

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 (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 11 23 2010 through 12 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 01 31 2011

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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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	49613.28									
(c) Total Receipts (from Line 19)	5819.67	37045.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55432.95	77682.95								
7. Total Disbursements (from Line 31)	923.08	23173.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54509.87	54509.87								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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)	4064.97	25260.85
(ii) Unitemized	1754.70	11784.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5819.67	37045.37
(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)	5819.67	37045.37
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))	5819.67	37045.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5819.67	37045.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	10200.00
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	923.08	943.08
(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))	923.08	943.08
29. Other Disbursements.....	0.00	12000.00
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))..	923.08	23173.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	923.08	23173.08

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)	5819.67	37045.37
34. Total Contribution Refunds (from Line 28(d))	923.08	943.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4896.59	36102.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	30.00
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	30.00

**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 7 / 53
	<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	

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) Craig Anderson	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 3 Briar Ln	Transaction ID: 8F918A36812F125AC6A
	City State Zip Code West Chicago IL 60185-3033	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 541.84	

B.	Full Name (Last, First, Middle Initial) Craig Anderson	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 3 Briar Ln	Transaction ID: 1F4C77876AA4DB9CEF6
	City State Zip Code West Chicago IL 60185-3033	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 541.84	

C.	Full Name (Last, First, Middle Initial) Craig Anderson	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 3 Briar Ln	Transaction ID: D00D44E413785333B14
	City State Zip Code West Chicago IL 60185-3033	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 541.84	

SUBTOTAL of Receipts This Page (optional)	62.52
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 / 53
(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. Full Name (Last, First, Middle Initial)
James Collins
Mailing Address 1673 Imperial Cir
City Naperville State IL Zip Code 60563-0132
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt 12 / 08 / 2010
Transaction ID: 81BF5B8EDC1C277FE2F
Amount of Each Receipt this Period 39.00

B. Full Name (Last, First, Middle Initial)
James Collins
Mailing Address 1673 Imperial Cir
City Naperville State IL Zip Code 60563-0132
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt 12 / 16 / 2010
Transaction ID: FAFF7CF432059A17160
Amount of Each Receipt this Period 39.00

C. Full Name (Last, First, Middle Initial)
James Collins
Mailing Address 1673 Imperial Cir
City Naperville State IL Zip Code 60563-0132
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt 12 / 29 / 2010
Transaction ID: F80DCC7239E5807368F
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 9 / 53
(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)
Mary Connolly

Mailing Address 15242 Saint Andrews Dr

City State Zip Code
Orland Park IL 60462-4165

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 83DF39069E32E2F6C32

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Mary Connolly

Mailing Address 15242 Saint Andrews Dr

City State Zip Code
Orland Park IL 60462-4165

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: 7CFCD98A3BC6C8C865A

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Mary Connolly

Mailing Address 15242 Saint Andrews Dr

City State Zip Code
Orland Park IL 60462-4165

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 ▼
520.00

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

Transaction ID: FFC828C227DC47422DF

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 53
	<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) David Dungan	Date of Receipt
	Mailing Address 211 Palamino PI	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	City State Zip Code Wheaton IL 60189-2046	Transaction ID: F3AC14B907B29090371
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 520.00	

B.	Full Name (Last, First, Middle Initial) David Dungan	Date of Receipt
	Mailing Address 211 Palamino PI	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	City State Zip Code Wheaton IL 60189-2046	Transaction ID: 56087187CF5F4989A23
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 520.00	

C.	Full Name (Last, First, Middle Initial) David Dungan	Date of Receipt
	Mailing Address 211 Palamino PI	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 9 / 2 0 1 0
	City State Zip Code Wheaton IL 60189-2046	Transaction ID: 67E9DE867AA6222BBEB
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 520.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 / 53
	<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) Thomas Gallagher	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 1105 Adelia St	Transaction ID: 815DDD5C0C2528EC128
	City Downers Grove State IL Zip Code 60516-2830	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 776.91	

B.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 1105 Adelia St	Transaction ID: 53F3789580CA776BF18
	City Downers Grove State IL Zip Code 60516-2830	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 776.91	

C.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 1105 Adelia St	Transaction ID: BF2A37E68660E2BA97B
	City Downers Grove State IL Zip Code 60516-2830	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 776.91	

SUBTOTAL of Receipts This Page (optional)	150.00
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 12 / 53
(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)
Martin Gallo

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 08 / 2010
Transaction ID: F88152524EFA7DAB1AE
 Amount of Each Receipt this Period: 39.00

B.

