VNTSN9ND776
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cambridge Offset Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 548.94
City Cambridge	State MA	
Zip Code 02140-2005	Purpose of Disbursement Printing	Transaction ID : VNTSN9ND6G5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cambridge Offset Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 334.69
City Cambridge	State MA	
Zip Code 02140-2005	Purpose of Disbursement Printing	Transaction ID : VNTSN9ND6H3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	927.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Cambridge Offset Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 1927.41
City Cambridge	State MA	
Zip Code 02140-2005	Purpose of Disbursement Printing	Transaction ID : VNTSN9ND6J1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cambridge Offset Printing		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 823.16
City Cambridge	State MA	
Zip Code 02140-2005	Purpose of Disbursement Printing	Transaction ID : VNTSN9ND6K8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Beryl Chong		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 3055 16th St NW Apt 801		Amount of Each Disbursement this Period 2750.00
City Washington	State DC	
Zip Code 20009-4239	Purpose of Disbursement Communication director	Transaction ID : VNTSN9ND5S3
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5500.57
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Beryl Chong		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 3055 16th St NW Apt 801		Amount of Each Disbursement this Period 2750.00 Transaction ID : VNTSN9ND616
City Washington	State DC	
Zip Code 20009-4239	Purpose of Disbursement Communication consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1776 Massachusetts Ave		Amount of Each Disbursement this Period 20.00 Transaction ID : VNTSN9NTG51
City Lexington	State MA	
Zip Code 02420-5302	Purpose of Disbursement Bank fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. City of Boston		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 1 City Hall Sq		Amount of Each Disbursement this Period 5.00 Transaction ID : VNTSN9NTFC3
City Boston	State MA	
Zip Code 02201-1020	Purpose of Disbursement Parking meter	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Clark's Outlet		Date of Disbursement MM / DD / YYYY 08 / 03 / 2014
Mailing Address 1 Premium Outlet Blvd		Amount of Each Disbursement this Period 93.48 Transaction ID : VNTSN9ND751
City Wrentham	State MA	
Zip Code 02093-1570	Purpose of Disbursement Clothes for photos	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Costco		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 71 2nd Ave		Amount of Each Disbursement this Period 956.24 Transaction ID : VNTSN9ND6B5
City Waltham	State MA	
Zip Code 02451-1107	Purpose of Disbursement Camera	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Costco		Date of Disbursement MM / DD / YYYY 08 / 03 / 2014
Mailing Address 71 2nd Ave		Amount of Each Disbursement this Period 26.19 Transaction ID : VNTSN9ND792
City Waltham	State MA	
Zip Code 02451-1107	Purpose of Disbursement Food for meeting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1075.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Costco		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 71 2nd Ave		Amount of Each Disbursement this Period 128.08
City Waltham	State MA	
Zip Code 02451-1107	Purpose of Disbursement Office supplies	Transaction ID : VNTSN9ND7A0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Countryside Barbershop		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 323 Woburn St		Amount of Each Disbursement this Period 19.00
City Lexington	State MA	
Zip Code 02420-2200	Purpose of Disbursement Haircut	Transaction ID : VNTSN9NTKA6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Cumberland Farms		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 324 Marrett Rd		Amount of Each Disbursement this Period 7.68
City Lexington	State MA	
Zip Code 02421-7906	Purpose of Disbursement Gas	Transaction ID : VNTSN9ND6P2
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	154.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Cumberland Farms			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014		
Mailing Address 324 Marrett Rd			Amount of Each Disbursement this Period 56.00		
City Lexington	State MA	Zip Code 02421-7906	Transaction ID : VNTSN9ND6Q0		
Purpose of Disbursement Gas		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) B. Cumberland Farms			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014		
Mailing Address 324 Marrett Rd			Amount of Each Disbursement this Period 33.97		
City Lexington	State MA	Zip Code 02421-7906	Transaction ID : VNTSN9ND6V2		
Purpose of Disbursement Gas		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) C. Cumberland Farms			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014		
Mailing Address 324 Marrett Rd			Amount of Each Disbursement this Period 12.10		
City Lexington	State MA	Zip Code 02421-7906	Transaction ID : VNTSN9ND6W0		
