

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 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2008 through 08 31 2008

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 09 18 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		8503.52
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	19412.16									
(c) Total Receipts (from Line 19)	1498.24	12906.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20910.40	21410.40								
7. Total Disbursements (from Line 31)	0.00	500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20910.40	20910.40								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1325.65	7455.37
(i) Itemized (use Schedule A)		
(ii) Unitemized	172.59	5451.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1498.24	12906.88
(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)	1498.24	12906.88
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))	1498.24	12906.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1498.24	12906.88

DETAILED SUMMARY PAGE

of Disbursements

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent 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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	500.00
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))..	0.00	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	500.00

DETAILED SUMMARY PAGE
of Disbursements

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)	1498.24	12906.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1498.24	12906.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(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)
Erik Baier

Mailing Address 949 Euclid Avenue

City State Zip Code
Elmhurst IL 60126-5104

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

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

Transaction ID: d17a14a8f092a13e428

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Erik Baier

Mailing Address 949 Euclid Avenue

City State Zip Code
Elmhurst IL 60126-5104

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 77c4e581e39a0419e1f

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Edward Carne

Mailing Address 6225 Blue Spruce Ct

City State Zip Code
Long Grove IL 60047-5160

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

Name of Employer DuPage Medical Group, Ltd. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

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

Transaction ID: 8a58bc6812760c5d382

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 7 / 23

(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)
Edward Carne

Mailing Address 6225 Blue Spruce Ct

City State Zip Code
Long Grove IL 60047-5160

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DuPage Medical Group, Ltd. Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 26 / 2008

Transaction ID: 207d7343305a809f9ab

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Mark Daniels

Mailing Address 57 Muirfield Circle

City State Zip Code
Wheaton IL 60187-2737

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 12 / 2008

Transaction ID: 2a3ce57aef3f186fdcd

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Mark Daniels

Mailing Address 57 Muirfield Circle

City State Zip Code
Wheaton IL 60187-2737

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 26 / 2008

Transaction ID: ef2a35335d8f40dfabe

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 (check only one)	PAGE 8 / 23
	<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) Terry Donat		Date of Receipt
	Mailing Address 561 Riford Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Glen Ellyn	IL	60137-4236
	FEC ID number of contributing federal political committee.		Transaction ID: 2faa407024b7b9d6360
		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"/> 340.00

B.	Full Name (Last, First, Middle Initial) Terry Donat		Date of Receipt
	Mailing Address 561 Riford Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Glen Ellyn	IL	60137-4236
	FEC ID number of contributing federal political committee.		Transaction ID: cc802bfc8f8fcb6c3c2
		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"/> 340.00

C.	Full Name (Last, First, Middle Initial) David Dungan		Date of Receipt
	Mailing Address 211 Palamino Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Wheaton	IL	60187-1046
	FEC ID number of contributing federal political committee.		Transaction ID: c433043c77aefec7832
		Amount of Each Receipt this Period	<input type="text"/> 20.00
Name of Employer DuPage Medical Group		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 340.00

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 9 / 23
	<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 MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 211 Palamino PI	Transaction ID: 15c03ac3210c60e1700
	City State Zip Code Wheaton IL 60187-1046	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 08 / 12 / 2008
	Mailing Address 1105 Adolia Street	Transaction ID: 074668589ffcee1adb4
	City State Zip Code Downers Grove IL 60516-2830	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 ▼ 326.91	

C.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 1105 Adolia Street	Transaction ID: cfb57379e4af8731dd0
	City State Zip Code Downers Grove IL 60516-2830	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 ▼ 326.91	

SUBTOTAL of Receipts This Page (optional)	58.46
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<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 Lane

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 Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 12 / 2008

Transaction ID: 1712897e55d84d05372

Amount of Each Receipt this Period 20.00

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

Mailing Address 536 Mayfair Lane

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 Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 26 / 2008

Transaction ID: d38bc08527d7149d93f

Amount of Each Receipt this Period 20.00

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

Mailing Address 15224 Summit Ave.
Ste. 107

City Oakbrook Terrace State IL Zip Code 60181

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 714.00

Date of Receipt 08 / 12 / 2008

Transaction ID: a413ae0ed093f535690

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ▶ 82.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 23
(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		Date of Receipt MM / DD / YYYY 08 / 26 / 2008
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: c94f2903de35498b07a
City Oakbrook Terrace	State Zip Code IL 60181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 714.00	

B.

Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt MM / DD / YYYY 08 / 12 / 2008
Mailing Address 8207 Gruener Ct		Transaction ID: 892477f1a719d925492
City Palos Hills	State Zip Code IL 60465-2200	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DuPage Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

C.

Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt MM / DD / YYYY 08 / 26 / 2008
Mailing Address 8207 Gruener Ct		Transaction ID: 9a72ff7703df1a65a2c
City Palos Hills	State Zip Code IL 60465-2200	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DuPage Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

SUBTOTAL of Receipts This Page (optional)	242.00
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 / 23
(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)
James Hermann

Mailing Address 1962 Hampton Avenue

City State Zip Code
Wheaton IL 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.39

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: 895830118f22b42f99c

Amount of Each Receipt this Period
41.67

B.

