

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
DuPage Medical Group LTD PAC

ADDRESS (number and street) 1100 West 31ST Street
Suite 300
 Check if different than previously reported. (ACC)
Downers Grove IL 60515

2. **FEC IDENTIFICATION NUMBER** C00435982
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 29 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		19142.32
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	32388.64									
(c) Total Receipts (from Line 19)	16648.94	29934.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49037.58	49077.08								
7. Total Disbursements (from Line 31)	8400.00	8439.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40637.58	40637.58								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	15444.25	21298.16
(ii) Unitemized	1204.69	8636.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16648.94	29934.76
(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)	16648.94	29934.76
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))	16648.94	29934.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16648.94	29934.76

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	39.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	39.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3400.00	3400.00
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.....	5000.00	5000.00
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))..	8400.00	8439.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8400.00	8439.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	16648.94	29934.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16648.94	29934.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	39.50
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	39.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 191

(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)
Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.84

Date of Receipt 07 / 02 / 2009

Transaction ID: D91FD7EDADF8F1DE99C

Amount of Each Receipt this Period 20.84

B.

Full Name (Last, First, Middle Initial)
Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.84

Date of Receipt 07 / 24 / 2009

Transaction ID: FD9710ACD7C9E645C01

Amount of Each Receipt this Period 20.84

C.

Full Name (Last, First, Middle Initial)
Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 541.84

Date of Receipt 07 / 29 / 2009

Transaction ID: BDCA6561F67DB6811D0

Amount of Each Receipt this Period 20.84

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 / 191
(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)
Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2009

Transaction ID: 005721F262A9E9AB2F8

Amount of Each Receipt this Period
20.84

B.

Full Name (Last, First, Middle Initial)
Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2009

Transaction ID: FD8FDE0792C09434549

Amount of Each Receipt this Period
20.84

C.

Full Name (Last, First, Middle Initial)
Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2009

Transaction ID: A3C50948DC646D1B470

Amount of Each Receipt this Period
20.84

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: (check only one)	PAGE 9 / 191
	<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) Craig Anderson		Date of Receipt
	Mailing Address 3 Briar Ln		<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
	City	State	Zip Code
	West Chicago	IL	60185-3033
	FEC ID number of contributing federal political committee.		Transaction ID: 4ED7098DF74B09DA89A
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	20.84
		<input type="text"/>	541.84

B.	Full Name (Last, First, Middle Initial) Craig Anderson		Date of Receipt
	Mailing Address 3 Briar Ln		<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
	City	State	Zip Code
	West Chicago	IL	60185-3033
	FEC ID number of contributing federal political committee.		Transaction ID: 3E33B3433315576BFD4
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	20.84
		<input type="text"/>	541.84

C.	Full Name (Last, First, Middle Initial) Craig Anderson		Date of Receipt
	Mailing Address 3 Briar Ln		<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
	City	State	Zip Code
	West Chicago	IL	60185-3033
	FEC ID number of contributing federal political committee.		Transaction ID: D5BF49D78B643C50FB4
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	20.84
		<input type="text"/>	541.84

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
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 10 / 191
	<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) Craig Anderson	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 3 Briar Ln	Transaction ID: 437BA33977B54E021EA
	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 11 / 16 / 2009
	Mailing Address 3 Briar Ln	Transaction ID: 43138E0707770071420
	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 11 / 30 / 2009
	Mailing Address 3 Briar Ln	Transaction ID: 516DB3FF78C890373FF
	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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 191
(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)
Craig Anderson
 Mailing Address 3 Briar Ln
 City State Zip Code
 West Chicago IL 60185-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.84
 Date of Receipt M M / D D / Y Y Y Y Y
 1 2 / 1 4 / 2 0 0 9
Transaction ID: 0B511D57661BF020DEC
 Amount of Each Receipt this Period 20.84

B. Full Name (Last, First, Middle Initial)
Craig Anderson
 Mailing Address 3 Briar Ln
 City State Zip Code
 West Chicago IL 60185-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.84
 Date of Receipt M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 9
Transaction ID: 7B9922B6E1DBF8DF84A
 Amount of Each Receipt this Period 20.84

C. 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 ▼ 520.00
 Date of Receipt M M / D D / Y Y Y Y Y
 0 7 / 0 2 / 2 0 0 9
Transaction ID: BBD1F08DF680690CCF8
 Amount of Each Receipt this Period 20.00

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 12 / 191
(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)
Erik Baier

Mailing Address 949 Euclid Avenue

City Elmhurst State IL Zip Code 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 ▼ 520.00

Date of Receipt 07 / 24 / 2009

Transaction ID: F2B2208B6B757AC7CE4

Amount of Each Receipt this Period 20.00

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

Mailing Address 949 Euclid Avenue

City Elmhurst State IL Zip Code 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 ▼ 520.00

Date of Receipt 07 / 29 / 2009

Transaction ID: 198D58853AC3617188F

Amount of Each Receipt this Period 20.00

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

Mailing Address 949 Euclid Avenue

City Elmhurst State IL Zip Code 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 ▼ 520.00

Date of Receipt 08 / 10 / 2009

Transaction ID: 107F19CA35B54C19DA6

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 191
(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)
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 ▼ 520.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 1803DA10570F0B1BE99
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 ▼ 520.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 06412099F1609B370AC
Amount of Each Receipt this Period: 20.00

C. 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 ▼ 520.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: 71488EE9B05241793D9
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 14 / 191
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	<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) Erik Baier		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 949 Euclid Avenue		Transaction ID: 4853BDDEA2FE9126E44
	City Elmhurst	State IL	Zip Code 60126-5104
	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 Chief Operating Officer	
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) Erik Baier		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
	Mailing Address 949 Euclid Avenue		Transaction ID: E2FF59D7A499A4466ED
	City Elmhurst	State IL	Zip Code 60126-5104
	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 Chief Operating Officer	
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) Erik Baier		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 949 Euclid Avenue		Transaction ID: 515ACD4F57D1F1C8232
	City Elmhurst	State IL	Zip Code 60126-5104
	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 Chief Operating Officer	
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 15 / 191
	<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		Date of Receipt MM / DD / YYYY 11 / 16 / 2009		
	Mailing Address 949 Euclid Avenue		Transaction ID: 9D0E989EF4155DCE737		
	City Elmhurst	State IL	Zip Code 60126-5104	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 Chief Operating Officer			
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) Erik Baier		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address 949 Euclid Avenue		Transaction ID: EFFC9A1E3DBDA236C84		
	City Elmhurst	State IL	Zip Code 60126-5104	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 Chief Operating Officer			
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) Erik Baier		Date of Receipt MM / DD / YYYY 12 / 14 / 2009		
	Mailing Address 949 Euclid Avenue		Transaction ID: D8C5D80404E218B2330		
	City Elmhurst	State IL	Zip Code 60126-5104	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 Chief Operating Officer			
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: PAGE 16 / 191
(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)
Erik Baier

Mailing Address 949 Euclid Avenue

City Elmhurst State IL Zip Code 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 ▼ 520.00

Date of Receipt 12 / 28 / 2009

Transaction ID: C86064202D171F5AA03

Amount of Each Receipt this Period 20.00

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 07 / 02 / 2009

Transaction ID: 4F45AA93F426F66943C

Amount of Each Receipt this Period 20.00

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 07 / 24 / 2009

Transaction ID: B248CEF009AC9C5A728

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 17 / 191
(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 Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 07 / 29 / 2009

Transaction ID: 9501D171807B2A82E34

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 08 / 10 / 2009

Transaction ID: A5DD43FAAE3B0637FD5

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 08 / 25 / 2009

Transaction ID: CBA3E5425F81CE46ACF

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 18 / 191
(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 Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 39E355102AE4A04FB50
Amount of Each Receipt this Period: 20.00

B.