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: 01CFA7A79FC3F5AFCEC
 Amount of Each Receipt this Period: 39.00

C.

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 29 / 2010
Transaction ID: 3C45F6527939B54B920
 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 13 / 53
(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)
John Giardina

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: D9E1A42004D156E39CB

Amount of Each Receipt this Period
38.46

B.

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: 3AE17EA3E8BC9C5E303

Amount of Each Receipt this Period
38.46

C.

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

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

Transaction ID: 5A97978EE3C2DBE6394

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

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 / 53
(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)
Mary Goldsher

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

Name of Employer DuPage Medical Group, Ltd. Occupation Chief Operating Officer Primary Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 62183C5F3A05C9541F5

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Mary Goldsher

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

Name of Employer DuPage Medical Group, Ltd. Occupation Chief Operating Officer Primary Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: 12FFB64A3EA1036E0A8

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Mary Goldsher

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

Name of Employer DuPage Medical Group, Ltd. Occupation Chief Operating Officer Primary Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

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

Transaction ID: 04120C5598F11F3318B

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 15 / 53
(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)
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 ▼ 1092.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 9C2B0BABBB90DEF0C76

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 ▼ 1092.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: 114B711EAC647A6C107

Amount of Each Receipt this Period
42.00

C.

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 ▼ 1092.00

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

Transaction ID: 0F3914EDA4E9D97CCED

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **126.00**

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 16 / 53
(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

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)
Glenn Grobe

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 08 / 2010

Transaction ID: 8877C3306084FCBDDDB8

Amount of Each Receipt this Period 15.00

B.

Full Name (Last, First, Middle Initial)
Glenn Grobe

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 16 / 2010

Transaction ID: 6E9F5086E0784D4EEA5

Amount of Each Receipt this Period 15.00

C.

Full Name (Last, First, Middle Initial)
Glenn Grobe

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 29 / 2010

Transaction ID: 0B4D9377BA1449EF450

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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 / 53
	<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	

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) Linda Gruener		Date of Receipt
	Mailing Address 8207 Gruener Ct		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Palos Hills	IL	60465-2200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Transaction ID: EC95D7CA22786246DD1
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2600.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt
	Mailing Address 8207 Gruener Ct		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Palos Hills	IL	60465-2200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Transaction ID: 9E64EFD422E949213F7
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2600.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt
	Mailing Address 8207 Gruener Ct		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Palos Hills	IL	60465-2200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Transaction ID: E2F2C02E74DFCAB82E3
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2600.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 53
(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

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) Naira Hashmi		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 640 S Washington St Ste 268		Transaction ID: 90C6EE7BABDA8BE42E2
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

B.

Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt MM / DD / YYYY 12 / 16 / 2010
Mailing Address 640 S Washington St Ste 268		Transaction ID: B66F7D8FA49BE83BFC5
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

C.

Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address 640 S Washington St Ste 268		Transaction ID: A1320A9B8D9B9D6853C
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

SUBTOTAL of Receipts This Page (optional)	63.00
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 / 53
(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			

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) Maleeha Hashmi-Basha		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 640 S Washington St Ste 268		Transaction ID: B10C62D7BB4D883EBE3
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha		Date of Receipt MM / DD / YYYY 12 / 16 / 2010
Mailing Address 640 S Washington St Ste 268		Transaction ID: 9A9DC363FCC66BAA7B0
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address 640 S Washington St Ste 268		Transaction ID: 123000BBFC41FA3D9C8
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 20 / 53
(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

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)
James Hermann

Mailing Address 1962 Hampton Dr

City State Zip Code
Wheaton IL 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 ▼
1083.42

Date of Receipt
MM / DD / YYYY
12 / 08 / 2010

Transaction ID: 8919094EF5D968639AA

Amount of Each Receipt this Period
41.67

B.