Purpose of Disbursement Gas		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	102.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Cumberland Farms			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 324 Marrett Rd			Amount of Each Disbursement this Period 67.16 Transaction ID : VNTSN9ND6X7
City Lexington	State MA	Zip Code 02421-7906	
Purpose of Disbursement Gas		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Cumberland Farms			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 324 Marrett Rd			Amount of Each Disbursement this Period 7.68 Transaction ID : VNTSN9ND719
City Lexington	State MA	Zip Code 02421-7906	
Purpose of Disbursement Gas		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. Cummings Executive Suites			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 200 W Cummings Park			Amount of Each Disbursement this Period 726.06 Transaction ID : VNTSN9ND5H0
City Woburn	State MA	Zip Code 01801-6333	
Purpose of Disbursement Rent		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	800.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Cummings Executive Suites			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 200 W Cummings Park			Amount of Each Disbursement this Period 1040.00 Transaction ID : VNTSN9ND624
City Woburn	State MA	Zip Code 01801-6333	
Purpose of Disbursement Rent		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Zack Czajkowski			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1083 Burning Tree Dr			Amount of Each Disbursement this Period 2000.00 Transaction ID : VNTSN9ND5T1
City Chapel Hill	State NC	Zip Code 27517-5611	
Purpose of Disbursement Field consultant		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Zack Czajkowski			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 1083 Burning Tree Dr			Amount of Each Disbursement this Period 2000.00 Transaction ID : VNTSN9ND5V9
City Chapel Hill	State NC	Zip Code 27517-5611	
Purpose of Disbursement Field consultant		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	5040.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. David Dang		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 20 Bates Ave		Amount of Each Disbursement this Period 625.00 Transaction ID : VNTSN9ND674
City Quincy	State MA Zip Code 02169-1508	
Purpose of Disbursement Field consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Dang		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 20 Bates Ave		Amount of Each Disbursement this Period 1250.00 Transaction ID : VNTSN9NTG19
City Quincy	State MA Zip Code 02169-1508	
Purpose of Disbursement Field consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Diva		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 246 Elm St		Amount of Each Disbursement this Period 9.00 Transaction ID : VNTSN9NTG43
City Somerville	State MA Zip Code 02144-2941	
Purpose of Disbursement Food		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1884.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Dunkin Donuts		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 486 High St		Amount of Each Disbursement this Period 2.56
City Medford	State MA	
Zip Code 02155-3657	Purpose of Disbursement Coffee/meeting	Transaction ID : VNTSN9ND6E9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Exel Management Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 133 Rosemont Dr		Amount of Each Disbursement this Period 6666.67
City North Andover	State MA	
Zip Code 01845-4737	Purpose of Disbursement Advertising	Transaction ID : VNTSN9ND5P9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Exel Management Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 133 Rosemont Dr		Amount of Each Disbursement this Period 1400.00
City North Andover	State MA	
Zip Code 01845-4737	Purpose of Disbursement Indian Day advertising	Transaction ID : VNTSN9NTG27
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8069.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. George Fakhry		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 20 Bates Ave		Amount of Each Disbursement this Period 1750.00 Transaction ID : VNTSN9ND632
City Quincy State MA Zip Code 02169-1508	Purpose of Disbursement Field Director Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. George Fakhry		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 20 Bates Ave		Amount of Each Disbursement this Period 1750.00 Transaction ID : VNTSN9NTFX7
City Quincy State MA Zip Code 02169-1508	Purpose of Disbursement Field Director Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Anthony Farrington		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 11 Lebaron Way		Amount of Each Disbursement this Period 1167.81 Transaction ID : VNTSN9ND5E8
City Mattapoisett State MA Zip Code 02739-1209	Purpose of Disbursement Consultant Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4667.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Anthony Farrington			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014		
Mailing Address 11 Lebaron Way			Amount of Each Disbursement this Period 2209.55		
City Mattapoisett	State MA	Zip Code 02739-1209	Transaction ID : VNTSN9ND5F6		
Purpose of Disbursement Consultant		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Anthony Farrington			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014		
Mailing Address 11 Lebaron Way			Amount of Each Disbursement this Period 2429.65		
City Mattapoisett	State MA	Zip Code 02739-1209	Transaction ID : VNTSN9ND5G2		
Purpose of Disbursement Consultant		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Anthony Farrington			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014		
Mailing Address 11 Lebaron Way			Amount of Each Disbursement this Period 2317.35		
City Mattapoisett	State MA	Zip Code 02739-1209	Transaction ID : VNTSN9NTFW0		
Purpose of Disbursement Consultant		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	6956.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Freestone Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 7442 Stratford Ave		Amount of Each Disbursement this Period 3999.90
City Saint Louis	State MO	
Zip Code 63130-4000	Purpose of Disbursement GPS	Transaction ID : VNTSN9NTFQ0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Nora Gay		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 796.32
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement	Transaction ID : VNTSN9ND5W7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nora Gay		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 1750.00
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement	Transaction ID : VNTSN9ND608
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6546.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Robertho Gay			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014		
Mailing Address			Amount of Each Disbursement this Period 1330.65		
City Worcester	State MA	Zip Code 01610	Transaction ID : VNTSN9ND640		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. GH Bass			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014		
Mailing Address 1 Premium Outlet Blvd			Amount of Each Disbursement this Period 134.16		
City Wrentham	State MA	Zip Code 02093-1570	Transaction ID : VNTSN9NVZW2		
Purpose of Disbursement Clothing		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Greek Corner			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2014		
Mailing Address 2336 Massachusetts Ave			Amount of Each Disbursement this Period 39.00		
City Cambridge	State MA	Zip Code 02140-1813	Transaction ID : VNTSN9ND7J3		
Purpose of Disbursement Food		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1503.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Harekiswa Gas		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 1340 Silas Deane Hwy		Amount of Each Disbursement this Period 5.01
City Wethersfield	State CT	
Zip Code 06109-4344	Purpose of Disbursement Gas	Transaction ID : VNTSN9NTEZ0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lexington Auto		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 1095 Massachusetts Ave		Amount of Each Disbursement this Period 35.00
City Lexington	State MA	
Zip Code 02420-3818	Purpose of Disbursement Inspection	Transaction ID : VNTSN9ND735
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lexington Auto		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 1095 Massachusetts Ave		Amount of Each Disbursement this Period 5.00
City Lexington	State MA	
Zip Code 02420-3818	Purpose of Disbursement Blown fuse	Transaction ID : VNTSN9ND743
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	45.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Maurice Louis		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address PO Box 240242		Amount of Each Disbursement this Period 1250.00 Transaction ID : VNTSN9ND682
City Dorchester	State MA	
Zip Code 02124-0005	Purpose of Disbursement Field consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Maurice Louis		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address PO Box 240242		Amount of Each Disbursement this Period 1250.00 Transaction ID : VNTSN9NTFY5
City Dorchester	State MA	
Zip Code 02124-0005	Purpose of Disbursement Field consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. MA Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2014
Mailing Address 1 Ashburton Pl		Amount of Each Disbursement this Period 58.00 Transaction ID : VNTSN9ND7K1
City Boston	State MA	
Zip Code 02108-1518	Purpose of Disbursement Maps	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2558.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Mass Turnpike		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 10 Park Plz		Amount of Each Disbursement this Period 1.75 Transaction ID : VNTSN9NTFD1
City Boston	State MA	
Zip Code 02116-3933	Purpose of Disbursement Turnpike	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mass Turnpike		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014
Mailing Address 10 Park Plz		Amount of Each Disbursement this Period 1.75 Transaction ID : VNTSN9NW1V8
City Boston	State MA	
Zip Code 02116-3933	Purpose of Disbursement Turnpike	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. MBTA		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 10 Park Plz		Amount of Each Disbursement this Period 10.00 Transaction ID : VNTSN9ND7N7
City Boston	State MA	
Zip Code 02116-3933	Purpose of Disbursement Parking	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	13.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. MBTA		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 10 Park Plz		Amount of Each Disbursement this Period 5.00
City Boston	State MA	
Zip Code 02116-3933	Purpose of Disbursement Parking	Transaction ID : VNTSN9ND7P5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Daniel McKay		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 3025 Dresden St		Amount of Each Disbursement this Period 2000.00
City Columbus	State OH	
Zip Code 43224-4266	Purpose of Disbursement Field Director	Transaction ID : VNTSN9NTG35
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Monro Muffler		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 209 Lexington St		Amount of Each Disbursement this Period 27.10
City Waltham	State MA	
Zip Code 02452-4611	Purpose of Disbursement Tire repair	Transaction ID : VNTSN9ND727
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2032.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Monro Muffler		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 209 Lexington St		Amount of Each Disbursement this Period 38.24
City Waltham	State MA	
Zip Code 02452-4611	Purpose of Disbursement Tire repair	Transaction ID : VNTSN9ND784
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 1101 15th St NW		Amount of Each Disbursement this Period 2100.00
City Washington	State DC	
Zip Code 20005-5002	Purpose of Disbursement Data files	Transaction ID : VNTSN9ND6F7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nordstrom Rack		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 43 Middlesex Tpke		Amount of Each Disbursement this Period 281.00
City Burlington	State MA	
Zip Code 01803-4900	Purpose of Disbursement Clothing	Transaction ID : VNTSN9NTEB4
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2419.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Jacob Palalay		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 311 Marsh View Ct		Amount of Each Disbursement this Period 2250.00 Transaction ID : VNTSN9ND5Q7
City Carrollton	State VA	
Purpose of Disbursement Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jacob Palalay		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 311 Marsh View Ct		Amount of Each Disbursement this Period 2250.00 Transaction ID : VNTSN9ND5R5
City Carrollton	State VA	
Purpose of Disbursement Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jacob Palalay		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 311 Marsh View Ct		Amount of Each Disbursement this Period 4500.00 Transaction ID : VNTSN9NTFV2
City Carrollton	State VA	
Purpose of Disbursement Consultant	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 228 Main St		Amount of Each Disbursement this Period 30.00
City Wilmington	State MA	
Zip Code 01887-2341	Purpose of Disbursement Planning meeting	Transaction ID : VNTSN9ND6Y5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Panera Bread		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 228 Main St		Amount of Each Disbursement this Period 21.03
City Wilmington	State MA	
Zip Code 01887-2341	Purpose of Disbursement Recruiting meeting	Transaction ID : VNTSN9ND6Z3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Peabody Essex Museum		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address East India Square		Amount of Each Disbursement this Period 180.00
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement Team trip	Transaction ID : VNTSN9ND7F0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	231.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Pilot Gas		Date of Disbursement
Mailing Address 400 Route 15		M M / D D / Y Y Y Y 07 / 28 / 2014
City Sturbridge	State MA	Zip Code 01566-1128
Purpose of Disbursement Gas	Amount of Each Disbursement this Period 44.01	
Candidate Name	Transaction ID : VNTSN9NTEY3	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SOCO Productions		Date of Disbursement
Mailing Address 3933 Tallow Tree Pl		M M / D D / Y Y Y Y 08 / 15 / 2014
City Fairfax	State VA	Zip Code 22033-2469
Purpose of Disbursement Media Buy	Amount of Each Disbursement this Period 45000.00	
Candidate Name	Transaction ID : VNTSN9NTFT4	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement
Mailing Address 335 Washington St		M M / D D / Y Y Y Y 07 / 03 / 2014
City Woburn	State MA	Zip Code 01801-2115
Purpose of Disbursement Office supplies	Amount of Each Disbursement this Period 221.17	
Candidate Name	Transaction ID : VNTSN9ND6A7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	45265.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 335 Washington St		Amount of Each Disbursement this Period 450.68 Transaction ID : VNTSN9ND6C3
City Woburn	State MA	
Zip Code 01801-2115	Purpose of Disbursement Office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 08 / 03 / 2014
Mailing Address 335 Washington St		Amount of Each Disbursement this Period 159.36 Transaction ID : VNTSN9ND7G8
City Woburn	State MA	