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: 998FB88B55EAE61CBB1
Amount of Each Receipt this Period: 20.00

C.

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: B1A7E8B3C69BC5BC086
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 / 191
(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 Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 10 / 20 / 2009

Transaction ID: ECC741EFA080A4FD82D

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 11 / 02 / 2009

Transaction ID: 1E6F5700B29B8EF77ED

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 8DCAB0C193063E8F56C

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 20 / 191
(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 Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 11 / 30 / 2009

Transaction ID: E0CDC084244E74A193B

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 12 / 14 / 2009

Transaction ID: 9DC6BA4F80767B99EB0

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 6225 Blue Spruce Ct

City Long Grove State IL Zip Code 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 ▼ 520.00

Date of Receipt 12 / 28 / 2009

Transaction ID: 88BFFBF03FE54E07AA6

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 21 / 191
(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)
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: 9E1AF573940BE0CF4C0

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 2B8DD54FF2B6D079181

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: E118D06A020BA8E0E0E

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 22 / 191
(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)
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 697A6E239A760256FD3

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 946C7F99640E838751F

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 65A5173FC3B3A552346

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 23 / 191
(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)
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt / /
Transaction ID: FEE0DE94508E4A9EA8B

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt / /
Transaction ID: 721EBA3891F767432EC

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt / /
Transaction ID: 06B59963BB29D72111A

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ►

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 24 / 191
(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) Mark Daniels		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Mailing Address 57 Muirfield Circle		Transaction ID: EBD8634089EBC64D928
City Wheaton	State Zip Code IL 60187-2737	
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 ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Mark Daniels		Date of Receipt MM / DD / YYYY 11 / 16 / 2009
Mailing Address 57 Muirfield Circle		Transaction ID: 9BF3B3B759892F17ECF
City Wheaton	State Zip Code IL 60187-2737	
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 ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Mark Daniels		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 57 Muirfield Circle		Transaction ID: 57D6640412E472B551F
City Wheaton	State Zip Code IL 60187-2737	
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 ▼ 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: PAGE 25 / 191
(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)
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
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 / 14 / 2009

Transaction ID: 5DF9F008E59DC2024B9

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
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 / 28 / 2009

Transaction ID: 9E3AAD7C8223B774DDE

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼
480.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: 4C7DF4FABA8DBDD6C53

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 26 / 191
(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)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼ 480.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 23757F59CC6FA280BFA

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼ 480.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: 78D57EE0203821A6136

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 41605478F3DE921B5C0

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 27 / 191
(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)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: 76ACD63C92591B72094

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼ 480.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 8DA33CABFF8290B0963

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼ 480.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: B75C65B056E99CB5DEA

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 28 / 191
(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) Terry Donat		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 561 Riford Road		Transaction ID: 6D314F83A694ACDA1B7
City Glen Ellyn	State Zip Code IL 60137-4236	
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 ▼ 480.00	

B.

Full Name (Last, First, Middle Initial) Terry Donat		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
Mailing Address 561 Riford Road		Transaction ID: 6B561405D3E068B4933
City Glen Ellyn	State Zip Code IL 60137-4236	
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 ▼ 480.00	

C.

Full Name (Last, First, Middle Initial) Terry Donat		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Mailing Address 561 Riford Road		Transaction ID: 6F5D573CE90F12FBA25
City Glen Ellyn	State Zip Code IL 60137-4236	
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 ▼ 480.00	

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 29 / 191
(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)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: 0F896CD2EB966F828A8

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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 ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 54B9B548147285A2C49

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 211 Palamino Pl

City State Zip Code
Wheaton IL 60187-1046

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 Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 34C0704F7B81DE8B52E

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 30 / 191
(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)
David Dungan
 Mailing Address 211 Palamino PI
 City State Zip Code
 Wheaton IL 60187-1046
 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 07 / 24 / 2009
Transaction ID: 2B24DDC2549904D7512
 Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
David Dungan
 Mailing Address 211 Palamino PI
 City State Zip Code
 Wheaton IL 60187-1046
 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 07 / 29 / 2009
Transaction ID: 223573DA91D589300DA
 Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
David Dungan
 Mailing Address 211 Palamino PI
 City State Zip Code
 Wheaton IL 60187-1046
 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 08 / 10 / 2009
Transaction ID: 9133E58E5929FBAACB4
 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 / 191
(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) David Dungan		Date of Receipt MM / DD / YYYY 08 / 25 / 2009
Mailing Address 211 Palamino PI		Transaction ID: EB9D85199BEDC8BABDD
City Wheaton	State Zip Code IL 60187-1046	
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 ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) David Dungan		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
Mailing Address 211 Palamino PI		Transaction ID: A20125E996A1C1A75FB
City Wheaton	State Zip Code IL 60187-1046	
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 ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) David Dungan		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address 211 Palamino PI		Transaction ID: 957E62225AEE8C76ABE
City Wheaton	State Zip Code IL 60187-1046	
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 ▼ 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: PAGE 32 / 191

(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)
David Dungan

Mailing Address 211 Palamino PI

City	State	Zip Code
Wheaton	IL	60187-1046

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
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Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: 6325413EBD42B549252

Amount of Each Receipt this Period

20.00

B.

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

Mailing Address 211 Palamino PI

City	State	Zip Code
Wheaton	IL	60187-1046

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
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Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 12C33FDA099590FFE6C

Amount of Each Receipt this Period

20.00

C.