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

Mailing Address 1962 Hampton Dr

City State Zip Code
Wheaton IL 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 ▼
1083.42

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: 73B8A93C262204FBDA3

Amount of Each Receipt this Period
41.67

C.

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

Mailing Address 1962 Hampton Dr

City State Zip Code
Wheaton IL 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 ▼
1083.42

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 85514E74169B7EF6181

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 21 / 53
(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

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) Te-Shao Hsu		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 1155 N Dearborn St Apt. 804		Transaction ID: 3071CB1CCBD08D6EDBE
City Chicago	State Zip Code IL 60610-6539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

B.

Full Name (Last, First, Middle Initial) Te-Shao Hsu		Date of Receipt MM / DD / YYYY 12 / 16 / 2010
Mailing Address 1155 N Dearborn St Apt. 804		Transaction ID: D2EA81CFC231BB296BD
City Chicago	State Zip Code IL 60610-6539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

C.

Full Name (Last, First, Middle Initial) Te-Shao Hsu		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address 1155 N Dearborn St Apt. 804		Transaction ID: 79EE79815FB88D037FE
City Chicago	State Zip Code IL 60610-6539	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

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 22 / 53
(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)
Robert Janowitz

Mailing Address 8401 Clynderven Rd

City State Zip Code
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 1650982CC8123B24849

Amount of Each Receipt this Period
40.00

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

Mailing Address 8401 Clynderven Rd

City State Zip Code
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: 215ED355AD1BCC7DE5E

Amount of Each Receipt this Period
40.00

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

Mailing Address 8401 Clynderven Rd

City State Zip Code
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 2561DE37CD3ED8C6B87

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 23 / 53
(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

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)
Richard Krouse

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 08 / 2010
Transaction ID: AE06C37ADE06FA6A9D2
 Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 16 / 2010
Transaction ID: D57B1662FEF1D87A876
 Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 29 / 2010
Transaction ID: 0DEE0DD373320986BC8
 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: <input 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	PAGE 24 / 53
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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.	Full Name (Last, First, Middle Initial) David Labotka		Date of Receipt MM / DD / YYYY 12 / 08 / 2010		
	Mailing Address 1312 S Ridge Rd		Transaction ID: 55B1D5872132F65BE31		
	City Willowbrook	State IL	Zip Code 60527-1896	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date 541.58		

B.	Full Name (Last, First, Middle Initial) David Labotka		Date of Receipt MM / DD / YYYY 12 / 16 / 2010		
	Mailing Address 1312 S Ridge Rd		Transaction ID: D82FEF5764A9175DEB1		
	City Willowbrook	State IL	Zip Code 60527-1896	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date 541.58		

C.	Full Name (Last, First, Middle Initial) David Labotka		Date of Receipt MM / DD / YYYY 12 / 29 / 2010		
	Mailing Address 1312 S Ridge Rd		Transaction ID: D8D2A3C1D7E0BCAC6B5		
	City Willowbrook	State IL	Zip Code 60527-1896	Amount of Each Receipt this Period 20.83	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date 541.58		

SUBTOTAL of Receipts This Page (optional)	62.49
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 / 53
(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

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)
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 ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 180F18ABF8780C7E121

Amount of Each Receipt this Period
40.00

B.

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 ▼ 1040.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: 4A7E33920A951ED413E

Amount of Each Receipt this Period
40.00

C.

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 ▼ 1040.00

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

Transaction ID: BADFC0C194DDF3AD32C

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 / 53
	<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	

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) Aaron Lazar	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 1564 Abbotsford Dr	Transaction ID: 2745E7B06D4065DD87A
	City Naperville State IL Zip Code 60563-2088	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00	

B.	Full Name (Last, First, Middle Initial) Aaron Lazar	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 1564 Abbotsford Dr	Transaction ID: 2C9A6CD96CB74B2C606
	City Naperville State IL Zip Code 60563-2088	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00	

C.	Full Name (Last, First, Middle Initial) Aaron Lazar	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 1564 Abbotsford Dr	Transaction ID: E2A6C8FFD1F6C17573F
	City Naperville State IL Zip Code 60563-2088	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 27 / 53
(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

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)
Steve Lieberman

Mailing Address 819 E Hillside Rd

City Naperville State IL Zip Code 60540-6806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt: 12 / 08 / 2010
Transaction ID: C25820C2737E4482788
 Amount of Each Receipt this Period: 21.00

B.