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

Mailing Address 1962 Hampton Avenue

City State Zip Code
Wheaton IL 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
708.39

Date of Receipt
MM / DD / YYYY
08 / 26 / 2008

Transaction ID: 0bfa7b61d2ab794a5b5

Amount of Each Receipt this Period
41.67

C.

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

Mailing Address 4720 Lee Avenue

City State Zip Code
Downers Grove IL 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 ▼
340.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: b4efd09e32851a17ce2

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **103.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 23
(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)
Richard Krouse

Mailing Address 4720 Lee Avenue

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 ▼ 340.00

Date of Receipt: 08 / 26 / 2008
Transaction ID: 1f19a6a9cb660ab2467
 Amount of Each Receipt this Period: 20.00

B.

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

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 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 ▼ 440.00

Date of Receipt: 08 / 12 / 2008
Transaction ID: f309114d99a8f635250
 Amount of Each Receipt this Period: 40.00

C.

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

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 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 ▼ 440.00

Date of Receipt: 08 / 26 / 2008
Transaction ID: 8b6f84acc449c3f02ac
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 23
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
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 ▼ 288.45

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

Transaction ID: bf9692b9589b8951dbd

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 ▼ 288.45

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: f08d4283ad6c85313f2

Amount of Each Receipt this Period
19.23

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 ▼ 300.00

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

Transaction ID: ce7f563836b516e471d

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **58.46**

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

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

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

FOR LINE NUMBER: PAGE 15 / 23

(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

Glen Ellyn

State

IL

Zip Code

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 3063b5895eed842b9e3

Amount of Each Receipt this Period

20.00

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 ▼

765.00

Date of Receipt

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

Transaction ID: 96d6815d44c43d1c3ad

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 ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 12d7ef3002b35ade1ac

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

110.00

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 / 23
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

Mailing Address 3753 King William Court

City State Zip Code
Saint Charles IL 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: c27257feb56aea95454

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 3753 King William Court

City State Zip Code
Saint Charles IL 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2008

Transaction ID: 217b8475433e63a0c46

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Brian O'Leary

Mailing Address 401 59th Street

City State Zip Code
Downers Grove IL 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
357.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: f9bd188080d269a4253

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **61.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 23

(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)
Brian O'Leary

Mailing Address 401 59th Street

City Downers Grove State IL Zip Code 60516-1440

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt 08 / 26 / 2008

Transaction ID: 297842e5e43d6840875

Amount of Each Receipt this Period 21.00

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 Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 12 / 2008

Transaction ID: 56e2ff1eec39cf6441a

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 Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 26 / 2008

Transaction ID: 038ff9c50d44d78e310

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 71.00

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 18 / 23
(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)
Michael Pacetti

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

Name of Employer DuPage Medical Group, Ltd. Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: fa6be97bf65c41d99ca

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Michael Pacetti

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

Name of Employer DuPage Medical Group, Ltd. Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 06399f1943f4d6d38d0

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 1237 N. Chicago

City State Zip Code
Arlington Heights IL 60004

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 ▼ 340.00

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

Transaction ID: 96262cd3bbc5fc0a462

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 19 / 23
(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

City State Zip Code
Arlington Heights IL 60004

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 ▼
340.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: b206041f55bde9f3461

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Susan Ruzek

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer DuPage Medical Group, Ltd. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.75

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 8f2bb3ca8d42db9369f

Amount of Each Receipt this Period
19.25

C.

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

Mailing Address 743 Godair Cir

City State Zip Code
Hinsdale IL 60521-8104

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

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

Transaction ID: 298064420f06df45428

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **59.25**

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 / 23
(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)
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 Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 26 / 2008
Transaction ID: 01d6d85c40b51541336
Amount of Each Receipt this Period 20.00

B.

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 ▼ 326.91

Date of Receipt 08 / 12 / 2008
Transaction ID: 40cb7bd132761701866
Amount of Each Receipt this Period 19.23

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 ▼ 326.91

Date of Receipt 08 / 26 / 2008
Transaction ID: c335e95a16a900cba10
Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional) ► 58.46

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 23
(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) Arnaldo Torres		Date of Receipt MM / DD / YYYY 08 / 12 / 2008
Mailing Address 229 Wren Ct		Transaction ID: f894eca51bf6bc80d8f
City Bloomingtondale	State Zip Code IL 60108-1433	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
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 ▼ 312.60	

B.

Full Name (Last, First, Middle Initial) Arnaldo Torres		Date of Receipt MM / DD / YYYY 08 / 26 / 2008
Mailing Address 229 Wren Ct		Transaction ID: 130efd3ad0213607809
City Bloomingtondale	State Zip Code IL 60108-1433	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.84
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 ▼ 312.60	

C.

Full Name (Last, First, Middle Initial) Caroline Wolfe		Date of Receipt MM / DD / YYYY 08 / 12 / 2008
Mailing Address 132 E Fremont Ave		Transaction ID: e982a7343fa46d8a90f
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	61.68
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 23	
	(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"/> 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		Date of Receipt	
Mailing Address 132 E Fremont Ave		M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 8	
City	State	Zip Code	Transaction ID: 57f0f12a9b6f46fd41a
Elmhurst	IL	60126-2324	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		20.00	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	240.00		

SUBTOTAL of Receipts This Page (optional)	20.00
TOTAL This Period (last page this line number only)	1325.65

Image# 28933079113

Form/Schedule: **F3X**

Transaction ID:
