

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

DuPage Medical Group LTD PAC

ADDRESS (number and street)

1100 West 31ST Street

Suite 300

☐ Check if different than previously reported. (ACC)

Downers Grove

IL

60515

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00435982

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Michael K. McCormick

Signature of Treasurer

Michael K. McCormick

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DuPage Medical Group LTD PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2012</td></tr></table>	Y	Y	Y	Y	Y	2012						<table><tr><td colspan="5">97441.34</td></tr></table>	97441.34				
Y	Y	Y	Y	Y													
2012																	
97441.34																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">129211.17</td></tr></table>	129211.17															
129211.17																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">3521.10</td></tr></table>	3521.10					<table><tr><td colspan="5">35560.93</td></tr></table>	35560.93									
3521.10																	
35560.93																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">132732.27</td></tr></table>	132732.27					<table><tr><td colspan="5">133002.27</td></tr></table>	133002.27									
132732.27																	
133002.27																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00					<table><tr><td colspan="5">270.00</td></tr></table>	270.00									
0.00																	
270.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">132732.27</td></tr></table>	132732.27					<table><tr><td colspan="5">132732.27</td></tr></table>	132732.27									
132732.27																	
132732.27																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

**For further information contact:**

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DuPage Medical Group LTD PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
09 01 2012

To:

M M / D D / Y Y Y Y Y  
09 30 2012
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3400.96

23793.00

(ii) Unitemized .....

120.14

11767.93

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3521.10

35560.93

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

3521.10

35560.93

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3521.10

35560.93

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

3521.10

35560.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	270.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	270.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	270.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	270.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3521.10	35560.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3521.10	35290.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)

**A. Craig Anderson**

Mailing Address 3 Briar Ln

City State Zip Code  
 West Chicago IL 60185-3033

FEC ID number of contributing federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

Transaction ID : DFE8DF7B83A1EF9D14C

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. Craig Anderson**

Mailing Address 3 Briar Ln

City State Zip Code  
 West Chicago IL 60185-3033

FEC ID number of contributing federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

Transaction ID : 937908AA38BCAF152A2

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**C. Marc Asselmeier**

Mailing Address 750 Brentwood Ct

City State Zip Code  
 Glen Ellyn IL 60137-6365

FEC ID number of contributing federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

Transaction ID : E444E5EC335E673E778

Amount of Each Receipt this Period

39.00

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

80.68

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Marc Asselmeier**

Mailing Address 750 Brentwood Ct

City

Glen Ellyn

State

IL

Zip Code

60137-6365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 30EE92D194C7E5C958D**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. James Collins**

Mailing Address 1673 Imperial Cir

City

Naperville

State

IL

Zip Code

60563-0132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 52701A033F621525B82**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. James Collins**

Mailing Address 1673 Imperial Cir

City

Naperville

State

IL

Zip Code

60563-0132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 8DD0E0A508D3702955B**

Amount of Each Receipt this Period

39.00

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

117.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. David Dungan**

Mailing Address 211 Palamino Pl

City

Wheaton

State

IL

Zip Code

60189-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 13 / 2012

Transaction ID : BB3A05821C317E0EA66

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. David Dungan**

Mailing Address 211 Palamino Pl

City

Wheaton

State

IL

Zip Code

60189-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 3021462C3AE346EC67B

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael Fitzgerald**

Mailing Address 1207 Sanctuary Ln

City

Naperville

State

IL

Zip Code

60540-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

Transaction ID : AE32463DB5E4ACFA95D

Amount of Each Receipt this Period

39.00

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

79.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 9 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Fitzgerald**

Mailing Address 1207 Sanctuary Ln

City  
Naperville

State  
IL

Zip Code  
60540-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 903B85D2CC1AAB9B5D3**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Juan Flores**

Mailing Address 65223 New Castle Rd.

City  
Naperville

State  
IL

Zip Code  
60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 66734F85CF6D16CE47D**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Juan Flores**

Mailing Address 65223 New Castle Rd.

City  
Naperville

State  
IL

Zip Code  
60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 93AE8FD5C42136E11C5**

Amount of Each Receipt this Period

25.00

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

89.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Thomas Gallagher**

Mailing Address 1105 Adelia St

City

Downers Grove

State

IL

Zip Code

60516-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 1D28B2D3F4D054E0B8C

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Thomas Gallagher**

Mailing Address 1105 Adelia St

City

Downers Grove

State

IL

Zip Code

60516-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 5E480ED381CBA04C1A6

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Martin Gallo**

Mailing Address 118 Allen Ct

City

Clarendon Hills

State

IL

Zip Code

60514-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

Transaction ID : D7128897F68AC49FE32

Amount of Each Receipt this Period

39.00

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

139.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Martin Gallo**

Mailing Address 118 Allen Ct

City

Clarendon Hills

State

IL

Zip Code

60514-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 0CBFBA88B06272F7F04

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. John Giardina**

Mailing Address 832 Abbey Dr

City

Glen Ellyn

State

IL

Zip Code

60137-6130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 13 / 2012

Transaction ID : 45B754F0D3B3BAF41B8

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. John Giardina**

Mailing Address 832 Abbey Dr

City

Glen Ellyn

State

IL

Zip Code

60137-6130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 27 / 2012

Transaction ID : 9DBAA1DA01731D8DF4C

Amount of Each Receipt this Period

38.46

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

115.92

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. L. Douglas Graham**

Mailing Address 15224 Summit Ave.  
Ste. 107

City State Zip Code  
Oakbrook Terrace IL 60181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : A25CEFA7065D9DEDBC7**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. L. Douglas Graham**

Mailing Address 15224 Summit Ave.  
Ste. 107

City State Zip Code  
Oakbrook Terrace IL 60181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : E7A465869E43B07CC69**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. Glenn Grobe**

Mailing Address 719 Mesa Dr

City State Zip Code  
Naperville IL 60565-5312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 93410A771F6D9443504**

Amount of Each Receipt this Period

15.00

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

99.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Glenn Grobe**

Mailing Address 719 Mesa Dr

City  
Naperville

State  
IL

Zip Code  
60565-5312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 9C7D7ACD64ECDE4BC87**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Linda Gruener**

Mailing Address 8207 Gruener Ct

City  
Palos Hills

State  
IL

Zip Code  
60465-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 543AB199DB98E6C1C0F**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Linda Gruener**

Mailing Address 8207 Gruener Ct

City  
Palos Hills

State  
IL

Zip Code  
60465-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 18394EB1F5E64C89527**

Amount of Each Receipt this Period

100.00

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

215.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

## **A. Naira Hashmi**

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 09A5E46D78EB12DFD3A

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

## **B. Naira Hashmi**

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 27 / 2012

Transaction ID : DFD458FCBB54CAFE79C

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

## **C. Maleeha Hashmi-Basha**

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 13 / 2012

Transaction ID : B5E2144C5482F7DD73F

Amount of Each Receipt this Period

20.00

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

62.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

## **A. Maleeha Hashmi-Basha**

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 7228CC1B63D23B30283**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. James Hermann**

Mailing Address 1962 Hampton Dr

City Wheaton State IL Zip Code 60189-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 13 / 2012

**Transaction ID : 7720D6A11A2B080CF89**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. James Hermann**

Mailing Address 1962 Hampton Dr

City Wheaton State IL Zip Code 60189-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 27 / 2012

**Transaction ID : 2516D7CDAB384748EE0**

Amount of Each Receipt this Period

41.67

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

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

103.34

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Te-Shao Hsu**

Mailing Address 1155 N Dearborn St  
Apt. 804

City State Zip Code  
Chicago IL 60610-6539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 796A2EE33776E527773**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Te-Shao Hsu**

Mailing Address 1155 N Dearborn St  
Apt. 804

City State Zip Code  
Chicago IL 60610-6539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : E92468DCE292ECCED49**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Robert Hurst**

Mailing Address 1348 Richmond Ln

City State Zip Code  
Bartlett IL 60103-8939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 67BC7CCA2489D3FEAA9**

Amount of Each Receipt this Period

39.00

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

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

117.00



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

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Hurst**

Mailing Address 1348 Richmond Ln

City

Bartlett

State

IL

Zip Code

60103-8939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 4D21A4AF8C3C753D320**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Robert Janowitz**

Mailing Address 8401 Clyndervn Rd

City

Burr Ridge

State

IL

Zip Code

60527-6247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 5CBBDD2F2F2E2767F1D2**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Robert Janowitz**

Mailing Address 8401 Clyndervn Rd

City

Burr Ridge

State

IL

Zip Code

60527-6247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : F5410124932B07F9897**