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

Mailing Address 211 Palamino PI

City	State	Zip Code
Wheaton	IL	60187-1046

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
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Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 9

Transaction ID: 56F866CF09EDFFE2A06

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) ▶

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 191
(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)
David Dungan

Mailing Address 211 Palamino PI

City State Zip Code
Wheaton IL 60187-1046

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 Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: D8A9C95D3EF514F8A9D

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 211 Palamino PI

City State Zip Code
Wheaton IL 60187-1046

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 Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: FOEA56660AAB4CE0E99

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 211 Palamino PI

City State Zip Code
Wheaton IL 60187-1046

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 Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 32C6C224D188737D64A

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 34 / 191

(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)
David Dungan

Mailing Address 211 Palamino PI

City State Zip Code
Wheaton IL 60187-1046

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: FB287A370D4A3D51E95

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Thomas Gallagher

Mailing Address 1105 Adolia Street

City State Zip Code
Downers Grove IL 60516-2830

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: EC6DFD4D0B0A1E3434A

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Thomas Gallagher

Mailing Address 1105 Adolia Street

City State Zip Code
Downers Grove IL 60516-2830

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: A73CA42FBDC4F1910C3

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 35 / 191
	(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) Thomas Gallagher	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 1105 Adolia Street	Transaction ID: 6B587EAA8D70FDDE503
	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) <input type="checkbox"/> Aggregate Year-to-Date 499.98	

B.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 08 / 10 / 2009
	Mailing Address 1105 Adolia Street	Transaction ID: 5DA546FC38E9441609B
	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) <input type="checkbox"/> Aggregate Year-to-Date 499.98	

C.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 08 / 25 / 2009
	Mailing Address 1105 Adolia Street	Transaction ID: 87FC4838D2B049CC5AE
	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) <input type="checkbox"/> Aggregate Year-to-Date 499.98	

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 36 / 191
(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)
Thomas Gallagher

Mailing Address 1105 Adolia Street

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 09 / 10 / 2009

Transaction ID: 8FD6D659756E8CCEBA5

Amount of Each Receipt this Period 19.23

B. Full Name (Last, First, Middle Initial)
Thomas Gallagher

Mailing Address 1105 Adolia Street

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 09 / 18 / 2009

Transaction ID: AEDDC5DD16B8BFA7C39

Amount of Each Receipt this Period 19.23

C. Full Name (Last, First, Middle Initial)
Thomas Gallagher

Mailing Address 1105 Adolia Street

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 10 / 02 / 2009

Transaction ID: C189B8953070A5493A5

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 37 / 191
(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)
Thomas Gallagher
 Mailing Address 1105 Adolia Street
 City Downers Grove State IL Zip Code 60516-2830
 Date of Receipt 10 / 20 / 2009
Transaction ID: 8C9064E2C87490BE887
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

B. Full Name (Last, First, Middle Initial)
Thomas Gallagher
 Mailing Address 1105 Adolia Street
 City Downers Grove State IL Zip Code 60516-2830
 Date of Receipt 11 / 02 / 2009
Transaction ID: 285BA1BA478FFDAF695
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

C. Full Name (Last, First, Middle Initial)
Thomas Gallagher
 Mailing Address 1105 Adolia Street
 City Downers Grove State IL Zip Code 60516-2830
 Date of Receipt 11 / 16 / 2009
Transaction ID: C0293E2BDF09081126C
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

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 38 / 191
(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)
Thomas Gallagher

Mailing Address 1105 Adolia Street

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 11 / 30 / 2009

Transaction ID: 833CC50882C0E565A04

Amount of Each Receipt this Period 19.23

B. Full Name (Last, First, Middle Initial)
Thomas Gallagher

Mailing Address 1105 Adolia Street

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 14 / 2009

Transaction ID: 6CA45DBC9C539BC9607

Amount of Each Receipt this Period 19.23

C. Full Name (Last, First, Middle Initial)
Thomas Gallagher

Mailing Address 1105 Adolia Street

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 28 / 2009

Transaction ID: 70A44AEE3C48A271567

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 39 / 191
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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)
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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 07 / 02 / 2009
Transaction ID: B3F9F1412DC82E3D7D1
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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 8D50241FA563647E447
Amount of Each Receipt this Period: 20.00

C. 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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 07 / 29 / 2009
Transaction ID: 2C58A43A3B9334E6FAE
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 40 / 191
(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 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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: 1A5FEE7C03D6FD7EFD4
 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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 2028F4F2711DBA94AA0
 Amount of Each Receipt this Period: 20.00

C.

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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 6CF47FD49A613895F8E
 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 / 191
(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 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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: D35B05509E394B6D4CC

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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2009

Transaction ID: CE93F2D7B29E36E1C65

Amount of Each Receipt this Period
20.00

C.

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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2009

Transaction ID: C62A83ED8482BD3CD1F

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 42 / 191
(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)
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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 11 / 02 / 2009
Transaction ID: 8A19D37FE8B337190F2
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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 11 / 16 / 2009
Transaction ID: 02E27C63131BC169496
Amount of Each Receipt this Period 20.00

C.

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 Director Administrative Serv

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 11 / 30 / 2009
Transaction ID: 5A615E5DAA951CF4F0F
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 43 / 191

(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 Lane

City State Zip Code
Naperville IL 60565-5387

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Executive Director Administrative Serv

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: AEB4A372A65E41E9F56

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 536 Mayfair Lane

City State Zip Code
Naperville IL 60565-5387

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Executive Director Administrative Serv

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: EE55347EEB3FA59FB54

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 State Zip Code
Oakbrook Terrace IL 60181

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1092.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 61F4068C5525CCC451B

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 44 / 191
(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 07 / 24 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: 2AAFF2B4E7B2A420097
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

B.

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: F7EAC84B5ADDF3DE4A9
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

C.

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: A423375576D9EC11093
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

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 45 / 191
(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 / 25 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: FD30D673B8E79D745C1
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

B.

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: 51F45D5265D35050FE7
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

C.

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: 34A2ECCF94F97228955
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

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 46 / 191
(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) L. Douglas Graham		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: 3D78008BC26597FB4D1
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

B.

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: A95674E91C180091132
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

C.

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: D1CFA723EBCD541B5D4
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00	

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 47 / 191
(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 1 / 1 6 / 2 0 0 9

Transaction ID: A50F8314017C1D71947

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 1 / 3 0 / 2 0 0 9

Transaction ID: B95C8EE93E81450F881

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 / 1 4 / 2 0 0 9

Transaction ID: 4154C2ED0E960907A8B

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 48 / 191
(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
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: D88A7271EA7B6F270C2

Amount of Each Receipt this Period
42.00

B.

Full Name (Last, First, Middle Initial)
Jason Griffin

Mailing Address 2320 S 10th Ave

City State Zip Code
Riverside IL 60546-1119

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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: AA6EC756D99ECDDDA85

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Jason Griffin

Mailing Address 2320 S 10th Ave

City State Zip Code
Riverside IL 60546-1119

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 ▼ 460.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: F73E6B240BB649E6582

Amount of Each Receipt this Period
20.00

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 49 / 191
(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)
Jason Griffin
Mailing Address 2320 S 10th Ave
City Riverside State IL Zip Code 60546-1119
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 ▼ 460.00
Date of Receipt 07 / 29 / 2009
Transaction ID: E0E30BF1C58EB7E3B83
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Jason Griffin
Mailing Address 2320 S 10th Ave
City Riverside State IL Zip Code 60546-1119
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 ▼ 460.00
Date of Receipt 08 / 10 / 2009
Transaction ID: 6BEAC561DF323C8C3A3
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Jason Griffin
Mailing Address 2320 S 10th Ave
City Riverside State IL Zip Code 60546-1119
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 ▼ 460.00
Date of Receipt 08 / 25 / 2009
Transaction ID: 2851E0CC39FE3A0E626
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 50 / 191
(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)
Jason Griffin
Mailing Address 2320 S 10th Ave
City Riverside State IL Zip Code 60546-1119
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 ▼ 460.00
Date of Receipt 09 / 10 / 2009
Transaction ID: FA5892EB6B0BE5D0207
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Jason Griffin
Mailing Address 2320 S 10th Ave
City Riverside State IL Zip Code 60546-1119
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 ▼ 460.00
Date of Receipt 09 / 18 / 2009
Transaction ID: EB737ED3DDF714D7B5A
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Jason Griffin
Mailing Address 2320 S 10th Ave
City Riverside State IL Zip Code 60546-1119
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 ▼ 460.00
Date of Receipt 10 / 02 / 2009
Transaction ID: D4B3934E4F5604C31F6
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 51 / 191
	<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) Jason Griffin	Date of Receipt MM / DD / YYYY 10 / 20 / 2009
	Mailing Address 2320 S 10th Ave	Transaction ID: 9D8DCA834AB24210CE8
	City Riverside State IL Zip Code 60546-1119	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 ▼ 460.00	

