

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 David McSweeney for Congress

ADDRESS (number and street) 8 HUBBELL COURT BARRINGTON HILLS IL 60010 CITY STATE ZIP CODE

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00332114 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT IL 08

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 M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2026 through M M / D D / Y Y Y Y 03 / 31 / 2026

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 Luczkiw, Anthony N., , , Signature of Treasurer Luczkiw, Anthony N., , , Date M M / D D / Y Y Y Y 04 / 02 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

David McSweeney for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y
01 / 01 / 2026 To: M M / D D / Y Y Y Y
03 / 31 / 2026

	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))....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	0.00
(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)).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	20.07	
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).....	654444.45	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

David McSweeney for Congress

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2026 To: MM / DD / YYYY 03 / 31 / 2026

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(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))..	0.00	0.00
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	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)..... ▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	0.00
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) ►	0.00	0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	20.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20.07

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **David McSweeney for Congress** Transaction ID : **SC/10.4143**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 1998
McSweeney, David, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 18 / 1997	M M / D D / Y Y Y Y 12/19/2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4143

This is to modify the due date for the first loan made by the candidate to extend the maturity date five more years

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4144
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 01 / 16 / 1998	Date Due M M / D D / Y Y Y Y / / 01/17/2008	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	40000.00
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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4144

CHANGE OF DUE DATE PER AGREEMENT WITH DAVID MCSWEENEY

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4145
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 1998
McSweeney, David, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City BARRINGTON HILLS	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 29 / 1998	01/30/2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	100000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4146**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
McSweeney, David, , ,			
Mailing Address 8 HUBBELL COURT			
City BARRINGTON HILLS	State IL	ZIP Code 60010	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 02 / 06 / 1998	Date Due M M / D D / Y Y Y Y 02/07/2008	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	[] 100000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4147**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 1998
McSweeney, David, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 02 / 23 / 1998	MM / DD / YYYY 02/24/2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4148**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
McSweeney, David, , ,			
Mailing Address 8 HUBBELL COURT			
City BARRINGTON HILLS	State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 02 / 1998	03/03/2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	50000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4151**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 1998
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
8 HUBBELL COURT			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
BARRINGTON HILLS	IL	60010	

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 (If none, enter 0)	Secured:
	03 / 05 / 1998	03/03/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **David McSweeney for Congress** Transaction ID : **SC/10.4152**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 1998
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
8 HUBBELL COURT			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
BARRINGTON HILLS	IL	60010	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 11 / 1998	03/12/2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	75000.00
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 : SC/10.4154
David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 1998
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
8 HUBBELL COURT			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
BARRINGTON HILLS	IL	60010	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	07 / 14 / 1998	07/15/2008	0.00	

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).....▶	350.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4155**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 1998
McSweeney, David, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 31 / 1998	08/01/2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4156
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 450.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 450.00
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TERMS Date Incurred M M / D D / Y Y Y Y 10 / 21 / 1998	Date Due M M / D D / Y Y Y Y 10/22/2008	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	450.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4157**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 1998
McSweeney, David, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City BARRINGTON HILLS	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
775.00	0.00	775.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 01 / 1999	M M / D D / Y Y Y Y 02/02/2009	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	775.00
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 : SC/10.4158
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 210.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 210.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 07 / 30 / 1999	Date Due M M / D D / Y Y Y Y / / 07/31/2009	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	210.00
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 : SC/10.4159
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 260.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 260.00
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TERMS	Date Incurred MM / DD / YYYY 02 / 04 / 2000	Date Due MM / DD / YYYY 02/05/2010	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	260.00
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 : SC/10.4160
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
McSweeney, David, , ,			
Mailing Address 8 HUBBELL COURT			
City BARRINGTON HILLS	State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 210.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 210.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 31 / 2000	M M / D D / Y Y Y Y 08/01/2010	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 210.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4161**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2004
McSweeney, David, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 3250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3250.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 09 / 2001	M M / D D / Y Y Y Y 01/10/2011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	3250.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4162**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2004
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
8 HUBBELL COURT			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
BARRINGTON HILLS	IL	60010	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
14950.00	0.00	14950.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	04 / 16 / 2001	04/18/2011		