Full Name (Last, First, Middle Initial)
Steve Lieberman

Mailing Address 819 E Hillside Rd

City Naperville State IL Zip Code 60540-6806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: B07EDD9B21FE44986FC
 Amount of Each Receipt this Period: 21.00

C.

Full Name (Last, First, Middle Initial)
Steve Lieberman

Mailing Address 819 E Hillside Rd

City Naperville State IL Zip Code 60540-6806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt: 12 / 29 / 2010
Transaction ID: 7AEABF455312D56B154
 Amount of Each Receipt this Period: 21.00

SUBTOTAL of Receipts This Page (optional) ► **63.00**

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 28 / 53
(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

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)
Alicia Martin

Date of Receipt
MM / DD / YYYY
12 / 08 / 2010

Mailing Address 235 W Van Buren St
Unit 1711

Transaction ID: 6697A201399A2B46EB6

City Chicago State IL Zip Code 60607-3932

Amount of Each Receipt this Period
10.00

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 ▼ 260.00

B.

Full Name (Last, First, Middle Initial)
Alicia Martin

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Mailing Address 235 W Van Buren St
Unit 1711

Transaction ID: 5AAD44CD1097407D684

City Chicago State IL Zip Code 60607-3932

Amount of Each Receipt this Period
10.00

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 ▼ 260.00

C.

Full Name (Last, First, Middle Initial)
Alicia Martin

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Mailing Address 235 W Van Buren St
Unit 1711

Transaction ID: 4BE1204D4D56CFAF9F2

City Chicago State IL Zip Code 60607-3932

Amount of Each Receipt this Period
10.00

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 ▼ 260.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 29 / 53
(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)
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 DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 86B923BA2BC9F79E639

Amount of Each Receipt this Period
19.23

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: E9EF445A08C5FC10254

Amount of Each Receipt this Period
19.23

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

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

Transaction ID: EA86DD87E0D97712928

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

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 / 53
(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)
Paul Merrick

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer
DuPage Medical Group, Ltd. Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 3500B16A7A0F4E1C952

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Paul Merrick

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer
DuPage Medical Group, Ltd. Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: 7909EFC334AD27EDFAF

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Paul Merrick

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer
DuPage Medical Group, Ltd. Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

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

Transaction ID: 7D1CE12C6B74506F3B4

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 31 / 53
(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) M. Paul Meyer		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 1801 S Highland Ave		Transaction ID: 37EBBECCF7BFB3C9046
City Lombard	State Zip Code IL 60148-4932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1072.74	

B.

Full Name (Last, First, Middle Initial) M. Paul Meyer		Date of Receipt MM / DD / YYYY 12 / 16 / 2010
Mailing Address 1801 S Highland Ave		Transaction ID: 85AF6529B64C28A9303
City Lombard	State Zip Code IL 60148-4932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1072.74	

C.

Full Name (Last, First, Middle Initial) M. Paul Meyer		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address 1801 S Highland Ave		Transaction ID: 4C3FC2B7DE4A620497D
City Lombard	State Zip Code IL 60148-4932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1072.74	

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 32 / 53
(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. 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 ▼ 1170.00
 Date of Receipt 12 / 08 / 2010
Transaction ID: 2CDFA6163D254D62EFE
 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 ▼ 1170.00
 Date of Receipt 12 / 16 / 2010
Transaction ID: 5B5F703125031EBBB20
 Amount of Each Receipt this Period 45.00

C. 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 ▼ 1170.00
 Date of Receipt 12 / 29 / 2010
Transaction ID: 2AD4B3826E9D630266F
 Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional) ► 135.00
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 33 / 53
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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

A.	Full Name (Last, First, Middle Initial) Mark Nelson	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 3753 King Williams Ct	Transaction ID: 2A4942F483465833221
	City State Zip Code Saint Charles IL 60174-7806	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 520.00	

B.	Full Name (Last, First, Middle Initial) Mark Nelson	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 3753 King Williams Ct	Transaction ID: 36E46055BB5C6DDD444
	City State Zip Code Saint Charles IL 60174-7806	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 520.00	