Amount of Each Receipt this Period

40.00

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

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

119.00

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

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Robert King**

Mailing Address 2796 Crestfield Ct

City

Naperville

State

IL

Zip Code

60565-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 13 / 2012

Transaction ID : 0707F2369F3DF40934C

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Robert King**

Mailing Address 2796 Crestfield Ct

City

Naperville

State

IL

Zip Code

60565-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 27 / 2012

Transaction ID : 9F85DB239680361B6EA

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Richard Krouse**

Mailing Address 4720 Lee Ave

City

Downers Grove

State

IL

Zip Code

60515-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 63C76D2B6CC2A543B65

Amount of Each Receipt this Period

20.00

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

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

103.34

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

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Richard Krouse**

Mailing Address 4720 Lee Ave

City

Downers Grove

State

IL

Zip Code

60515-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 3DFAAFA217168A382B8

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Norman Kumins**

Mailing Address 677 Duane St

City

Glen Ellyn

State

IL

Zip Code

60137-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 4FD1BDE11B489558042

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Norman Kumins**

Mailing Address 677 Duane St

City

Glen Ellyn

State

IL

Zip Code

60137-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

Transaction ID : B35B85B040DF82BE7F3

Amount of Each Receipt this Period

39.00

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

98.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

## **A. David Labotka**

Mailing Address 1312 S Ridge Rd

City

Willowbrook

State

IL

Zip Code

60527-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 5F1B7FF13F6842E0B20**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

## **B. David Labotka**

Mailing Address 1312 S Ridge Rd

City

Willowbrook

State

IL

Zip Code

60527-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : 977311D89E86591BD20**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

## **C. Aaron Lazar**

Mailing Address 1564 Abbotsford Dr

City

Naperville

State

IL

Zip Code

60563-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 1C267947B2E8F9FCBDF**

Amount of Each Receipt this Period

25.00

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

66.66

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Aaron Lazar**

Mailing Address 1564 Abbotsford Dr

City  
Naperville

State Zip Code  
IL 60563-2088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : E94F4418DF8507FC384

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Thomas Lee**

Mailing Address 385 Maple St

City  
Glen Ellyn

State Zip Code  
IL 60137-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

Transaction ID : 6E1B87344B0CAB8C990

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Thomas Lee**

Mailing Address 385 Maple St

City  
Glen Ellyn

State Zip Code  
IL 60137-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : E88C474740D990341CA

Amount of Each Receipt this Period

20.00

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

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

65.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Lieberman**

Mailing Address 819 E Hillside Rd

City  
Naperville

State Zip Code  
IL 60540-6806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 0FB2515FB7FA28D4464

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. Steve Lieberman**

Mailing Address 819 E Hillside Rd

City  
Naperville

State Zip Code  
IL 60540-6806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7380427860E6E271F9C

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. Ernest Lizek**

Mailing Address 416 S Sleight St

City  
Naperville

State Zip Code  
IL 60540-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 013AF538FF5DE834759

Amount of Each Receipt this Period

39.00

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

81.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 23 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Ernest Lizek**

Mailing Address 416 S Sleight St

City

Naperville

State

IL

Zip Code

60540-5441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 78B2918D7DC21CEAB15**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Nicholas Mataragas**

Mailing Address 6105 Timber Ridge Ct

City

Indian Head Park

State

IL

Zip Code

60525-3759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 13 / 2012

**Transaction ID : 43ED7F5AA34CF5D9AE9**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nicholas Mataragas**

Mailing Address 6105 Timber Ridge Ct

City

Indian Head Park

State

IL

Zip Code

60525-3759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 27 / 2012

**Transaction ID : 9342BBABB533A3C735E**

Amount of Each Receipt this Period

19.23

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

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

77.46

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

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

FOR LINE NUMBER: PAGE 24 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Merrick**

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : FCC3DFE2031DB44E73B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Paul Merrick**

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : 2A8FE5EC564D7E828BA**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. M. Paul Meyer**

Mailing Address 1801 S Highland Ave

City State Zip Code  
Lombard IL 60148-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 78CB6E06F1707B820E2**

Amount of Each Receipt this Period

39.00

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

79.00

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 25 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. M. Paul Meyer**

Mailing Address 1801 S Highland Ave

City

Lombard

State

IL

Zip Code

60148-4932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

Transaction ID : A9D8168B542D676B80D

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Yoko Momoyama**

Mailing Address PO Box 7144

City

Villa Park

State

IL

Zip Code

60181-7144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

Transaction ID : C72DA321EC08842258F

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Yoko Momoyama**

Mailing Address PO Box 7144

City

Villa Park

State

IL

Zip Code

60181-7144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 971D33C95D7E05D2E8E

Amount of Each Receipt this Period

39.00

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

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

117.00

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

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

FOR LINE NUMBER: PAGE 26 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Nelson**

Mailing Address 3753 King Williams Ct

City State Zip Code  
 Saint Charles IL 60174-7806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : 04E1453ABBC1B18A78E**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mark Nelson**

Mailing Address 3753 King Williams Ct

City State Zip Code  
 Saint Charles IL 60174-7806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : 7B6310F5813973F58FC**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ravi Nemivant**

Mailing Address 561 Hevern Dr

City State Zip Code  
 Wheaton IL 60189-7396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : CB0E13F6B197472B105**

Amount of Each Receipt this Period

25.00

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

65.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 41  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

## **A. Ravi Nemivant**

Mailing Address 561 Hevern Dr

City State Zip Code  
 Wheaton IL 60189-7396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : 5D43A4E8C4CB84AA864**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Don Nichols**

Mailing Address 515 W Park Ave

City State Zip Code  
 Wheaton IL 60189-6354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2012

**Transaction ID : 88AC491CFC853AD92ED**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Don Nichols**

Mailing Address 515 W Park Ave

City State Zip Code  
 Wheaton IL 60189-6354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DuPage Medical Group, Ltd.

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2012

**Transaction ID : 527F4A1EC05647CCA21**

Amount of Each Receipt this Period

20.00

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

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

65.00

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

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

FOR LINE NUMBER: PAGE 28 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 2A4AE0E6DCFD068C2B**

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 34342B04EE242DD6E15**

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. James Oakley**

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician/Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : BC12D005EA2F2FFEF89**

Amount of Each Receipt this Period

25.00

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

67.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 29 OF 41  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. James Oakley**

Mailing Address 605 S Grant St

City State Zip Code  
Hinsdale IL 60521-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician/Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : 5FD0D4E8A8D17AA78FC**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Michael Pacetti**

Mailing Address 16957 Burr Oak Dr

City State Zip Code  
Homer Glen IL 60491-6946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 0BE1BBF931C08AD304C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael Pacetti**

Mailing Address 16957 Burr Oak Dr

City State Zip Code  
Homer Glen IL 60491-6946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : 4190FC7C5F2807D8882**

Amount of Each Receipt this Period

20.00

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

65.00

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

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

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

FOR LINE NUMBER: PAGE 30 OF 41  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

## **A. Mathew Philip**

Mailing Address 1608 W North Ave  
Apt. 3

City State Zip Code  
Chicago IL 60622-2245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 1B19B8211C35EE80A8C**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

## **B. Mathew Philip**

Mailing Address 1608 W North Ave  
Apt. 3

City State Zip Code  
Chicago IL 60622-2245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 619881B6B51181FFDAA**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

## **C. Stephen Pierson**

Mailing Address 1800 N Main St

City State Zip Code  
Wheaton IL 60187-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 83ACCF87B8063D1F906**

Amount of Each Receipt this Period

21.00

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

99.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen Pierson**

Mailing Address 1800 N Main St

City

Wheaton

State

IL

Zip Code

60187-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : AC83D8ECD16FD675CD8**

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. John Porcelli**

Mailing Address 4530 Lee Ave

City

Downers Grove

State

IL

Zip Code

60515-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 227477B907011957261**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. John Porcelli**

Mailing Address 4530 Lee Ave

City

Downers Grove

State

IL

Zip Code

60515-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : A0D53C319047E33184C**

Amount of Each Receipt this Period

20.00

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

61.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Soujanya Pulluru**

Mailing Address 3908 Littlestone Cir

City  
Naperville

State Zip Code  
IL 60564-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 13 / 2012

**Transaction ID : 16DE1C7F395297942DE**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Soujanya Pulluru**

Mailing Address 3908 Littlestone Cir

City  
Naperville

State Zip Code  
IL 60564-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 27 / 2012

**Transaction ID : 2E860E70A44876B5643**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Kevin Regan**

Mailing Address 31808 Village Green Ct

City  
Warrenville

State Zip Code  
IL 60555-5923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 13 / 2012

**Transaction ID : 98C7B01130F81ABED6D**

Amount of Each Receipt this Period

38.46

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

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

121.80



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Kevin Regan**

Mailing Address 31808 Village Green Ct

City

Warrenville

State

IL

Zip Code

60555-5923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : 4A4C129F33CE8FA29FD**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Susan Ruzek**

Mailing Address 25164 Churchill Lane

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 2D66BC4D0FD55E717A1**

Amount of Each Receipt this Period

19.25

Full Name (Last, First, Middle Initial)

**C. Susan Ruzek**

Mailing Address 25164 Churchill Lane

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : 0702F6DCA5A97BB20EF**

Amount of Each Receipt this Period

19.25

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

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

76.96

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

## **A. Yasser Said**

Mailing Address 914 W Hubbard St  
Apt. 202

City State Zip Code  
Chicago IL 60642-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 31670A8010DDBE41971**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

