

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.
 DuPage Medical Group LTD PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on / / in the State of
 (d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
 Election on / / in the State of

5. Covering Period / / through / /

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 / /

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								
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DuPage Medical Group LTD PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="174940.53"/>	<input type="text" value="174940.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="189092.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3030.40"/>	<input type="text" value="31681.97"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="192122.50"/>	<input type="text" value="206622.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7500.00"/>	<input type="text" value="22000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="184622.50"/>	<input type="text" value="184622.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Write or Type Committee Name

DuPage Medical Group LTD PAC

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

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).....	2990.40	21248.75
(ii) Unitemized	40.00	10433.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3030.40	31681.97
(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)	3030.40	31681.97
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))..... ▶	3030.40	31681.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3030.40	31681.97

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.....	5000.00	7000.00
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	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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2500.00	15000.00
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)) ..	7500.00	22000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	22000.00

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)	3030.40	31681.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3030.40	31681.97
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: (check only one)	PAGE 6 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Craig Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Briar Ln
 City West Chicago State IL Zip Code 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
 09 / 12 / 2014
Transaction ID : FBF9C857081046A590B5
 Amount of Each Receipt this Period
 20.84

B. Craig Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Briar Ln
 City West Chicago State IL Zip Code 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
 09 / 26 / 2014
Transaction ID : 270737FC334243DB9937
 Amount of Each Receipt this Period
 20.84

C. Marc Asselmeier
 Full Name (Last, First, Middle Initial)
 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 / 12 / 2014
Transaction ID : 5E70EAB50E274738B244
 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)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Marc Asselmeier
Full Name (Last, First, Middle Initial)

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
09 / 26 / 2014
Transaction ID : CBDC2DF7D04E4E61B567

Amount of Each Receipt this Period
39.00

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

Mailing Address 1673 Imperial Cir

City State Zip Code
Naperville IL 60563-0132

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
09 / 12 / 2014
Transaction ID : 41FDEBA2D2CD4D9E91A9

Amount of Each Receipt this Period
39.00

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

Mailing Address 1673 Imperial Cir

City State Zip Code
Naperville IL 60563-0132

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
09 / 26 / 2014
Transaction ID : AB25E184EBF94592BB38

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. David Dungan
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : A85117154E984016A1CF

Amount of Each Receipt this Period
20.00

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

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : 6AD8D808CE374F90ABCD

Amount of Each Receipt this Period
20.00

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

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : 21050A51A48B4DE0A931

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 39
(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. 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 / 26 / 2014
Transaction ID : 360746409ED64B60B264
Amount of Each Receipt this Period 39.00

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 / 12 / 2014
Transaction ID : 46A9496207A9442AB5BD
Amount of Each Receipt this Period 50.00

Full Name (Last, First, Middle Initial)
c. 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 / 26 / 2014
Transaction ID : 580DDCB6F6644F4DA189
Amount of Each Receipt this Period 50.00

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: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Martin Gallo
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : A05C090ECE50408483BE

Amount of Each Receipt this Period
39.00

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

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : 19BB2D6EAF0543CA89DE

Amount of Each Receipt this Period
39.00

c. John Giardina
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : F64EC4BEECAC417CA843

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... **116.46**

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. John Giardina
Full Name (Last, First, Middle Initial)

Mailing Address 832 Abbey Dr

City State Zip Code
Glen Ellyn IL 60137-6130

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
09 / 26 / 2014
Transaction ID : A1A14E4B0626422A980

Amount of Each Receipt this Period
38.46

B. L. Douglas Graham
Full Name (Last, First, Middle Initial)

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
09 / 12 / 2014
Transaction ID : 6B2FB74F3BCC4C66AC8F

Amount of Each Receipt this Period
42.00

C. L. Douglas Graham
Full Name (Last, First, Middle Initial)

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
09 / 26 / 2014
Transaction ID : 93F9E5B681C94B04807B

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.46

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Glenn Grobe
Full Name (Last, First, Middle Initial)
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 / 12 / 2014**
Transaction ID : D1D6F8A7DBC248469305
Amount of Each Receipt this Period **15.00**

B. Glenn Grobe
Full Name (Last, First, Middle Initial)
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 / 26 / 2014**
Transaction ID : 3413CCF83F5A429DBC15
Amount of Each Receipt this Period **15.00**

