

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MCALOON FOR CONGRESS

ADDRESS (number and street) 319 MAIN STREET
 Check if different than previously reported. (ACC)
BOURBONNAIS IL 60914

2. **FEC IDENTIFICATION NUMBER** C00461814
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**
IL 11

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 02 02 2010 in the State of IL
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2009 through 01 13 2010

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

Signature of Treasurer Electronically Filed by CHRISTINA ROSE VILLANUEVA Date 01 31 2010

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MCALOON FOR CONGRESS

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	1

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	5125.00	6100.00
(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)).....	5125.00	6100.00
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	5176.29	6300.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	108.16
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5176.29	6192.75
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-42.75	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	27.83	

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
MCALOON FOR CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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	5125.00	5850.00
(i) Itemized (use Schedule A).....	0.00	250.00
(ii) Unitemized.....	5125.00	6100.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(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))	5125.00	6100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	108.16
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)..... ▶	5125.00	6208.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5176.29	6300.91
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) ▶	5176.29	6300.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	5125.00
25. SUBTOTAL (add Line 23 and Line 24).....	5133.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5176.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-42.75

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

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

FOR LINE NUMBER: PAGE 5 / 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EN S AHN

Mailing Address 7519 W. HAYSTACK LANE

City State Zip Code
FRANKFORT IL 60423

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

Name of Employer Occupation
OUR LADY OF ANGELS NURSE

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4403

Amount of Each Receipt this Period
150.00

CAMPAIGN DONATION

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

Mailing Address 11128 NORTHWEST ROAD

City State Zip Code
PALOS HILLS IL 60465

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

Name of Employer Occupation
SELF-EMPLOYED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4419

Amount of Each Receipt this Period
100.00

CAMPAIGN DONATION

C. Full Name (Last, First, Middle Initial)
GLEN V FOLLIS

Mailing Address 12730 S. 74TH AVENUE

City State Zip Code
PALOS HEIGHTS IL 60463

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

Name of Employer Occupation
SELF-EMPLOYED

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.4405

Amount of Each Receipt this Period
500.00

CAMPAIGN DONATION

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) NATHAN AND CONNIE GIFFIN	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 7915 W. 90TH STREET	Transaction ID: SA11AI.4415
	City State Zip Code HICKORY HILLS IL 60457	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CAMPAIGN DONATION
	Name of Employer Occupation SELF-EMPLOYED	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) JILL GRAHOVEC	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 12426 ELM STREET	Transaction ID: SA11AI.4413
	City State Zip Code PALOS PARK IL 60464	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CAMPAIGN DONATION
	Name of Employer Occupation HOUSEWIFE	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) ANTHONY HARDEN	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 8016 S. MOZART	Transaction ID: SA11AI.4407
	City State Zip Code CHICAGO IL 60652	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CAMPAIGN DONATION
	Name of Employer Occupation	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL HARRAWOOD

Mailing Address **13300 CALLAN DRIVE**

City **ORLAND PARK** State **IL** Zip Code **60462**

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

Name of Employer **WOODLAND WINDOWS AND DOORS** Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **200.00**

Date of Receipt **10 / 05 / 2009**
Transaction ID: SA11AI.4399
 Amount of Each Receipt this Period **200.00**
CAMPAIGN DONATION

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

Mailing Address **1155 W. ROOSEVELT #301**

City **CHICAGO** State **IL** Zip Code **60608**

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **200.00**

Date of Receipt **11 / 23 / 2009**
Transaction ID: SA11AI.4423
 Amount of Each Receipt this Period **200.00**
ONLINE CAMPAIGN DONATION

C. Full Name (Last, First, Middle Initial)
GREG AND STEPHANIE HENTHORN

Mailing Address **822 BURLA DRIVE**

City **MORRIS** State **IL** Zip Code **60450**

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

Name of Employer **SCBIC** Occupation **CHEMICAL ENGINEER**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **100.00**

Date of Receipt **10 / 05 / 2009**
Transaction ID: SA11AI.4411
 Amount of Each Receipt this Period **100.00**
CAMPAIGN DONATION

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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