Zip Code 01801-2115	Purpose of Disbursement Copier	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Starbucks		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 222 Alewife Brook Parkway		Amount of Each Disbursement this Period 7.38 Transaction ID : VNTSN9ND6R8
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Recruiting meeting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	617.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. The Chadderdon Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 107 E Windsor Ave		Amount of Each Disbursement this Period 39119.55 Transaction ID : VNTSN9ND5Y3
City Alexandria	State VA	
Zip Code 22301-1315	Purpose of Disbursement Mailings	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. The Chadderdon Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 107 E Windsor Ave		Amount of Each Disbursement this Period 30090.06 Transaction ID : VNTSN9NTF08
City Alexandria	State VA	
Zip Code 22301-1315	Purpose of Disbursement Mailers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. The Chadderdon Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 107 E Windsor Ave		Amount of Each Disbursement this Period 27484.07 Transaction ID : VNTSN9NTF32
City Alexandria	State VA	
Zip Code 22301-1315	Purpose of Disbursement Mailers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	96693.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. The Sexton Group			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014		
Mailing Address 312 N Clark St			Amount of Each Disbursement this Period 8420.12		
City Chicago	State IL	Zip Code 60654-4702	Transaction ID : VNTSN9ND5Z0		
Purpose of Disbursement Telephone Town Halls		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Theory			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014		
Mailing Address 1 Premium Outlet Blvd			Amount of Each Disbursement this Period 536.66		
City Wrentham	State MA	Zip Code 02093-1570	Transaction ID : VNTSN9ND7B8		
Purpose of Disbursement Clothes for photos		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Khalil Thompson			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014		
Mailing Address PO Box 53051			Amount of Each Disbursement this Period 1250.00		
City Washington	State DC	Zip Code 20009-9051	Transaction ID : VNTSN9ND5J8		
Purpose of Disbursement Campaign consultant		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	10206.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Khalil Thompson		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 53051		Amount of Each Disbursement this Period 2500.00 Transaction ID : VNTSN9ND5K6
City Washington State DC Zip Code 20009-9051	Purpose of Disbursement Campaign consultant Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Khalil Thompson		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 53051		Amount of Each Disbursement this Period 2500.00 Transaction ID : VNTSN9ND5M4
City Washington State DC Zip Code 20009-9051	Purpose of Disbursement Campaign consultant Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address Massachusetts Ave		Amount of Each Disbursement this Period 1.61 Transaction ID : VNTSN9ND699
City Lexington State MA Zip Code 02420-5325	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5001.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address Massachusetts Ave		Amount of Each Disbursement this Period 5.60
City Lexington	State MA	
Zip Code 02420-5325	Purpose of Disbursement Postage	Transaction ID : VNTSN9ND6D1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address Massachusetts Ave		Amount of Each Disbursement this Period 98.00
City Lexington	State MA	
Zip Code 02420-5325	Purpose of Disbursement Postage	Transaction ID : VNTSN9ND7C6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Van Heusen		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014
Mailing Address 1 Premium Outlet Blvd		Amount of Each Disbursement this Period 56.67
City Wrentham	State MA	
Zip Code 02093-1570	Purpose of Disbursement Clothes for photos	Transaction ID : VNTSN9ND7E2
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	160.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Waltham West C of C		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 84 South St		Amount of Each Disbursement this Period 40.00
City Waltham	State MA	
Zip Code 02453-3537	Purpose of Disbursement Luncheon meeting	Transaction ID : VNTSN9NTFG5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wrentham Food		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address Premium Outlet Blvd		Amount of Each Disbursement this Period 9.89
City Wrentham	State MA	
Zip Code 02093	Purpose of Disbursement Food	Transaction ID : VNTSN9ND6S6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wrentham Food		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address Premium Outlet Blvd		Amount of Each Disbursement this Period 15.05
City Wrentham	State MA	
Zip Code 02093	Purpose of Disbursement Food	Transaction ID : VNTSN9ND6T4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	64.94
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Sheldon Schwartz for Congress