C. Linda Gruener
Full Name (Last, First, Middle Initial)
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 / 12 / 2014**
Transaction ID : FCE5D2A9612C4F579588
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **130.00**
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 13 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Linda Gruener
 Full Name (Last, First, Middle Initial)
 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 / 26 / 2014
Transaction ID : 2CA87A354383404AA710
 Amount of Each Receipt this Period
 100.00

B. Naira Hashmi
 Full Name (Last, First, Middle Initial)
 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 / 12 / 2014
Transaction ID : 644026F6CA1E4F64824B
 Amount of Each Receipt this Period
 21.00

C. Naira Hashmi
 Full Name (Last, First, Middle Initial)
 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 / 26 / 2014
Transaction ID : 6AE6162F5B554B868409
 Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.00
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 14 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Maleeha Hashmi-Basha
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 76E8C73BAEDB45DC8F40
 Amount of Each Receipt this Period
 20.00

B. Maleeha Hashmi-Basha
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 651212EEB137406E8C7A
 Amount of Each Receipt this Period
 20.00

C. James Hermann
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 7253D8D6730644698CA8
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....	81.67
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 15 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. James Hermann
Full Name (Last, First, Middle Initial)
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 / 26 / 2014
Transaction ID : **B0DE20E702B64EA0AF9F**
Amount of Each Receipt this Period 41.67

B. Te-Shao Hsu
Full Name (Last, First, Middle Initial)
Mailing Address 1155 N Dearborn St Apt. 804
City Chicago State IL Zip Code 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 09 / 12 / 2014
Transaction ID : **2615590D36DE4C27976C**
Amount of Each Receipt this Period 39.00

C. Te-Shao Hsu
Full Name (Last, First, Middle Initial)
Mailing Address 1155 N Dearborn St Apt. 804
City Chicago State IL Zip Code 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 09 / 26 / 2014
Transaction ID : **346792F43BE84CF29506**
Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.67
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 16 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Robert Hurst
Full Name (Last, First, Middle Initial)

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 / 12 / 2014**

Transaction ID : 8491E1F29B0E42FAA2EF

Amount of Each Receipt this Period **39.00**

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

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 / 26 / 2014**

Transaction ID : 7557AB87232844378C34

Amount of Each Receipt this Period **39.00**

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

Mailing Address 1510 N Bosworth Ave #3

City Chicago State IL Zip Code 60642-7612

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 / 12 / 2014**

Transaction ID : 428A506D7FFA4B32AA6D

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Cameron Jirschele
Full Name (Last, First, Middle Initial)

Mailing Address 1510 N Bosworth Ave #3
City Chicago State IL Zip Code 60642-7612

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 / 26 / 2014**
Transaction ID : **59BEA2C1CAF64E7FB33C**

Amount of Each Receipt this Period **200.00**

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

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt **09 / 12 / 2014**
Transaction ID : **3A80E622210C47E0B8E0**

Amount of Each Receipt this Period **41.67**

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

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt **09 / 26 / 2014**
Transaction ID : **19BD7B69361848759E8C**

Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... ▶ **103.34**

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 18 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Richard Krouse
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : 5CF484B6429740798CA6

Amount of Each Receipt this Period
 20.00

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

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : 05FD49AB1B704EA6B5BA

Amount of Each Receipt this Period
 20.00

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

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : 2B670902968648E0A8B6

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 Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 39
(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

A. Norman Kumins
 Full Name (Last, First, Middle Initial)
 Mailing Address 677 Duane St
 City State Zip Code
 Glen Ellyn IL 60137-4611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A7ED63F20F834CD89F97
 Amount of Each Receipt this Period
 39.00

B. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City State Zip Code
 Willowbrook IL 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : B83BA290B0274DB7A17C
 Amount of Each Receipt this Period
 20.83

C. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City State Zip Code
 Willowbrook IL 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : F5246E6A3C4E42BA961C
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.66
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	FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Aaron Lazar
Full Name (Last, First, Middle Initial)
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 **09 / 12 / 2014**
Transaction ID : 3728358DA9E04288A64B
Amount of Each Receipt this Period **25.00**

B. Aaron Lazar
Full Name (Last, First, Middle Initial)
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 **09 / 26 / 2014**
Transaction ID : B6C9DFA906DE4906A7EA
Amount of Each Receipt this Period **25.00**