**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 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ALPHONSE JANECKO		Date of Receipt
	Mailing Address 4761 LILAC AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MONEE	IL	60449
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4395
Name of Employer AMERICAN AIRLINES		Occupation STOCK CLERK	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 50.00
			CAMPAIGN DONATION

B.	Full Name (Last, First, Middle Initial) REYNAULTD KEYS		Date of Receipt
	Mailing Address 6356 PATRICIA DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MATTESON	IL	60443
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4381
Name of Employer CSA GROUP		Occupation ARCHITECT	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
			CAMPAIGN DONATION

C.	Full Name (Last, First, Middle Initial) PHILIP LAMBERT		Date of Receipt
	Mailing Address 6212 SOUTHRIDGE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	PLAINFIELD	IL	60586
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4383
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			CAMPAIGN DONATION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ROBERT S LANG	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 15448 ANN MARIE DRIVE	Transaction ID: SA11AI.4388
	City State Zip Code OAK FOREST IL 60452	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	CAMPAIGN DONATION
	Name of Employer Occupation EDISON SCHOOLS SUPERINTENDENT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 150.00	

B.	Full Name (Last, First, Middle Initial) CHRISTOF LLORENS	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 2400 BROKWOOD DRIVE	Transaction ID: SA11AI.4387
	City State Zip Code FLOSSMOOR IL 60422	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	CAMPAIGN DONATION
	Name of Employer Occupation FAMILY HARVEST CHURCH IT SUPPORT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 125.00	

C.	Full Name (Last, First, Middle Initial) ROBERT MESTAS	Date of Receipt MM / DD / YYYY 10 / 07 / 2009
	Mailing Address 305 WINTREE LANE	Transaction ID: SA11AI.4421
	City State Zip Code NEW LENOX IL 60451	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CAMPAIGN DONATION
	Name of Employer Occupation SELF-EMPLOYED SELF-EMPLOYED	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	775.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JANICE M MICHALEC

Mailing Address 16104 CREEKMONT COURT

City State Zip Code
TINLEY PARK IL 60487

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

Name of Employer Occupation
IL STATE POLICE EXECUTIVE SECRETARY II

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.4417

Amount of Each Receipt this Period
150.00

CAMPAIGN DONATION

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

Mailing Address 134 HAWTHORNE

City State Zip Code
NEW LENOX IL 60451

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

Name of Employer Occupation
SELF-EMPLOYED

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.4379

Amount of Each Receipt this Period
100.00

CAMPAIGN DONATION

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

Mailing Address 218 SHADOW RIDGE COURT

City State Zip Code
PALOS PARK IL 60464

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

Name of Employer Occupation
FAMILY HARVEST CHURCH SENIOR PASTOR

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.4390

Amount of Each Receipt this Period
1000.00

CAMPAIGN DONATION

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RICHARD WAGNER
Mailing Address 21 W. 661 BEMIS
City State Zip Code
GLEN ELLYN IL 60137
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BELLE ENGINEERING INC HEATING CONTRACTOR
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 100.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9
Transaction ID: SA11AI.4397
Amount of Each Receipt this Period
100.00
CAMPAIGN DONATION

B. Full Name (Last, First, Middle Initial)
TASHA WEATHERSPOON
Mailing Address 18118 BRAMLET DRIVE
City State Zip Code
TINLEY PARK IL 60487
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MANOR CARE DIRECTOR OF REHAB
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9
Transaction ID: SA11AI.4409
Amount of Each Receipt this Period
350.00
CAMPAIGN DONATION

C. Full Name (Last, First, Middle Initial)
RONALD WILLIAMS
Mailing Address 19147 PURITAN DRIVE
City State Zip Code
MOKENA IL 60448
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HENKEL SALES
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 50.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9
Transaction ID: SA11AI.4401
Amount of Each Receipt this Period
50.00
CAMPAIGN DONATION

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 36	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DEREK WILSON	Date of Receipt
	Mailing Address 21204 WHITNEY AVENUE	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City State Zip Code MATTESON IL 60443	Transaction ID: SA11AI.4426
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	Name of Employer Occupation	ONLINE CAMPAIGN DONATION
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5125.00"/>