B.	Full Name (Last, First, Middle Initial) Jason Griffin	Date of Receipt MM / DD / YYYY 11 / 02 / 2009
	Mailing Address 2320 S 10th Ave	Transaction ID: 9C050F31BA0C39D82E1
	City Riverside State IL Zip Code 60546-1119	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 ▼ 460.00	

C.	Full Name (Last, First, Middle Initial) Jason Griffin	Date of Receipt MM / DD / YYYY 11 / 16 / 2009
	Mailing Address 2320 S 10th Ave	Transaction ID: A763D43C441A4BDAAC5
	City Riverside State IL Zip Code 60546-1119	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 ▼ 460.00	

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 52 / 191
	<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		Date of Receipt MM / DD / YYYY 07 / 24 / 2009		
	Mailing Address 719 Mesa Dr		Transaction ID: 7B4750D28D5F98685CA		
	City Naperville	State IL	Zip Code 60565-5312	Amount of Each Receipt this Period 15.00	
	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 ▼ 390.00			

B.	Full Name (Last, First, Middle Initial) Glenn Grobe		Date of Receipt MM / DD / YYYY 07 / 29 / 2009		
	Mailing Address 719 Mesa Dr		Transaction ID: 5C8B7C2CB3D195EAC41		
	City Naperville	State IL	Zip Code 60565-5312	Amount of Each Receipt this Period 15.00	
	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 ▼ 390.00			

C.	Full Name (Last, First, Middle Initial) Glenn Grobe		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 719 Mesa Dr		Transaction ID: 0DBACAE2C194385F067		
	City Naperville	State IL	Zip Code 60565-5312	Amount of Each Receipt this Period 15.00	
	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 ▼ 390.00			

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: PAGE 53 / 191

(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 State Zip Code
Naperville IL 60565-5312

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: 27747B0199617EB0D12

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)

Glenn Grobe

Mailing Address 719 Mesa Dr

City State Zip Code
Naperville IL 60565-5312

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 9

Transaction ID: 34BC0FE6721AF4BA2C7

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)

Glenn Grobe

Mailing Address 719 Mesa Dr

City State Zip Code
Naperville IL 60565-5312

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: C4D3D1674D5297CABC4

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: PAGE 54 / 191
(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)
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: 10 / 02 / 2009
Transaction ID: EA537AA8550812D0E13
 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: 10 / 20 / 2009
Transaction ID: 0B4B93FCB8C6B99745A
 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: 11 / 02 / 2009
Transaction ID: C4E6DAC269FB37EEA46
 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 55 / 191
	<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) Glenn Grobe		Date of Receipt
	Mailing Address 719 Mesa Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 16 / 2009
	City	State	Zip Code
	Naperville	IL	60565-5312
	FEC ID number of contributing federal political committee.		Transaction ID: 6A626F632872EAD1B34
		Amount of Each Receipt this Period	<input type="text"/> 15.00
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"/> 390.00

B.	Full Name (Last, First, Middle Initial) Glenn Grobe		Date of Receipt
	Mailing Address 719 Mesa Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 30 / 2009
	City	State	Zip Code
	Naperville	IL	60565-5312
	FEC ID number of contributing federal political committee.		Transaction ID: B9A8554B7F4167D639B
		Amount of Each Receipt this Period	<input type="text"/> 15.00
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"/> 390.00

C.	Full Name (Last, First, Middle Initial) Glenn Grobe		Date of Receipt
	Mailing Address 719 Mesa Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 12 / 14 / 2009
	City	State	Zip Code
	Naperville	IL	60565-5312
	FEC ID number of contributing federal political committee.		Transaction ID: 4B16D86C0AD14215DAD
		Amount of Each Receipt this Period	<input type="text"/> 15.00
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"/> 390.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 45.00
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 56 / 191

(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 State Zip Code
Naperville IL 60565-5312

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: EEF2CCA3C34C5C8BA24

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)

Linda Gruener

Mailing Address 8207 Gruener Ct

City State Zip Code
Palos Hills IL 60465-2200

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 329CAC36C9A51FE7797

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)

Linda Gruener

Mailing Address 8207 Gruener Ct

City State Zip Code
Palos Hills IL 60465-2200

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: A7FD026E6C1DCF77878

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

215.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 191
(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)
Linda Gruener

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: 84AFAD671A33F6199AC

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Linda Gruener

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 2196FBCD7F0562457C3

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Linda Gruener

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: 878371FC8279FFCC166

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 58 / 191
(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)
Linda Gruener

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: 6E566084365E951F444
 Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
Linda Gruener

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: A7CE83D1D2FA7BB04BE
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Linda Gruener

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: 39991746D07A3318B3E
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 59 / 191
(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) Linda Gruener		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
Mailing Address 8207 Gruener Ct		Transaction ID: 22BC406E97D72F73560
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

B.

Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Mailing Address 8207 Gruener Ct		Transaction ID: 0E5EE75B73260ECA180
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

C.

Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt MM / DD / YYYY 11 / 16 / 2009
Mailing Address 8207 Gruener Ct		Transaction ID: 1A5248317BD0B61F4D4
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, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 60 / 191
(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)
Linda Gruener
Mailing Address 8207 Gruener Ct
City Palos Hills State IL Zip Code 60465-2200
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00
Date of Receipt 11 / 30 / 2009
Transaction ID: B849D2EFDDFAB702A4F
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Linda Gruener
Mailing Address 8207 Gruener Ct
City Palos Hills State IL Zip Code 60465-2200
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00
Date of Receipt 12 / 14 / 2009
Transaction ID: 858A4981B4407DD2057
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Linda Gruener
Mailing Address 8207 Gruener Ct
City Palos Hills State IL Zip Code 60465-2200
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00
Date of Receipt 12 / 28 / 2009
Transaction ID: C0ED9883B4F0EBA4FE3
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00
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 61 / 191
(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)
Naira Hashmi

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 07 / 02 / 2009
Transaction ID: 85C964BA003D315323D
Amount of Each Receipt this Period 21.00

B. Full Name (Last, First, Middle Initial)
Naira Hashmi

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 07 / 24 / 2009
Transaction ID: A6112E9A5A61578E9DD
Amount of Each Receipt this Period 21.00