C. Thomas Lee
Full Name (Last, First, Middle Initial)
Mailing Address 385 Maple St
City Glen Ellyn State IL Zip Code 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 **09 / 12 / 2014**
Transaction ID : 0615A0EBEBCD4C36B1AA
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **70.00**
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 21 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Thomas Lee
Full Name (Last, First, Middle Initial)
Mailing Address 385 Maple St
City State Zip Code
Glen Ellyn IL 60137-3811
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 41B6A84C1C394947A046
Amount of Each Receipt this Period
20.00

B. Ernest Lizek
Full Name (Last, First, Middle Initial)
Mailing Address 416 S Sleight St
City State Zip Code
Naperville IL 60540-5441
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : E1282D9A75F94029977D
Amount of Each Receipt this Period
39.00

C. Ernest Lizek
Full Name (Last, First, Middle Initial)
Mailing Address 416 S Sleight St
City State Zip Code
Naperville IL 60540-5441
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 459BB2769DBA4E17BFCE
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 39
(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. Nicholas Mataragas

Mailing Address 6105 Timber Ridge Ct

City State Zip Code
Indian Head Park IL 60525-3759

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : E1D0DB76E0B24412A011

Amount of Each Receipt this Period
19.23

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

Mailing Address 6105 Timber Ridge Ct

City State Zip Code
Indian Head Park IL 60525-3759

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 77202BD6F4014E1E8BE2

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. 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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : 7A3368D176484F94B6ED

Amount of Each Receipt this Period
20.00

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 Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 39
(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

A. Paul Merrick
 Full Name (Last, First, Middle Initial)
 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 Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 4D77D46878ED4F38A338
 Amount of Each Receipt this Period
 200.00

B. M. Paul Meyer
 Full Name (Last, First, Middle Initial)
 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 Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : B290C5DDD56343FD8076
 Amount of Each Receipt this Period
 39.00

C. M. Paul Meyer
 Full Name (Last, First, Middle Initial)
 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 Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 8F417FC1E5444352AE8D
 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. 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
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : DD8BA523C7E049DCA176

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
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 4B7CB9F0AE6E4DC88E57

Amount of Each Receipt this Period
39.00

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

Mailing Address 3753 King Williams Ct

City Saint Charles	State IL	Zip Code 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 M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : 2AB9D3556E6244A799D6

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 39
(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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 00B507EE8F394A2294F6

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. 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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014
Transaction ID : 38CF28B998024E5F9326

Amount of Each Receipt this Period
25.00

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 096F75508C9B4811926E

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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 26 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : AFC9B730A46E46268DAF

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
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 90237A5B46D84D7CB33D

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
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : 3E89E12A7E3342AAB248

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. James Oakley
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : AF8FB78886944EE391C1

Amount of Each Receipt this Period
25.00

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

Mailing Address 1608 W North Ave Apt. 3

City Chicago State IL Zip Code 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : E1E76099565D482C8C88

Amount of Each Receipt this Period
39.00

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

Mailing Address 1608 W North Ave Apt. 3

City Chicago State IL Zip Code 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014

Transaction ID : F5FB59321CC74623A69C

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... **103.00**

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 28 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stephen Pierson
 Full Name (Last, First, Middle Initial)
 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 / 12 / 2014
Transaction ID : 4A3C81108FB44295B59F
 Amount of Each Receipt this Period
21.00

B. Stephen Pierson
 Full Name (Last, First, Middle Initial)
 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 / 26 / 2014
Transaction ID : 02F28089F877487E9472
 Amount of Each Receipt this Period
21.00

C. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 / 12 / 2014
Transaction ID : E42579D65C3A4452A00E
 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 / 26 / 2014
Transaction ID : 920F5082782645B29065
 Amount of Each Receipt this Period 20.00

B. Raghu Pulluru
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City Naperville State IL Zip Code 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 ▼ 384.60

Date of Receipt 09 / 12 / 2014
Transaction ID : A80627365D67418A8FF4
 Amount of Each Receipt this Period 19.23

C. Raghu Pulluru
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City Naperville State IL Zip Code 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 ▼ 384.60