Full Name (Last, First, Middle Initial) A. Wrentham Food			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address Premium Outlet Blvd			Amount of Each Disbursement this Period 41.06
City Wrentham	State MA	Zip Code 02093	
Purpose of Disbursement Food		Category/ Type	Transaction ID : VNTSN9ND701
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	41.06
TOTAL This Period (last page this line number only).....	227445.54

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCAC958L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	0.00	8500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 15 / Y 2014 Y	M / D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	8500.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCAC966L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
8500.00 0.00 8500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (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)..... ▶ 8500.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRCAC9X7L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10.00 0.00 10.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 03 / Y 2014 M M / D D / Y none none % (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)..... ▶ 10.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXA735P1L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 03 / Y 2014 Y	M M / D D / Y Y Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCAC9A7L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3000.00 0.00 3000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 08 / Y 2014 M M / D D / Y none % (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)..... 3000.00

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXA735Q9L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 23 / Y 2014 Y	M M / D D / Y Y Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCACA09L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3042.56 0.00 3042.56

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 30 / Y 2014 M M / D D / Y none none % (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)..... 3042.56

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCACA33L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 15 / Y 2014 Y	M M / D D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRCACA41L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
65000.00 0.00 65000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 22 / Y 2014 M M / D D / Y none % (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)..... ▶ 65000.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCACA90L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
53.10 0.00 53.10

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 28 / Y 2014 M M / D D / Y none % (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)..... ▶ 53.10
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXA735N3L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
31000.00 0.00 31000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 05 / D 31 / Y 2014 M M / D D / Y none % (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)..... ▶ 31000.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCACAA8L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21.00	0.00	21.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 03 / Y 2014	M / D / Y none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	21.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCACA58L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
36500.00 0.00 36500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 06 / 2014 none % (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)..... ▶ 36500.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCACA82L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 30 / Y 2014	M / D / Y none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	20000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCEJAS0L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3877.62 0.00 3877.62

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 03 / Y 2014 M M / D D / Y none % (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)..... 3877.62

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCEJE92L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10.00 0.00 10.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 10 / Y 2014 M M / D D / Y none % (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)..... 10.00
TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCEJAV6L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3675.30 0.00 3675.30

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 11 / Y 2014 M M / D D / Y none % (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)..... ▶ 3675.30
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCEJAX1L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
112.69	0.00	112.69

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 18 / Y 2014 Y	M M / D D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	112.69
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCEJB96L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 18 / 2014	/ / none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	30000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCEJDZ3L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
39.00	0.00	39.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 20 / Y 2014 Y	M / D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	39.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCEJE42L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
58.00 0.00 58.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 20 / Y 2014 M M / D D / Y none % (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)..... ▶ 58.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCEJE76L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10.00 0.00 10.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 24 / Y 2014 M M / D D / Y none % (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)..... ▶ 10.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCEJB63L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
378.56 0.00 378.56

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 28 / Y 2014 M M / D D / Y none none % (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)..... 378.56

TOTALS This Period (last page in this line only).....

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCEJBB2L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

TERMS

Date Incurred: M 07 / D 30 / Y 2014
 Date Due: M / D / Y none
 Interest Rate: none % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	35000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCEJEE1L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.00	0.00	5.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 30 / Y 2014	M / D / Y none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	5.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRXCEJBD8L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12500.00	0.00	12500.00

TERMS

Date Incurred: M 07 / D 31 / Y 2014
 Date Due: M / D / Y none
 Interest Rate: none % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	12500.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCEJB39L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1806.73	0.00	1806.73

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 03 / Y 2014 Y	M / D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1806.73
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCJQXP6L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1.75	0.00	1.75

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 03 / Y 2014	M / D / Y none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1.75
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCJN232L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 04 / Y 2014 Y	M M / D D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	35000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRCJQY55L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
20.00 0.00 20.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (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)..... ▶ 20.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVRCJQY21L

Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Sheldon Schwartz

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
5 Abernathy Rd

City State ZIP Code
Lexington MA 02420-2510

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
40.00 0.00 40.00

TERMS

Date Incurred Date Due Interest Rate Secured:
08 / 07 / 2014 none % (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)..... ▶ 40.00
TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCJZ2J0L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.00	0.00	19.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 08 / Y 2014 Y	M M / D D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	19.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCJQYG2L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1.75	0.00	1.75

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 10 / Y 2014 Y	M / D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1.75
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCJQYH9L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.00	0.00	5.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 12 / 2014	/ / none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	5.00
TOTALS This Period (last page in this line only).....	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCJN266L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
90000.00	0.00	90000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 13 / 2014	/ / none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	90000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : VNVRXCJN282L
Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 13 / Y 2014 Y	M M / D D / Y Y Y Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	300.00
TOTALS This Period (last page in this line only).....	(Empty box)

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

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : VNVRXCJN327L
Sheldon Schwartz for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
360.44	0.00	360.44

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 14 / Y 2014 Y	M M / D D / Y Y Y Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	360.44
TOTALS This Period (last page in this line only).....	(Empty box)
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCJQYK5L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9.00	0.00	9.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 17 / Y 2014 Y	M / D / Y none Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	9.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Sheldon Schwartz for Congress** Transaction ID : **VNVRXCJQYD8L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sheldon Schwartz	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Abernathy Rd	

City	State	ZIP Code
Lexington	MA	02420-2510

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.00	0.00	20.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 20 / 2014	/ / none	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	20.00
TOTALS This Period (last page in this line only).....	413876.50
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	