C.	Full Name (Last, First, Middle Initial) Mark Nelson	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 3753 King Williams Ct	Transaction ID: 89E5770F6F74CB18B7B
	City State Zip Code Saint Charles IL 60174-7806	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 520.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 53
	<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	

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) Ravi Nemivant		Date of Receipt
	Mailing Address 561 Hevern Dr		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheaton	IL	60189-7396
	FEC ID number of contributing federal political committee. C		Transaction ID: CF72E74457DB4D87207
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	<input type="text" value="25.00"/>

B.	Full Name (Last, First, Middle Initial) Ravi Nemivant		Date of Receipt
	Mailing Address 561 Hevern Dr		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheaton	IL	60189-7396
	FEC ID number of contributing federal political committee. C		Transaction ID: 683D20CCDD48B12AB81
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	<input type="text" value="25.00"/>

C.	Full Name (Last, First, Middle Initial) Ravi Nemivant		Date of Receipt
	Mailing Address 561 Hevern Dr		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheaton	IL	60189-7396
	FEC ID number of contributing federal political committee. C		Transaction ID: D02317D3F0035FD14AC
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 53
(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

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)
Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 1C2E6CF18920F18FCDF

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: 78485A5725E660DC49A

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

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

Transaction ID: 42ACB5D952B0A4497E1

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 53
	<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.	Full Name (Last, First, Middle Initial) Brian O'Leary	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 401 59th St	Transaction ID: B581DA579CBE2F258AF
	City Downers Grove State IL Zip Code 60516-1440	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 546.00	

B.	Full Name (Last, First, Middle Initial) Brian O'Leary	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 401 59th St	Transaction ID: 6D0D2F3386AEB29884D
	City Downers Grove State IL Zip Code 60516-1440	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 546.00	

C.	Full Name (Last, First, Middle Initial) Brian O'Leary	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 401 59th St	Transaction ID: D6DB9E528D1AAFD77D5
	City Downers Grove State IL Zip Code 60516-1440	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 546.00	

SUBTOTAL of Receipts This Page (optional)	63.00
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 / 53
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
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 ▼ 650.00

Date of Receipt: 12 / 08 / 2010
Transaction ID: BFFEAF026974054BD4E
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 650.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: 7170106B603067DFB55
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 650.00

Date of Receipt: 12 / 29 / 2010
Transaction ID: 07376BF34DAEE7864AD
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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 38 / 53
(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. Full Name (Last, First, Middle Initial)
Michael Pacetti
Mailing Address 16957 Burr Oak Dr
City Homer Glen State IL Zip Code 60491-6946
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 12 / 08 / 2010
Transaction ID: B5DCC0E8D2EE07FCC83
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Michael Pacetti
Mailing Address 16957 Burr Oak Dr
City Homer Glen State IL Zip Code 60491-6946
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 12 / 16 / 2010
Transaction ID: 03D3286DC6513D45E8F
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Michael Pacetti
Mailing Address 16957 Burr Oak Dr
City Homer Glen State IL Zip Code 60491-6946
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Chief Financial Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 12 / 29 / 2010
Transaction ID: B6C7CB8C0A8772C54D2
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 39 / 53
(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

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)
Stephen Pierson

Mailing Address 1800 N Main St

City State Zip Code
Wheaton IL 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2010

Transaction ID: B0F1FF5C67361613392

Amount of Each Receipt this Period
21.00

B.

Full Name (Last, First, Middle Initial)
Stephen Pierson

Mailing Address 1800 N Main St

City State Zip Code
Wheaton IL 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: 37ED95F0106B3F4E33A

Amount of Each Receipt this Period
21.00

C.