Date of Receipt 09 / 26 / 2014
Transaction ID : 178B1599743A4482A324
 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 Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Soujanya Pulluru
Full Name (Last, First, Middle Initial)
Mailing Address 3908 Littlestone Cir
City Naperville State IL Zip Code 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 ▼ 740.45

Date of Receipt 09 / 12 / 2014
Transaction ID : 83D2E1DD42B94339A343
Amount of Each Receipt this Period 23.08

B. Soujanya Pulluru
Full Name (Last, First, Middle Initial)
Mailing Address 3908 Littlestone Cir
City Naperville State IL Zip Code 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 ▼ 740.45

Date of Receipt 09 / 26 / 2014
Transaction ID : EF195A2706744ADCA1CD
Amount of Each Receipt this Period 23.08

C. Kevin Regan
Full Name (Last, First, Middle Initial)
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 ▼ 653.82

Date of Receipt 09 / 12 / 2014
Transaction ID : 70F41919A9AD43ECAC48
Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.62
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 31 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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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 ▼ **653.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : EF9ABF77598C446F9439

Amount of Each Receipt this Period

38.46

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

Mailing Address 743 Godair Cir

City Hinsdale	State IL	Zip Code 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 M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

Transaction ID : 04119502430843EAA04A

Amount of Each Receipt this Period

20.00

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

Mailing Address 743 Godair Cir

City Hinsdale	State IL	Zip Code 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 M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : 90054472790444D4A76C

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	78.46
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Grant Sievertsen
Full Name (Last, First, Middle Initial)

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	Occupation
DuPage Medical Group, Ltd.	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : CE8BC4F9E3D6462DB1FE

Amount of Each Receipt this Period
19.23

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

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	Occupation
DuPage Medical Group, Ltd.	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 2455339644364932AD37

Amount of Each Receipt this Period
19.23

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

Mailing Address 1404 Chelsea Ln

City	State	Zip Code
Naperville	IL	60565-1612

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

Name of Employer	Occupation
DuPage Medical Group, Ltd.	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : CA0BD655EC4A41A7A808

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional).....	77.46
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. 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
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 7442AE963F5A4CC681A4

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City Bloomingdale 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
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : D33B3AD51B474C4194E6

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City Bloomingdale 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
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 49BA216A030B476E92D1

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 39
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Joseph Towers
Full Name (Last, First, Middle Initial)
Mailing Address 412 S Columbia St
City Naperville State IL Zip Code 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
09 / 12 / 2014
Transaction ID : **8206B6B3EFD0408A9EA6**
Amount of Each Receipt this Period
41.67

B. Joseph Towers
Full Name (Last, First, Middle Initial)
Mailing Address 412 S Columbia St
City Naperville State IL Zip Code 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
09 / 26 / 2014
Transaction ID : **48230FEED0384EEC8E98**
Amount of Each Receipt this Period
41.67

C. Feodor Ung
Full Name (Last, First, Middle Initial)
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 / 12 / 2014
Transaction ID : **8657E9170CAD45A5AF69**
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Feodor Ung
Full Name (Last, First, Middle Initial)

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
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 9B03863BACAA43059B9E

Amount of Each Receipt this Period
39.00

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

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
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : C655CFB93AF24DE1916A

Amount of Each Receipt this Period
39.00

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

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
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 19DED5BFEB3648468F28

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Jaime Villanueva
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 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 / 12 / 2014**
Transaction ID : B63A0382DA5C4AF79BD9
 Amount of Each Receipt this Period **20.00**

B. Jaime Villanueva
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 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 / 26 / 2014**
Transaction ID : 39E78295DF7A4CF080BA
 Amount of Each Receipt this Period **20.00**

C. Caroline Wolfe
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 12 / 2014**
Transaction ID : 17BD5649B3C04D08B452
 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: PAGE 37 OF 39
(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. 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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : 007734E6E0004BF90A5

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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2014

Transaction ID : 8A178F6D344D4A7B852F

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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : FFC08A3C79F34C76898B

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional).....▶	61.66
TOTAL This Period (last page this line number only).....▶	2990.40

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address PO Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
2014 General

Category/
Type

Candidate Name

Peter J. Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

/ /

Transaction ID : 2CD50E252E1BD0A1AB4

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Dan Cronin

Mailing Address 313 S Main St

City Lombard State IL Zip Code 60148

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 12E9C7D3550CE95A85D

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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