C. Full Name (Last, First, Middle Initial)
Naira Hashmi

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 07 / 29 / 2009
Transaction ID: 2ABED850061381248A9
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: (check only one)	PAGE 62 / 191
	<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		
	Mailing Address 640 S Washington St Ste 268		M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 9		
	City Naperville	State IL	Zip Code 60540-6694	Transaction ID: 6A894CC5DE423A5C944	
	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 ▼ 483.00			

B.	Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt		
	Mailing Address 640 S Washington St Ste 268		M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 9		
	City Naperville	State IL	Zip Code 60540-6694	Transaction ID: 82C2F4D5E1F643C4284	
	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 ▼ 483.00			

C.	Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt		
	Mailing Address 640 S Washington St Ste 268		M M / D D / Y Y Y Y Y 0 9 / 1 0 / 2 0 0 9		
	City Naperville	State IL	Zip Code 60540-6694	Transaction ID: 64362AA54FF7CEDD86D	
	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 ▼ 483.00			

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 63 / 191
(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 09 / 18 / 2009
Mailing Address 640 S Washington St Ste 268		Transaction ID: 409EB901F9A8759EEFE
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	Aggregate Year-to-Date ▼ 483.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 640 S Washington St Ste 268		Transaction ID: 1BCE7B7FDE86DB02BCC
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	Aggregate Year-to-Date ▼ 483.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
Mailing Address 640 S Washington St Ste 268		Transaction ID: 491B1AFC0C87FCB1D3C
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	Aggregate Year-to-Date ▼ 483.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 64 / 191
(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)
Naira Hashmi

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 02 / 2009
Transaction ID: E3EA5BFB26630A689D5

Amount of Each Receipt this Period 21.00

B. Full Name (Last, First, Middle Initial)
Naira Hashmi

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 16 / 2009
Transaction ID: 5B3C50116406D4AFFCE

Amount of Each Receipt this Period 21.00

C. Full Name (Last, First, Middle Initial)
Naira Hashmi

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 30 / 2009
Transaction ID: 85AF1DFBB419EE753AD

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 65 / 191

(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)
Naira Hashmi

Mailing Address 640 S Washington St
Ste 268

City State Zip Code
Naperville IL 60540-6694

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 ▼
483.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 1259DED8721C3DE39CC

Amount of Each Receipt this Period
21.00

B.

Full Name (Last, First, Middle Initial)
Naira Hashmi

Mailing Address 640 S Washington St
Ste 268

City State Zip Code
Naperville IL 60540-6694

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 ▼
483.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 6B6B71FA8707947599A

Amount of Each Receipt this Period
21.00

C.

Full Name (Last, First, Middle Initial)
Maleeha Hashmi-Basha

Mailing Address 640 S Washington St
Ste 268

City State Zip Code
Naperville IL 60540-6694

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 ▼
460.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: 204EAC4DF8320DF31AC

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)

62.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 191
	<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) Maleeha Hashmi-Basha		Date of Receipt		
	Mailing Address 640 S Washington St Ste 268		M M / D D / Y Y Y Y Y 07 / 29 / 2009		
	City Naperville	State IL	Zip Code 60540-6694	Transaction ID: 3A691499802679F13F6	
	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 ▼ 460.00			

B.	Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha		Date of Receipt		
	Mailing Address 640 S Washington St Ste 268		M M / D D / Y Y Y Y Y 08 / 10 / 2009		
	City Naperville	State IL	Zip Code 60540-6694	Transaction ID: 92D6C08EC676EC3F186	
	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 ▼ 460.00			

C.	Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha		Date of Receipt		
	Mailing Address 640 S Washington St Ste 268		M M / D D / Y Y Y Y Y 08 / 25 / 2009		
	City Naperville	State IL	Zip Code 60540-6694	Transaction ID: EB224141AF67CCEF158	
	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 ▼ 460.00			

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 67 / 191
(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 09 / 10 / 2009
Mailing Address 640 S Washington St Ste 268		Transaction ID: CA214328D41BAACD424
City Naperville	State IL	Zip Code 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

B.

Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address 640 S Washington St Ste 268		Transaction ID: 06CBF9A8D8F1F94840A
City Naperville	State IL	Zip Code 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

C.

Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 640 S Washington St Ste 268		Transaction ID: 549FB1FEE1553E99C7C
City Naperville	State IL	Zip Code 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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

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 68 / 191
(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)
Maleeha Hashmi-Basha

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 20 / 2009
Transaction ID: 4EC6F37AC9D0AE604EB
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Maleeha Hashmi-Basha

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 02 / 2009
Transaction ID: F7FE06F31BD319BC9CB
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Maleeha Hashmi-Basha

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 16 / 2009
Transaction ID: BF7F92FFBF30AE01848
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 69 / 191
(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)
Maleeha Hashmi-Basha

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2009
Transaction ID: 9CFCBC8B8DF5D954C8B
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Maleeha Hashmi-Basha

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 14 / 2009
Transaction ID: 4A98FEE029C4FD9598B
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Maleeha Hashmi-Basha

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 12 / 28 / 2009
Transaction ID: 1F52E9572A287AA9876
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 70 / 191
(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		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
Mailing Address 1962 Hampton Avenue		Transaction ID: D641C2BA3BD59E19FF4
City Wheaton	State IL	Zip Code 60187-1020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.42	

B.

Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 1962 Hampton Avenue		Transaction ID: A484227CB82E292C251
City Wheaton	State IL	Zip Code 60187-1020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.42	

C.

Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 1962 Hampton Avenue		Transaction ID: 1813335A5DD0E56B1D3
City Wheaton	State IL	Zip Code 60187-1020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
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)	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 71 / 191
(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 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 ▼
1083.42

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 5FD368B13F2ED879137

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 ▼
1083.42

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: A11253D6E2BD74D817F

Amount of Each Receipt this Period
41.67

C.

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 ▼
1083.42

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 79A7DC55C8BF8F7AF97

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 72 / 191

(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 Avenue

City State Zip Code
Wheaton IL 60187-1020

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1083.42

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: 13B9AF021892A2E1117

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1083.42

Date of Receipt

M M / D D / Y Y Y Y
10 / 02 / 2009

Transaction ID: 3E85F316E0AD152DDBB

Amount of Each Receipt this Period

41.67

C.

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1083.42

Date of Receipt

M M / D D / Y Y Y Y
10 / 20 / 2009

Transaction ID: 3089DEB79AFBA2119E1

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 73 / 191

(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 Avenue

City State Zip Code
Wheaton IL 60187-1020

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1083.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	9

Transaction ID: 319724667946DEECC99

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1083.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	9

Transaction ID: 3737CAD380A809CB800

Amount of Each Receipt this Period

41.67

C.

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1083.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: CBC666507309CF8191D

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) ▶

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

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

FOR LINE NUMBER: PAGE 74 / 191
(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 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 ▼ 1083.42
 Date of Receipt 12 / 14 / 2009
Transaction ID: F6773AC94BBDC3763B8
 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 ▼ 1083.42
 Date of Receipt 12 / 28 / 2009
Transaction ID: A5C4F39AA8BA556B01C
 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 ▼ 520.00
 Date of Receipt 07 / 02 / 2009
Transaction ID: 644231E4EAAAAA8F9BFA
 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 75 / 191

(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 State Zip Code
Downers Grove IL 60515-3319

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: 6A3C4FE061707AA44E9

Amount of Each Receipt this Period

20.00

B.

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2009

Transaction ID: D43DD5F965AE6B46AA1

Amount of Each Receipt this Period

20.00

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2009

Transaction ID: 2ED9CCDCC7EA9AF0DEF

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 76 / 191
(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 ▼ 520.00

Date of Receipt: 08 / 25 / 2009
Transaction ID: 4F939F0102B78B355F4
 Amount of Each Receipt this Period: 20.00

B.

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 ▼ 520.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: A0F25A170254A2C590A
 Amount of Each Receipt this Period: 20.00

C.

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 ▼ 520.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: 04B6D152431184ADAF4
 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 77 / 191
(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 ▼ 520.00

Date of Receipt 10 / 02 / 2009

Transaction ID: 125DFEA848449B56FFC

Amount of Each Receipt this Period 20.00

B.

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 ▼ 520.00

Date of Receipt 10 / 20 / 2009

Transaction ID: 97AC97943EF85DA5C2B

Amount of Each Receipt this Period 20.00

C.

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 ▼ 520.00

Date of Receipt 11 / 02 / 2009

Transaction ID: 9E90D7E0B9DF4E2C954

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 78 / 191
	<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) Richard Krouse		Date of Receipt
	Mailing Address 4720 Lee Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 0 9
	City	State	Zip Code
	Downers Grove	IL	60515-3319
	FEC ID number of contributing federal political committee. C		Transaction ID: F9DD57CCC11263BCDF6
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"/> 520.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Richard Krouse		Date of Receipt
	Mailing Address 4720 Lee Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	City	State	Zip Code
	Downers Grove	IL	60515-3319
	FEC ID number of contributing federal political committee. C		Transaction ID: 42BA22FCB1AC18BAF7A
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"/> 520.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Richard Krouse		Date of Receipt
	Mailing Address 4720 Lee Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	City	State	Zip Code
	Downers Grove	IL	60515-3319
	FEC ID number of contributing federal political committee. C		Transaction ID: 04E96007614EB5820DA
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"/> 520.00	<input type="text"/> 20.00

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: PAGE 79 / 191
(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)
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 ▼ 520.00
 Date of Receipt 12 / 28 / 2009
Transaction ID: 764C4B3536E221D3E9F
 Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
David Labotka
 Mailing Address 1312 S Ridge Rd
 City Willowbrook State IL Zip Code 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58
 Date of Receipt 07 / 02 / 2009
Transaction ID: 02012C6E35BB87ED915
 Amount of Each Receipt this Period 20.83

C. Full Name (Last, First, Middle Initial)
David Labotka
 Mailing Address 1312 S Ridge Rd
 City Willowbrook State IL Zip Code 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58
 Date of Receipt 07 / 24 / 2009
Transaction ID: 64F429F894AA690E062
 Amount of Each Receipt this Period 20.83

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

**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 80 / 191
	<input checked="" 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) David Labotka	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 1312 S Ridge Rd	Transaction ID: 2E0A8F9D880F4E327E5
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 541.58	

B.	Full Name (Last, First, Middle Initial) David Labotka	Date of Receipt MM / DD / YYYY 08 / 10 / 2009
	Mailing Address 1312 S Ridge Rd	Transaction ID: 30871AF673C7A59B326
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 541.58	

C.	Full Name (Last, First, Middle Initial) David Labotka	Date of Receipt MM / DD / YYYY 08 / 25 / 2009
	Mailing Address 1312 S Ridge Rd	Transaction ID: 06020A2AA6EE36B66B3
	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 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 81 / 191
	(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) David Labotka	Date of Receipt
	Mailing Address 1312 S Ridge Rd	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Willowbrook State IL Zip Code 60527-1896	Transaction ID: 1255E4DEAF699A2AEF4
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="20.83"/>
	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" value="541.58"/>	

B.	Full Name (Last, First, Middle Initial) David Labotka	Date of Receipt
	Mailing Address 1312 S Ridge Rd	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Willowbrook State IL Zip Code 60527-1896	Transaction ID: B45F6870E04760C24C0
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="20.83"/>
	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" value="541.58"/>	

C.	Full Name (Last, First, Middle Initial) David Labotka	Date of Receipt
	Mailing Address 1312 S Ridge Rd	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Willowbrook State IL Zip Code 60527-1896	Transaction ID: B982FDC6BB2627A2629
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="20.83"/>
	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" value="541.58"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="62.49"/>
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 82 / 191
(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)
David Labotka

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.58

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

Transaction ID: A0FC5FE467889ED1818

Amount of Each Receipt this Period
20.83

B.

Full Name (Last, First, Middle Initial)
David Labotka

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.58

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

Transaction ID: 9C3AD3DC6E6FB304141

Amount of Each Receipt this Period
20.83

C.

Full Name (Last, First, Middle Initial)
David Labotka

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.58

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: F4A6EC5074E1A494057

Amount of Each Receipt this Period
20.83

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 83 / 191
(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

<p>A. Full Name (Last, First, Middle Initial) David Labotka</p> <p>Mailing Address 1312 S Ridge Rd</p> <p>City Willowbrook State IL Zip Code 60527-1896</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 541.58</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 80E7655C4784076D00C</p> <p>Amount of Each Receipt this Period 20.83</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	3	0	/	2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) David Labotka</p> <p>Mailing Address 1312 S Ridge Rd</p> <p>City Willowbrook State IL Zip Code 60527-1896</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 541.58</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 1C17CE7F4A4DA1FE5A5</p> <p>Amount of Each Receipt this Period 20.83</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	4	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	4	/	2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) David Labotka</p> <p>Mailing Address 1312 S Ridge Rd</p> <p>City Willowbrook State IL Zip Code 60527-1896</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 541.58</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align:center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 0E34ADB1A123BBEEA4A</p> <p>Amount of Each Receipt this Period 20.83</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	8	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	8	/	2	0	0	9												

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 84 / 191
(check only one)

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

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

A.

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

Mailing Address 2034 W Walton St

City State Zip Code
Chicago IL 60622-4960

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: 07 / 02 / 2009

Transaction ID: BBD2BF997AFA92309B0

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: 07 / 24 / 2009

Transaction ID: 75D9090969D1FC70266

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: 07 / 29 / 2009

Transaction ID: 531DBA5ABB0E359CA84

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 85 / 191
(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)
Todd Lavigne
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 Date of Receipt 08 / 10 / 2009
Transaction ID: D2E434821B6806EF44C
 Amount of Each Receipt this Period 40.00
 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

B. Full Name (Last, First, Middle Initial)
Todd Lavigne
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 Date of Receipt 08 / 25 / 2009
Transaction ID: EC7983A7305EBC43049
 Amount of Each Receipt this Period 40.00
 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

C. Full Name (Last, First, Middle Initial)
Todd Lavigne
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 Date of Receipt 09 / 10 / 2009
Transaction ID: 7C39826AE50DC770504
 Amount of Each Receipt this Period 40.00
 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

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 86 / 191
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A.