## **B. Yasser Said**

Mailing Address 914 W Hubbard St  
Apt. 202

City State Zip Code  
Chicago IL 60642-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : 9D99E4FF8DB2AB95CA6**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

## **C. Steven Schmitz**

Mailing Address 743 Godair Cir

City State Zip Code  
Hinsdale IL 60521-8104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : 6A63AF358E41A0BA5C6**

Amount of Each Receipt this Period

20.00

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

98.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 35 OF 41  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Steven Schmitz**

Mailing Address 743 Godair Cir

City State Zip Code  
Hinsdale IL 60521-8104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 80C0768752633DBB2C4

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Grant Sievertsen**

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 13 / 2012

Transaction ID : 119B3E5B8D8A5CAAB1C

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Grant Sievertsen**

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 27 / 2012

Transaction ID : 9D828B611F54CDC3A3A

Amount of Each Receipt this Period

19.23

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

58.46

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Amy Stoeffler**

Mailing Address 532 Deerpath Rd

City

Glen Ellyn

State

IL

Zip Code

60137-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 13 / 2012

**Transaction ID : 73862272568187C1DDF**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Amy Stoeffler**

Mailing Address 532 Deerpath Rd

City

Glen Ellyn

State

IL

Zip Code

60137-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

09 / 27 / 2012

**Transaction ID : FC95738882D9D7F58B4**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Lenora Su**

Mailing Address 1404 Chelsea Ln

City

Naperville

State

IL

Zip Code

60565-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 777D440FB1B1F68871A**

Amount of Each Receipt this Period

39.00

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

122.34

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Lenora Su**

Mailing Address 1404 Chelsea Ln

City

Naperville

State

IL

Zip Code

60565-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 60ED60A626CDCEFD57A**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Arnaldo Torres**

Mailing Address 229 Wren Ct

City

Bloomington

State

IL

Zip Code

60108-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

**Transaction ID : 2386643B0A95F93ED17**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Arnaldo Torres**

Mailing Address 229 Wren Ct

City

Bloomington

State

IL

Zip Code

60108-1433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

**Transaction ID : 3B90B623C307DAB2A5D**

Amount of Each Receipt this Period

39.00

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

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

117.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph Towers**

Mailing Address 412 S Columbia St

City  
Naperville

State Zip Code  
IL 60540-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : BF15DD3FFB5CD983403**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Joseph Towers**

Mailing Address 412 S Columbia St

City  
Naperville

State Zip Code  
IL 60540-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : CFC363F6127A85AE6FE**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Feodor Ung**

Mailing Address 711 Wellner Rd

City  
Naperville

State Zip Code  
IL 60540-6727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2012

**Transaction ID : F3B6E2F1894264DFBDD**

Amount of Each Receipt this Period

39.00

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

122.34

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

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

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NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

## **A. Feodor Ung**

Mailing Address 711 Wellner Rd

City  
Naperville

State  
IL

Zip Code  
60540-6727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7E667D6588758A202FD

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

## **B. Van Vallina**

Mailing Address 241 Lorraine St

City  
Glen Ellyn

State  
IL

Zip Code  
60137-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 13 / 2012

Transaction ID : B2DE8AFC88773B79DD

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

## **C. Van Vallina**

Mailing Address 241 Lorraine St

City  
Glen Ellyn

State  
IL

Zip Code  
60137-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 21CA016565DCC4D9D61

Amount of Each Receipt this Period

39.00

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

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

117.00

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

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

FOR LINE NUMBER: PAGE 40 OF 41  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Jaime Villanueva**

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 02CB100E8CD1E6BAE56

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Jaime Villanueva**

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 27 / 2012

Transaction ID : DD1ACA5B9329EFB1E1F

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Caroline Wolfe**

Mailing Address 132 E Fremont Ave

City State Zip Code  
Elmhurst IL 60126-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 1D3B39B99630DF11303

Amount of Each Receipt this Period

20.00

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

60.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Caroline Wolfe**

Mailing Address 132 E Fremont Ave

City

Elmhurst

State

IL

Zip Code

60126-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 27 / 2012

Transaction ID : 7F797AA65DDCF88683A

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Andrew Yu**

Mailing Address 76 Mitchell Cir

City

Wheaton

State

IL

Zip Code

60189-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.60

Date of Receipt

09 / 13 / 2012

Transaction ID : 9C3BAD21B2698462ECE

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Andrew Yu**

Mailing Address 76 Mitchell Cir

City

Wheaton

State

IL

Zip Code

60189-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group, Ltd.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.60

Date of Receipt

09 / 27 / 2012

Transaction ID : E7FCD1BE913DB64078E

Amount of Each Receipt this Period

20.83

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

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

61.66

3400.96