

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
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** 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 Quarterly 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 (12G)  
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 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Goldsher

Signature of Treasurer Electronically Filed by Mary Goldsher Date 04 20 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		40637.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	43269.66									
(c) Total Receipts (from Line 19) .....	2206.04	7238.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	45475.70	47875.70								
7. Total Disbursements (from Line 31) .....	20.00	2420.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45455.70	45455.70								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	830.70	1530.70
(ii) Unitemized .....	1375.34	5707.42
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2206.04	7238.12
(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) .....	2206.04	7238.12
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 Transfer (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)) .....	2206.04	7238.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2206.04	7238.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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	2400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	20.00	20.00
(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)) .....	20.00	20.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	20.00	2420.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20.00	2420.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	2206.04	7238.12
34. Total Contribution Refunds (from Line 28(d)) .....	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2186.04	7218.12
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 7 / 13  
(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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2010

**Transaction ID:** 2028ACE11B48BDAF9BA

Amount of Each Receipt this Period  
42.00

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2010

**Transaction ID:** 6A6231D407C6B974029

Amount of Each Receipt this Period  
42.00

**C.** Full Name (Last, First, Middle Initial)  
Linda Gruener

Mailing Address 8207 Gruener Ct

City State Zip Code  
Palos Hills IL 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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2010

**Transaction ID:** B28FDF15F76EF1701F4

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **184.00**

**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 / 13  
(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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NAME OF COMMITTEE (In Full)  
DuPage Medical Group LTD PAC

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼ 600.00

Date of Receipt 03 / 24 / 2010

**Transaction ID:** 825CF7F93E62F226A20

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
James Hermann

Mailing Address 1962 Hampton Avenue

City Wheaton State IL Zip Code 60187-1020

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 ▼ 250.02

Date of Receipt 03 / 09 / 2010

**Transaction ID:** BDC54AFC8C3CA02D929

Amount of Each Receipt this Period 41.67

**C.**

Full Name (Last, First, Middle Initial)  
James Hermann

Mailing Address 1962 Hampton Avenue

City Wheaton State IL Zip Code 60187-1020

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 ▼ 250.02

Date of Receipt 03 / 24 / 2010

**Transaction ID:** 1A5D61A733D636407E1

Amount of Each Receipt this Period 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">183.34</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13  
(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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NAME OF COMMITTEE (In Full)  
DuPage Medical Group LTD PAC

**A.**

Full Name (Last, First, Middle Initial)  
Todd Lavigne

Mailing Address 2034 W Walton St

City State Zip Code  
Chicago IL 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 49B3A23BA4A39353A47

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2010

**Transaction ID:** 10316EAB6DE45F94E19

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

**Transaction ID:** 182EF52EA4968B36968

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **123.34**

**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 10 / 13  
(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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NAME OF COMMITTEE (In Full)  
DuPage Medical Group LTD PAC

**A.**

Full Name (Last, First, Middle Initial)  
Keith Monson

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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 ▼ 270.00

Date of Receipt 03 / 09 / 2010  
**Transaction ID: 98CD7A274F277C2F889**  
 Amount of Each Receipt this Period 45.00

**B.**

Full Name (Last, First, Middle Initial)  
Keith Monson

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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 ▼ 270.00

Date of Receipt 03 / 24 / 2010  
**Transaction ID: 321F4C81C2D304AEC9C**  
 Amount of Each Receipt this Period 45.00

**C.**

Full Name (Last, First, Middle Initial)  
Soujanya Pulluru

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 ▼ 250.02

Date of Receipt 03 / 09 / 2010  
**Transaction ID: 7AB79A759CA5C44C987**  
 Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 131.67

**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: PAGE 11 / 13  
(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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NAME OF COMMITTEE (In Full)  
DuPage Medical Group LTD PAC

**A.**

Full Name (Last, First, Middle Initial)  
Soujanya Pulluru

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 ▼ 250.02

Date of Receipt 03 / 24 / 2010  
**Transaction ID:** 1FF0528C83AA57EE16E  
 Amount of Each Receipt this Period 41.67

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 250.02

Date of Receipt 03 / 09 / 2010  
**Transaction ID:** 364223DE82BB30FDF17  
 Amount of Each Receipt this Period 41.67

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 250.02

Date of Receipt 03 / 24 / 2010  
**Transaction ID:** 80C697E34074595BD64  
 Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.01

**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 12 / 13	
	(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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NAME OF COMMITTEE (In Full)  
DuPage Medical Group LTD PAC

**A.**

Full Name (Last, First, Middle Initial) Joseph Towers		Date of Receipt MM / DD / YYYY 03 / 09 / 2010
Mailing Address 412 S Columbia St		<b>Transaction ID:</b> D6F5A8DC0471829F642
City Naperville	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 250.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Joseph Towers		Date of Receipt MM / DD / YYYY 03 / 24 / 2010
Mailing Address 412 S Columbia St		<b>Transaction ID:</b> 25E5E6B4AF1A4B56804
City Naperville	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 250.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	83.34
<b>TOTAL</b> This Period (last page this line number only) .....	830.70

**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)

PAGE 13 / 13

<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 checked="" 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

A.	Full Name (Last, First, Middle Initial) Terry Donat		Transaction ID: 0AA82FDB9F8AB48E9D1	
	Mailing Address 561 Riford Road		Date of Disbursement MM / DD / YYYY 03 / 24 / 2010	
	City Glen Ellyn	State IL	Zip Code 60137-4236	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Refund of \$20 PAC contribution made via payroll deduction		010	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

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

20.00

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

20.00