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

Mailing Address 2034 W Walton St

City 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 ▼ 1040.00

Date of Receipt 09 / 18 / 2009
Transaction ID: 7F9A321FEBE78CE8A9A
 Amount of Each Receipt this Period 40.00

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 ▼ 1040.00

Date of Receipt 10 / 02 / 2009
Transaction ID: CFF4A47FDEA659AF4DE
 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 ▼ 1040.00

Date of Receipt 10 / 20 / 2009
Transaction ID: 55A10EE2C8E6FE64EDA
 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 87 / 191
(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)
Todd Lavigne
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 Date of Receipt 11 / 02 / 2009
Transaction ID: ADA278B8C7D505F6038
 Amount of Each Receipt this Period 40.00
 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

B. Full Name (Last, First, Middle Initial)
Todd Lavigne
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 Date of Receipt 11 / 16 / 2009
Transaction ID: 90EB5489C11C5CE93E8
 Amount of Each Receipt this Period 40.00
 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

C. Full Name (Last, First, Middle Initial)
Todd Lavigne
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 Date of Receipt 11 / 30 / 2009
Transaction ID: E006041C35027617ABA
 Amount of Each Receipt this Period 40.00
 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

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 88 / 191
(check only one)

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

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

A.

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

Mailing Address 2034 W Walton St

City 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 ▼ 1040.00

Date of Receipt 12 / 14 / 2009

Transaction ID: 5C1F923E45AF0A611FA

Amount of Each Receipt this Period 40.00

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 ▼ 1040.00

Date of Receipt 12 / 28 / 2009

Transaction ID: FD468B40EC6D10B336A

Amount of Each Receipt this Period 40.00

C.

Full Name (Last, First, Middle Initial)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 07 / 29 / 2009

Transaction ID: 32695FCA271629B87B3

Amount of Each Receipt this Period 20.00

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 89 / 191
(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)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 08 / 10 / 2009

Transaction ID: AF2007C4C67503B9C5C

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 08 / 25 / 2009

Transaction ID: 94C4B5EADC4C1C10D88

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 09 / 10 / 2009

Transaction ID: A204A7FB79468C60932

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 90 / 191
(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)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: 20829A7D6545FEC1501
 Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: EBE9FAC2136D33E3E1A
 Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: A9695DB37DAEAC4AF1A
 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 91 / 191
(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)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 02 / 2009
Transaction ID: 89CAE3317E86EDA96BD
 Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 16 / 2009
Transaction ID: 3DFF492708F98A0AA65
 Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 30 / 2009
Transaction ID: 45F854B6B8F9D26327F
 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 191
(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)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 12 / 14 / 2009

Transaction ID: 89939AABEF35A123773

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Aaron Lazar

Mailing Address 1564 Abbotsford

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 12 / 28 / 2009

Transaction ID: 03308A46C74698661C8

Amount of Each Receipt this Period 20.00

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 ▼ 357.00

Date of Receipt 09 / 18 / 2009

Transaction ID: 009C399653AB84E7A0C

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)
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FOR LINE NUMBER: PAGE 93 / 191
(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)
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 ▼ 357.00
Date of Receipt 10 / 02 / 2009
Transaction ID: 6C403413360CB5EAA56
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 ▼ 357.00
Date of Receipt 10 / 20 / 2009
Transaction ID: C85099D97DDBFF1E75E
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 ▼ 357.00
Date of Receipt 11 / 02 / 2009
Transaction ID: B500945A2858FAFD573
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 94 / 191
(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)
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 ▼ 357.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 14E29477E6E2FB0478C

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 ▼ 357.00

Date of Receipt 11 / 30 / 2009

Transaction ID: 7A805CC89BD2F0025F7

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 ▼ 357.00

Date of Receipt 12 / 14 / 2009

Transaction ID: 9AF4B52E5273EC172F1

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 191
(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)
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 ▼ 357.00

Date of Receipt: 12 / 28 / 2009
Transaction ID: 2E9A1924E211EDCDD0E
 Amount of Each Receipt this Period: 21.00

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

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 07 / 02 / 2009
Transaction ID: 13884A1D21E3F08E5C1
 Amount of Each Receipt this Period: 19.23

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

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 07 / 24 / 2009
Transaction ID: 04CA58C773F8B6DF1D2
 Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ► 59.46

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 96 / 191
(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)
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
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: C7737B7BE6628D4D997

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
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: BE7DC0D7DD34697CD89

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
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: 4F68DDBF55537E0AD2F

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)
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FOR LINE NUMBER: PAGE 97 / 191
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 11a 11b 11c 12
 13 14 15 16 17

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

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
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 455879C066BEC00F469

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
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: BA221B3CF8FD06F6DBF

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
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: 0BA6A7C72EF73C3BDCA

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 98 / 191
(check only one)

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<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)
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
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1 0 / 2 0 / 2 0 0 9

Transaction ID: C34F42F0252B9421861

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 1 / 0 2 / 2 0 0 9

Transaction ID: 8B2B27856D7C15DE480

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
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Transaction ID: 46DD23AA07F0E377842

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 99 / 191

(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)
Nicholas Mataragas

Mailing Address 6105 Timber Ridge Ct

City State Zip Code
Indian Head Park IL 60525-3759

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

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1 1 / 3 0 / 2 0 0 9

Transaction ID: C360EDF67FA4DA315A3

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 Occupation
DuPage Medical Group, Ltd. Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

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1 2 / 1 4 / 2 0 0 9

Transaction ID: 21F31BB82C0E0CD8114

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 Occupation
DuPage Medical Group, Ltd. Surgeon

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

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Transaction ID: 401828C47232BBBD508

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 100 / 191

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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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 07 / 02 / 2009

Transaction ID: 13BA3628DDCDE0AC6B3

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 07 / 24 / 2009

Transaction ID: C0BA7F0AE7EFA5CD9DA

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 07 / 29 / 2009

Transaction ID: C0B29EC2A6C0F71E846

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 101 / 191
(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
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: A0CDCBF24464A531806

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
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: 561C0BD76B9EBB5254E

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
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: BFBD84DCB8B4679F412

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 102 / 191
(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
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 94F3395B7BC4E00AEF3

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
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: DF7F807366D5176C2BC

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
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: 25B4A6772034346B7B3

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 103 / 191
(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)
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
MM / DD / YYYY
11 / 02 / 2009

Transaction ID: 442EFF8A400CD8E0B47

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
MM / DD / YYYY
11 / 16 / 2009

Transaction ID: 02143673357CFE5272F

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
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: 05625211DC2CA4D6227

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 104 / 191
(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 Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 40E7AEDB1342287415A

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 Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 9DE001A70CC87B907C1

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City State Zip Code
Lombard IL 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 6F7BD25F4F50E429A05

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **81.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 191
(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 07 / 24 / 2009
Mailing Address 1801 S Highland Ave		Transaction ID: 59C54D9AB6E6BF9DC94
City Lombard	State Zip Code IL 60148-4932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.41	

B.