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.4484 Date of Disbursement 12 / 23 / 2009
	Mailing Address PO BOX 8100	Amount of Each Disbursement this Period 81.43
	City AURORA State IL Zip Code 60507-8100	
	Purpose of Disbursement OFFICE PHONES Candidate Name MCALOON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	001 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) FAMILY HARVEST CHURCH	Transaction ID: SB17.4431 Date of Disbursement 10 / 13 / 2009
	Mailing Address 18500 92ND AVENUE	Amount of Each Disbursement this Period 456.60
	City TINLEY PARK State IL Zip Code 60487	
	Purpose of Disbursement PRINTING Candidate Name MCALOON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	004 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON	Transaction ID: SB17.4347 Date of Disbursement 10 / 14 / 2009
	Mailing Address 250 WINDERMERE WAY	Amount of Each Disbursement this Period 221.57
	City BOURBONNAIS State IL Zip Code 60914	
	Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE Candidate Name MCALOON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	009 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

759.60

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID MCALOON Mailing Address 250 WINDERMERE WAY City BOURBONNAIS State IL Zip Code 60914 Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE Candidate Name MCALOON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4348 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 1253.19 Category/Type 009
B.	Full Name (Last, First, Middle Initial) DAVID MCALOON Mailing Address 250 WINDERMERE WAY City BOURBONNAIS State IL Zip Code 60914 Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE Candidate Name MCALOON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4349 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 25.13 Category/Type 009
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON Mailing Address 250 WINDERMERE WAY City BOURBONNAIS State IL Zip Code 60914 Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE Candidate Name MCALOON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4375 Date of Disbursement 10 / 14 / 2009 Amount of Each Disbursement this Period 0.11 Category/Type 009

SUBTOTAL of Disbursements This Page (optional) ▶	1278.43
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID MCALOON	Transaction ID: SB17.4356 Date of Disbursement 10 / 21 / 2009
	Mailing Address 250 WINDERMERE WAY	Amount of Each Disbursement this Period 62.94
	City BOURBONNAIS State IL Zip Code 60914	
	Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE	009 Category/ Type
	Candidate Name MCALOON FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) DAVID MCALOON	Transaction ID: SB17.4357 Date of Disbursement 10 / 21 / 2009
	Mailing Address 250 WINDERMERE WAY	Amount of Each Disbursement this Period 6.39
	City BOURBONNAIS State IL Zip Code 60914	
	Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE	009 Category/ Type
	Candidate Name MCALOON FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON	Transaction ID: SB17.4358 Date of Disbursement 10 / 21 / 2009
	Mailing Address 250 WINDERMERE WAY	Amount of Each Disbursement this Period 1.00
	City BOURBONNAIS State IL Zip Code 60914	
	Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE	009 Category/ Type
	Candidate Name MCALOON FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

70.33

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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4359 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 28.51
B.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4360 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 17.50
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4361 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 50.00

SUBTOTAL of Disbursements This Page (optional) ▶

96.01

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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4362 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 75.00
B.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4363 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 88.15
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4364 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 78.51

SUBTOTAL of Disbursements This Page (optional) ▶	241.66
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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4365 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 85.00
B.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4366 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 54.79
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4367 Date of Disbursement 10 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 205.00

SUBTOTAL of Disbursements This Page (optional) ▶	344.79
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
DAVID MCALOON

Transaction ID: SB17.4368
Date of Disbursement

Mailing Address 250 WINDERMERE WAY

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	9

City State Zip Code
BOURBONNAIS IL 60914

Amount of Each Disbursement this Period

Purpose of Disbursement
LOAN REPAYMENTS MADE TO THE CANDIDATE

009
Category/
Type

53.15

Candidate Name
MCALOON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: IL District: 11

B.

Full Name (Last, First, Middle Initial)
DAVID MCALOON

Transaction ID: SB17.4369
Date of Disbursement

Mailing Address 250 WINDERMERE WAY

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	9

City State Zip Code
BOURBONNAIS IL 60914

Amount of Each Disbursement this Period

Purpose of Disbursement
LOAN REPAYMENTS MADE TO THE CANDIDATE

009
Category/
Type

75.00

Candidate Name
MCALOON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: IL District: 11

C.

Full Name (Last, First, Middle Initial)
DAVID MCALOON

Transaction ID: SB17.4370
Date of Disbursement

Mailing Address 250 WINDERMERE WAY

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	9

City State Zip Code
BOURBONNAIS IL 60914

Amount of Each Disbursement this Period

Purpose of Disbursement
LOAN REPAYMENTS MADE TO THE CANDIDATE

009
Category/
Type

81.29

Candidate Name
MCALOON FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: IL District: 11

SUBTOTAL of Disbursements This Page (optional)

209.44

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) DAVID MCALOON</p> <p>Mailing Address 250 WINDERMERE WAY</p> <p>City BOURBONNAIS State IL Zip Code 60914</p> <p>Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE</p> <p>Candidate Name MCALOON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4371</p> <p>Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 24.00</p> <p>Category/Type 009</p>
<p>B. Full Name (Last, First, Middle Initial) DAVID MCALOON</p> <p>Mailing Address 250 WINDERMERE WAY</p> <p>City BOURBONNAIS State IL Zip Code 60914</p> <p>Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE</p> <p>Candidate Name DAVID MCALOON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4372</p> <p>Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>Category/Type 009</p>
<p>C. Full Name (Last, First, Middle Initial) DAVID MCALOON</p> <p>Mailing Address 250 WINDERMERE WAY</p> <p>City BOURBONNAIS State IL Zip Code 60914</p> <p>Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE</p> <p>Candidate Name MCALOON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4373</p> <p>Date of Disbursement 10 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 138.77</p> <p>Category/Type 009</p>

SUBTOTAL of Disbursements This Page (optional) ▶

237.77

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4344 Date of Disbursement 11 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 100.00
B.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4345 Date of Disbursement 11 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 100.00
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4346 Date of Disbursement 11 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 40.00

SUBTOTAL of Disbursements This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4350 Date of Disbursement 12 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 60.00
B.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4353 Date of Disbursement 12 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 70.00
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4354 Date of Disbursement 12 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 70.00

SUBTOTAL of Disbursements This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
MCALOON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4351 Date of Disbursement 12 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 50.00
B.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4352 Date of Disbursement 12 / 07 / 2009 <hr/> Amount of Each Disbursement this Period 10.00
C.	Full Name (Last, First, Middle Initial) DAVID MCALOON <hr/> Mailing Address 250 WINDERMERE WAY <hr/> City BOURBONNAIS State IL Zip Code 60914 <hr/> Purpose of Disbursement LOAN REPAYMENTS MADE TO THE CANDIDATE <hr/> Candidate Name MCALOON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: SB17.4355 Date of Disbursement 12 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 20.00

SUBTOTAL of Disbursements This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) NATIONAL CITY BANK</p> <p>Mailing Address 165 S. CURTIS AVENUE LOCATOR CN-24-XX</p> <p>City KANKAKEE State IL Zip Code 60901</p> <p>Purpose of Disbursement DELUXE CHECK CHECK/ACCT</p> <p>Candidate Name MCALOON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4457</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL CITY BANK</p> <p>Mailing Address 165 S. CURTIS AVENUE LOCATOR CN-24-XX</p> <p>City KANKAKEE State IL Zip Code 60901</p> <p>Purpose of Disbursement NON-NCB BANK FEE</p> <p>Candidate Name MCALOON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4467</p> <p>Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2.00</p>
<p>C. Full Name (Last, First, Middle Initial) SHELL OIL</p> <p>Mailing Address 1090 MAIN STREET</p> <p>City BOURBONNAIS State IL Zip Code 60914</p> <p>Purpose of Disbursement FUEL</p> <p>Candidate Name MCALOON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4482</p> <p>Date of Disbursement 12 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 31.46</p>

SUBTOTAL of Disbursements This Page (optional) ▶

58.46

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
SHELL OIL

Transaction ID: SB17.4485
Date of Disbursement

Mailing Address 1090 MAIN STREET

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	9	

City BOURBONNAIS State IL Zip Code 60914

Amount of Each Disbursement this Period

Purpose of Disbursement
FUEL

002
Category/ Type

32.04

Candidate Name
MCALOON FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 11

B.

Full Name (Last, First, Middle Initial)
SHELL OIL

Transaction ID: SB17.4486
Date of Disbursement

Mailing Address 1090 MAIN STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	0

City BOURBONNAIS State IL Zip Code 60914

Amount of Each Disbursement this Period

Purpose of Disbursement
FUEL

002
Category/ Type

16.67

Candidate Name
MCALOON FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 11

C.

Full Name (Last, First, Middle Initial)
SHELL OIL

Transaction ID: SB17.4487
Date of Disbursement

Mailing Address 1090 MAIN STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	0

City BOURBONNAIS State IL Zip Code 60914

Amount of Each Disbursement this Period

Purpose of Disbursement
FUEL

002
Category/ Type

38.78

Candidate Name
MCALOON FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 11

SUBTOTAL of Disbursements This Page (optional) ▶

87.49

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

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**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) SHELL OIL Mailing Address 1090 MAIN STREET City BOURBONNAIS State IL Zip Code 60914 Purpose of Disbursement FUEL Candidate Name MCALOON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4492 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 17.37 Category/Type 002
B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address PO BOX 25505 City LEIGH VALLEY State PA Zip Code 18002-5505 Purpose of Disbursement OFFICE PHONES Candidate Name MCALOON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4483 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 75.00 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

92.37

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

3996.35

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): ENOMCENTRAL:DOMAIN NAME; WEBSITE HOSTING
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="62.94"/>		Transaction ID: SD10.4202	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="62.94"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): AT&T:OFFICE PHONES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="100.00"/>		Transaction ID: SD10.4204	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="100.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): LASALLE COUNTRY MARKET:ME- EETING - MEAL
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="6.39"/>		Transaction ID: SD10.4209	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6.39"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): AT&T:OFFICE PHONES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period 221.57		Transaction ID: SD10.4206	
Amount Incurred This Period 0.00	Payment This Period 221.57	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): START UP DEPOSIT FOR CAMP- AIGN ACCOUNT
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period 50.00		Transaction ID: SD10.4252	
Amount Incurred This Period 0.00	Payment This Period 50.00	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): PARKING DECK:MEETING - PA- RKING FEE
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period 1.00		Transaction ID: SD10.4211	
Amount Incurred This Period 0.00	Payment This Period 1.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 / 36
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON	Nature of Debt (Purpose): JCPENNY:CAMPAIGN SHIRTS
Mailing Address 250 WINDERMERE WAY	
City State ZIP Code BOURBONNAIS IL 60914	

Outstanding Balance Beginning This Period <input type="text" value="28.51"/>	Transaction ID: SD10.4213	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="28.51"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON	Nature of Debt (Purpose): BOURBONNAIS POST OFFICE:F-EC PAPERWORK - INITIAL MAILING
Mailing Address 250 WINDERMERE WAY	
City State ZIP Code BOURBONNAIS IL 60914	

Outstanding Balance Beginning This Period <input type="text" value="17.50"/>	Transaction ID: SD10.4215	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="17.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON	Nature of Debt (Purpose): LOAN from Candidate:WILL CO GOP MEETING
Mailing Address 250 WINDERMERE WAY	
City State ZIP Code BOURBONNAIS IL 60914	

Outstanding Balance Beginning This Period <input type="text" value="25.13"/>	Transaction ID: SD10.4188	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="25.13"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 30 / 36
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON	Nature of Debt (Purpose): KANKAKEE COUNTY REPUBLICAN MEETINGS - FUNDRAISING EVENT
Mailing Address 250 WINDERMERE WAY	
City State ZIP Code BOURBONNAIS IL 60914	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">100.00</div>	Transaction ID: SD10.4217
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">0.00</div>	Payment This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">100.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">0.00</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON	Nature of Debt (Purpose): KANKAKEE COUNTY REPUBLICAN CENTRAL COMMITTEE: ANNUAL STEAK FRY FUNDRAISER
Mailing Address 250 WINDERMERE WAY	
City State ZIP Code BOURBONNAIS IL 60914	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">50.00</div>	Transaction ID: SD10.4221
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">0.00</div>	Payment This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">50.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">0.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON	Nature of Debt (Purpose): LOAN from Candidate: PAID CELL PHONE BILL FOR CAMPAIGN
Mailing Address 250 WINDERMERE WAY	
City State ZIP Code BOURBONNAIS IL 60914	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">75.00</div>	Transaction ID: SD10.4189
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">0.00</div>	Payment This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">75.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">0.00</div>	