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

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

SUBTOTALS This Period This Page (optional).....▶	14950.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4163**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2004
McSweeney, David, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10040.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10040.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 29 / 2001	06/01/11	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	10040.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4118**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City BARRINGTON HILLS	State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 425.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 425.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 25 / 2001	M M / D D / Y Y Y Y 07/27/2011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	425.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4117**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 12500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12500.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 01 / 2001	08/03/2011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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) Transaction ID : SC/10.4116
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS Date Incurred <input type="checkbox"/> Secured:	Date Due	Interest Rate (If none, enter 0)	Secured:
M M / D D / Y Y Y Y 08 / 29 / 2001	M M / D D / Y Y Y Y / / 08/31/2011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	6000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4115**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 12500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12500.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 01 / 2001	10/03/2011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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) Transaction ID : SC/10.4101
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 320.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 320.00
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TERMS Date Incurred M M / D D / Y Y Y Y 10 / 30 / 2001	Date Due M M / D D / Y Y Y Y 11/03/2011	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="320.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4172
David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT			
City BARRINGTON HILLS	State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
740.00	0.00	740.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 22 / 2002	01/24/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	740.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4173**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
McSweeney, David, , ,		<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City State ZIP Code BARRINGTON HILLS IL 60010		<input type="checkbox"/> Other (specify) ▼
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
510.00	0.00	510.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 08 / 2002	M M / D D / Y Y Y Y 03/10/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	510.00
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 : SC/10.4174
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 03 / 27 / 2002	Date Due M M / D D / Y Y Y Y / / 03/29/2012	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **David McSweeney for Congress** Transaction ID : **SC/10.4176**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 12000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 28 / 2002	M M / D D / Y Y Y Y 05/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	12000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4182**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
McSweeney, David, , ,		<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 435.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 435.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 26 / 2002	07/27/07	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	435.00
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 : SC/10.4184
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 452.53	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 452.53
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TERMS	Date Incurred M M / D D / Y Y Y Y 08 / 08 / 2002	Date Due M M / D D / Y Y Y Y 08/09/07	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="452.53"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4185
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT			
City BARRINGTON HILLS	State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 10 / 15 / 2002	Date Due M M / D D / Y Y Y Y / / 10/16/07	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4192
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 650.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 650.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 02 / 03 / 2003	Date Due M M / D D / Y Y Y Y 02/04/08	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	650.00
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 : SC/10.4195
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 490.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 490.00
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TERMS	Date Incurred MM / DD / YYYY 02 / 13 / 2003	Date Due MM / DD / YYYY 02/14/08	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="490.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **David McSweeney for Congress** Transaction ID : **SC/10.4196**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City BARRINGTON HILLS	State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 02 / 21 / 2003	MM / DD / YYYY 02/22/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **David McSweeney for Congress** Transaction ID : **SC/10.4204**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
McSweeney, David, , ,		<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City State ZIP Code BARRINGTON HILLS IL 60010		<input type="checkbox"/> Other (specify) ▼
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 10 / 2003	M M / D D / Y Y Y Y 05/11/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	350.00
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 : SC/10.4205
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 12000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 05 / 29 / 2003	Date Due M M / D D / Y Y Y Y / / 05/30/08	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	12000.00
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 : SC/10.4206
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT			<input checked="" type="checkbox"/> Personal Funds of the Candidate
City BARRINGTON HILLS	State IL	ZIP Code 60010	

Original Amount of Loan 350.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 350.00
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TERMS Date Incurred M M / D D / Y Y Y Y 05 / 31 / 2003	Date Due M M / D D / Y Y Y Y 06/01/08	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	350.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4211**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 393.75	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 393.75
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 30 / 2003	M M / D D / Y Y Y Y 07/31/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	393.75
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) Transaction ID : SC/10.4212
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 08 / 11 / 2003	Date Due M M / D D / Y Y Y Y 08/12/08	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	15000.00
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 : SC/10.4213
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
McSweeney, David, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 510.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 510.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 15 / 2003	M M / D D / Y Y Y Y 08/16/08	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	510.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4223**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 356.25	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 356.25
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 28 / 2003	M M / D D / Y Y Y Y 10/29/2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	[] 356.25
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) **David McSweeney for Congress** Transaction ID : **SC/10.4224**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 9000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 19 / 2003	M M / D D / Y Y Y Y 12/20/2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	9000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4228**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
McSweeney, David, , ,		<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 450.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 450.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 27 / 2004	01/28/09	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	450.00
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 : SC/10.4232
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,			Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT			
City BARRINGTON HILLS	State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 04 / 07 / 2004	Date Due M M / D D / Y Y Y Y / / 04/08/2009	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	6000.00
TOTALS This Period (last page in this line only).....▶	(Empty field)

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) **David McSweeney for Congress** Transaction ID : **SC/10.4233**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 187.50	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 187.50
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 28 / 2004	M M / D D / Y Y Y Y 04/29/09	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	187.50
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) **David McSweeney for Congress** Transaction ID : **SC/10.4234**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
McSweeney, David, , ,		<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City State ZIP Code BARRINGTON HILLS IL 60010		<input type="checkbox"/> Other (specify) ▼
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
421.70	0.00	421.70

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 25 / 2004	05/26/09	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	421.70
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 : SC/10.4253
David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 07 / 2004	07/08/09	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	6000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4254**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City BARRINGTON HILLS			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 431.25	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 431.25
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 26 / 2004	07/27/09	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	431.25
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 : SC/10.4255
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item McSweeney, David, , ,		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 HUBBELL COURT		
City BARRINGTON HILLS	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200.00
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TERMS	Date Incurred MM / DD / YYYY 09 / 09 / 2004	Date Due MM / DD / YYYY 09 / 10 / 09	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4256
 David McSweeney for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election:
McSweeney, David, , ,			<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT			<input type="checkbox"/> General
City			<input type="checkbox"/> Other (specify) ▼
BARRINGTON HILLS			<input checked="" type="checkbox"/> Personal Funds of the Candidate
State	ZIP Code		
IL	60010		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 24 / 2004	09/25/09	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	6000.00
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) **David McSweeney for Congress** Transaction ID : **SC/10.4263**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election:
McSweeney, David, , ,		<input type="checkbox"/> Primary
Mailing Address 8 HUBBELL COURT		<input type="checkbox"/> General
City BARRINGTON HILLS		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 356.25	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 356.25
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 19 / 2004	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	356.25
TOTALS This Period (last page in this line only).....▶	640624.23

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

SCHEDULE D (FEC Form 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)

David McSweeney for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor McSweeney, David, , ,			Nature of Debt (Purpose): Testing of Waters, postage, supplies
Mailing Address 8 HUBBELL COURT			
City BARRINGTON HILLS	State IL	Zip Code 60010	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4142	
13820.22			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	13820.22	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	13820.22
2) TOTALS This Period (last page this line number only)	13820.22
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	640624.23
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	654444.45