Full Name (Last, First, Middle Initial)
Stephen Pierson

Mailing Address 1800 N Main St

City State Zip Code
Wheaton IL 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: AD6670F9926C4DFC9BB

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **63.00**

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 40 / 53
(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)
John Porcelli

Mailing Address 1237 N Chicago Ave

City State Zip Code
Arlington Heights IL 60004-4430

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 ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2010

Transaction ID: 0F0AEFFC421DF973921

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
John Porcelli

Mailing Address 1237 N Chicago Ave

City State Zip Code
Arlington Heights IL 60004-4430

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 ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: 7D97FEE7FBB3BEF30CA

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
John Porcelli

Mailing Address 1237 N Chicago Ave

City State Zip Code
Arlington Heights IL 60004-4430

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 ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 27878688E90226B7CEF

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 41 / 53
(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

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)
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 ▼ 1083.42

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 8 / 2 0 1 0

Transaction ID: E80C8E319D421771E87

Amount of Each Receipt this Period
41.67

B.

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 ▼ 1083.42

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 1 0

Transaction ID: 2988812F23ED0282B98

Amount of Each Receipt this Period
41.67

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 ▼ 1083.42

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

Transaction ID: 129757D64A513D9833E

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: (check only one)	PAGE 42 / 53
	<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.	Full Name (Last, First, Middle Initial) Kevin Regan		Date of Receipt
	Mailing Address 31808 Village Green Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Warrenville	IL	60555-5923
	FEC ID number of contributing federal political committee.		Transaction ID: 0A1A926A1F9C165D4A7
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<input type="text"/> 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 153.84

B.	Full Name (Last, First, Middle Initial) Kevin Regan		Date of Receipt
	Mailing Address 31808 Village Green Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Warrenville	IL	60555-5923
	FEC ID number of contributing federal political committee.		Transaction ID: FC344902BC8183B172B
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<input type="text"/> 38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 153.84

C.	Full Name (Last, First, Middle Initial) Susan Ruzek		Date of Receipt
	Mailing Address 25164 Churchill Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Glen Ellyn	IL	60137
	FEC ID number of contributing federal political committee.		Transaction ID: 5405FBCF288E2FABB30
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Director	<input type="text"/> 19.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.50

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 96.17
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 53
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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

A.	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 25164 Churchill Lane	Transaction ID: C419B11EFA0067BB372
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

B.	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 25164 Churchill Lane	Transaction ID: 26BDA25ED2D0143E88F
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.50	

C.	Full Name (Last, First, Middle Initial) Steven Schmitz	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 743 Godair Cir	Transaction ID: 3DC87FDFFF05EFC822A
	City State Zip Code Hinsdale IL 60521-8104	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	58.50
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 44 / 53
	<input checked="" 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)
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 ▼ 520.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: C8C380B52CD62ECE79B
 Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 520.00

Date of Receipt: 12 / 29 / 2010
Transaction ID: 1D93974C21175B11299
 Amount of Each Receipt this Period: 20.00

C.

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

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 12 / 08 / 2010
Transaction ID: 43F2335C399E1361257
 Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ► **59.23**

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 45 / 53
	<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	

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) Grant Sievertsen	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 1304 Midwest Club Pkwy	Transaction ID: 5FADD19A671DB6CF13B
	City State Zip Code Oak Brook IL 60523-2519	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98	

B.	Full Name (Last, First, Middle Initial) Grant Sievertsen	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 1304 Midwest Club Pkwy	Transaction ID: 716A88EC907D75E479F
	City State Zip Code Oak Brook IL 60523-2519	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98	

C.	Full Name (Last, First, Middle Initial) Amy Stoeffler	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 532 Deerpath Rd	Transaction ID: 02ADDC A73B03BA38749
	City State Zip Code Glen Ellyn IL 60137-4102	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1083.42	

SUBTOTAL of Receipts This Page (optional)	80.13
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 46 / 53
(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

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)
Amy Stoeffler

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 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 ▼
1083.42

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: 939C97E97A3552384E8

Amount of Each Receipt this Period
41.67

B.

Full Name (Last, First, Middle Initial)
Amy Stoeffler

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 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 ▼
1083.42

Date of Receipt
MM / DD / YYYY
12 / 29 / 2010

Transaction ID: 94F62DFB108DF29CC8A

Amount of Each Receipt this Period
41.67

C.