1) SUBTOTALS This Period This Page (optional).....	<div style="border: 1px solid black; width: 100%; text-align: center; padding: 2px;">0.00</div>
2) TOTALS This Period (last page this line number only).....	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): SAM'S CLUB:OFFICE SUPPLIES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="88.15"/>		Transaction ID: SD10.4219	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="88.15"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): LOAN from Candidate FOR CAMPAIGN TEES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="78.51"/>		Transaction ID: SD10.4190	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="78.51"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): CANDIDATE PAID FOR THEIR OWN TRAVEL EXPENSES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="1253.19"/>		Transaction ID: SD10.4191	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1253.19"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): AT&T:OFFICE PHONES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="85.00"/>		Transaction ID: SD10.4300	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="85.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): AT&T:OFFICE PHONES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="54.79"/>		Transaction ID: SD10.4301	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="54.79"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): DEPOSIT OF PERSONAL FUNDS TO COVER BANK FEES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="80.00"/>		Transaction ID: SD10.4253	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="80.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): DEPOSIT OF PERSONAL FUNDS TO COVER BANK FEES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period 205.00		Transaction ID: SD10.4254	
Amount Incurred This Period 0.00	Payment This Period 205.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): SAMS CLUB: OFFICE SUPPLIES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period 53.15		Transaction ID: SD10.4302	
Amount Incurred This Period 0.00	Payment This Period 53.15	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): VERIZON WIRELESS: CELL PHONES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period 75.00		Transaction ID: SD10.4303	
Amount Incurred This Period 0.00	Payment This Period 75.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): STAPLES: OFFICE SUPPLIES
Mailing Address 250 WINDERMERE WAY			
City	State	ZIP Code	
BOURBONNAIS	IL	60914	

Outstanding Balance Beginning This Period <input type="text" value="81.29"/>		Transaction ID: SD10.4304	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="81.29"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): FHC: PRINTING OF CAMPAIGN BROCHURES
Mailing Address 250 WINDERMERE WAY			
City	State	ZIP Code	
BOURBONNAIS	IL	60914	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>		Transaction ID: SD10.4306	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="60.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): FHC: PRINTING OF CAMPAIGN BROCHURES
Mailing Address 250 WINDERMERE WAY			
City	State	ZIP Code	
BOURBONNAIS	IL	60914	

Outstanding Balance Beginning This Period <input type="text" value="70.00"/>		Transaction ID: SD10.4307	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="70.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): LAKE POINT TOWER: PARKING FEES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="24.00"/>		Transaction ID: SD10.4305	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="24.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): DEPOSIT TO COVER EXPENSES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="20.00"/>		Transaction ID: SD10.4290	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="20.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON			Nature of Debt (Purpose): VERIZON WIRELESS: CELL PHONES
Mailing Address 250 WINDERMERE WAY			
City BOURBONNAIS	State IL	ZIP Code 60914	

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>		Transaction ID: SD10.4308	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="75.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 / 36
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MCALOON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON	Nature of Debt (Purpose): AT&T:OFFICE PHONES
Mailing Address 250 WINDERMERE WAY	
City State ZIP Code BOURBONNAIS IL 60914	

Outstanding Balance Beginning This Period 166.71	Transaction ID: SD10.4311	
Amount Incurred This Period 0.00	Payment This Period 138.88	Outstanding Balance at Close of This Period 27.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID MCALOON	Nature of Debt (Purpose): WRCC: TIME TO WIN2010 EVENT FEE
Mailing Address 250 WINDERMERE WAY	
City State ZIP Code BOURBONNAIS IL 60914	

Outstanding Balance Beginning This Period 40.00	Transaction ID: SD10.4309	
Amount Incurred This Period 0.00	Payment This Period 40.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	27.83
2) TOTALS This Period (last page this line number only).....	27.83
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	27.83