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2010

Transaction ID: 306F3E2875BA630A258

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: PAGE 47 / 53
(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. Full Name (Last, First, Middle Initial)
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 ▼ 312.00

Date of Receipt 12 / 16 / 2010
Transaction ID: 592CE24436F22D3DFD1
Amount of Each Receipt this Period 39.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 312.00

Date of Receipt 12 / 29 / 2010
Transaction ID: 96844DB1028A78CD967
Amount of Each Receipt this Period 39.00

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

Mailing Address 229 Wren Ct

City Bloomington State IL Zip Code 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 579.06

Date of Receipt 12 / 08 / 2010
Transaction ID: E51A1B7960748640B8D
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 48 / 53
	<input checked="" 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) Araldo Torres	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 229 Wren Ct	Transaction ID: 1FB9B7FFC7210C51C40
	City State Zip Code Bloomington IL 60108-1433	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 579.06	

B.	Full Name (Last, First, Middle Initial) Araldo Torres	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 229 Wren Ct	Transaction ID: E932AEE92BCE62480A2
	City State Zip Code Bloomington IL 60108-1433	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 579.06	

C.	Full Name (Last, First, Middle Initial) Joseph Towers	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 412 S Columbia St	Transaction ID: 72FEDF2A6E2F46C79FF
	City State Zip Code Naperville IL 60540-5418	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1083.42	

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: PAGE 49 / 53
(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. Full Name (Last, First, Middle Initial)
Joseph Towers
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 ▼ 1083.42
Date of Receipt 12 / 16 / 2010
Transaction ID: 9349E1B0AEB782C17F8
Amount of Each Receipt this Period 41.67

B. Full Name (Last, First, Middle Initial)
Joseph Towers
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 ▼ 1083.42
Date of Receipt 12 / 29 / 2010
Transaction ID: 07DCDAE486EC574D481
Amount of Each Receipt this Period 41.67

C. Full Name (Last, First, Middle Initial)
Rebecca Tung
Mailing Address 175 E Delaware Pl Apt 4911
City Chicago State IL Zip Code 60611-7715
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 ▼ 601.00
Date of Receipt 12 / 08 / 2010
Transaction ID: 62B8476A5688DB2B0EF
Amount of Each Receipt this Period 29.00

SUBTOTAL of Receipts This Page (optional) ► 112.34
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 50 / 53
(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) Rebecca Tung		Date of Receipt MM / DD / YYYY 12 / 16 / 2010
Mailing Address 175 E Delaware Pl Apt 4911		Transaction ID: 6B14C319B32742FFEC5
City Chicago	State Zip Code IL 60611-7715	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 601.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Rebecca Tung		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address 175 E Delaware Pl Apt 4911		Transaction ID: 8CD3F2659F56FE853F4
City Chicago	State Zip Code IL 60611-7715	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 601.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Caroline Wolfe		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 132 E Fremont Ave		Transaction ID: 93A6687159E780579CB
City Elmhurst	State Zip Code IL 60126-2324	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	78.00
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 51 / 53
(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)
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 ▼ 520.00

Date of Receipt 12 / 16 / 2010

Transaction ID: 0B85C2FC0F330BFF09C

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 520.00

Date of Receipt 12 / 29 / 2010

Transaction ID: FA55C10852E134114C4

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Andrew Yu

Mailing Address 1601 S Highland Ave

City Lombard State IL Zip Code 60148-4928

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 ▼ 541.58

Date of Receipt 12 / 08 / 2010

Transaction ID: 19110E0682FFC8576B0

Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional) ► 60.83

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 52 / 53
	(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) Andrew Yu		Date of Receipt MM / DD / YYYY 12 / 16 / 2010
Mailing Address 1601 S Highland Ave		Transaction ID: B0BF74674838101736A
City Lombard	State Zip Code IL 60148-4928	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 541.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Andrew Yu		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
Mailing Address 1601 S Highland Ave		Transaction ID: EFA45EE6BB9AD16B1B4
City Lombard	State Zip Code IL 60148-4928	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 541.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	41.66
TOTAL This Period (last page this line number only)	▶	4064.97

**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 53 / 53

<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)
Kevin Regan

Transaction ID: 41CFDB1CDD38B8448D5

Date of Disbursement

Mailing Address 31808 Village Green Ct

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

City Warrenville State IL Zip Code 60555-5923

Amount of Each Disbursement this Period

923.08

Purpose of Disbursement
Partial refund of contribution received

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

923.08

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

923.08