Full Name (Last, First, Middle Initial) M. Paul Meyer		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 1801 S Highland Ave		Transaction ID: 06562A9808250AF56E3
City Lombard	State Zip Code IL 60148-4932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.41	

C.

Full Name (Last, First, Middle Initial) M. Paul Meyer		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 1801 S Highland Ave		Transaction ID: 3B21681A9BC52F5039F
City Lombard	State Zip Code IL 60148-4932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.41	

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 106 / 191
(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)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 08 / 25 / 2009

Transaction ID: OAOA350A046B9580577

Amount of Each Receipt this Period 41.67

B.

Full Name (Last, First, Middle Initial)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 09 / 10 / 2009

Transaction ID: 0055BDF0A9AA9EDDF85

Amount of Each Receipt this Period 41.67

C.

Full Name (Last, First, Middle Initial)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 09 / 18 / 2009

Transaction ID: CBA2E0DAE44FE127AB9

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 107 / 191
(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)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 10 / 02 / 2009
Transaction ID: 17A06AC2674A2E47C9C

Amount of Each Receipt this Period 41.67

B. Full Name (Last, First, Middle Initial)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 10 / 20 / 2009
Transaction ID: AD6CD4BD2C0CD037E9B

Amount of Each Receipt this Period 41.67

C. Full Name (Last, First, Middle Initial)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 11 / 02 / 2009
Transaction ID: D04502B908256619D79

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 108 / 191
(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

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 11 / 16 / 2009

Transaction ID: 1244CCFF7A915335FB2

Amount of Each Receipt this Period 41.67

B.

Full Name (Last, First, Middle Initial)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 11 / 30 / 2009

Transaction ID: B141A0453625E385EB2

Amount of Each Receipt this Period 41.67

C.

Full Name (Last, First, Middle Initial)
M. Paul Meyer

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 12 / 14 / 2009

Transaction ID: FE6434ED7C987AEA164

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 109 / 191
(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

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt: 12 / 28 / 2009

Transaction ID: 278B25492949DD1DBBC

Amount of Each Receipt this Period 41.67

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: 07 / 02 / 2009

Transaction ID: 5F59C543FEFD44BECA8

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: 07 / 24 / 2009

Transaction ID: B0DED85663CC8E7CE8C

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional) ► 131.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 191
(check only one)

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

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

A.

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 07 / 29 / 2009

Transaction ID: CBCBDF377F46634B667

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 08 / 10 / 2009

Transaction ID: 3940C4DECEB5821C834

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 08 / 25 / 2009

Transaction ID: 3B1683A2F452241A4D5

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 111 / 191
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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)
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 09 / 10 / 2009

Transaction ID: 340DD0C7EF9FF01953A

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 09 / 18 / 2009

Transaction ID: 58ECD6CBD56E56DDB71

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 10 / 02 / 2009

Transaction ID: 5D6307DF863C6070E3A

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 112 / 191
(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 10 / 20 / 2009
Transaction ID: 6D331D18BABF5A05082
 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 11 / 02 / 2009
Transaction ID: FFBC73E016B235E893F
 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 11 / 16 / 2009
Transaction ID: E43B13D699E85D17956
 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 113 / 191
(check only one)

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

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

A.

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 11 / 30 / 2009

Transaction ID: 734F76CAC3B001D8E45

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 / 14 / 2009

Transaction ID: 45754AF53697D6EBB7D

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 / 28 / 2009

Transaction ID: 910FF994211C98A6CBC

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 191
(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) Mark Nelson		Date of Receipt MM / DD / YYYY 07 / 02 / 2009		
	Mailing Address 3753 King William Court		Transaction ID: 528C92E130C60FEB313		
	City Saint Charles	State IL	Zip Code 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 07 / 24 / 2009		
	Mailing Address 3753 King William Court		Transaction ID: 1B9256EAF6A219DDEB9		
	City Saint Charles	State IL	Zip Code 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 07 / 29 / 2009		
	Mailing Address 3753 King William Court		Transaction ID: 9980D1847F5DFE8EF6E		
	City Saint Charles	State IL	Zip Code 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: PAGE 115 / 191
(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) Mark Nelson		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 3753 King William Court		Transaction ID: 7081FD2CA333B998F05
City Saint Charles	State IL	Zip Code 60174-7806
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 ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Mark Nelson		Date of Receipt MM / DD / YYYY 08 / 25 / 2009
Mailing Address 3753 King William Court		Transaction ID: 35D579190F62D131EFD
City Saint Charles	State IL	Zip Code 60174-7806
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 ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Mark Nelson		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
Mailing Address 3753 King William Court		Transaction ID: DB9D542E0B54553EFCB
City Saint Charles	State IL	Zip Code 60174-7806
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 ▼ 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 116 / 191
	<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) Mark Nelson	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 3753 King William Court	Transaction ID: AA6959E9981E185E85E
	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 10 / 02 / 2009
	Mailing Address 3753 King William Court	Transaction ID: B7E47F379A9DB02CCC5
	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 10 / 20 / 2009
	Mailing Address 3753 King William Court	Transaction ID: F4712F3634A910ECF3D
	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: PAGE 117 / 191
(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)
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 ▼ 520.00

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

Transaction ID: 476F9C761E5D961383C

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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: 591F9A3FD2BE444169E

Amount of Each Receipt this Period
20.00

C.

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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 471AD303FF6D5A1E9E9

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 118 / 191
(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)
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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 1BBF0164D4860A05211

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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 49D9E206E6A2026D6F9

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Ravi Nemivant

Mailing Address 561 Hevern Dr

City State Zip Code
Wheaton IL 60187-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 661CBE0A8A954B929EA

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 191

(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)

Ravi Nemivant

Mailing Address 561 Hevern Dr

City

Wheaton

State

IL

Zip Code

60187-7396

FEC ID number of contributing federal political committee.

C

Name of Employer
DuPage Medical Group, Ltd.

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: E68B03BA48508F6C34A

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ravi Nemivant

Mailing Address 561 Hevern Dr

City

Wheaton

State

IL

Zip Code

60187-7396

FEC ID number of contributing federal political committee.

C

Name of Employer
DuPage Medical Group, Ltd.

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2009

Transaction ID: DDCC79454E716A908F2

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Ravi Nemivant

Mailing Address 561 Hevern Dr

City

Wheaton

State

IL

Zip Code

60187-7396

FEC ID number of contributing federal political committee.

C

Name of Employer
DuPage Medical Group, Ltd.

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2009

Transaction ID: 3B0461D9B2ACE2AC507

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 120 / 191
(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)
Ravi Nemivant
Mailing Address 561 Hevern Dr
City State Zip Code
Wheaton IL 60187-7396
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt 08 / 25 / 2009
Transaction ID: 69E12E0E453E150A273
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Ravi Nemivant
Mailing Address 561 Hevern Dr
City State Zip Code
Wheaton IL 60187-7396
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt 09 / 10 / 2009
Transaction ID: 358D3F18C513BB9E66E
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Ravi Nemivant
Mailing Address 561 Hevern Dr
City State Zip Code
Wheaton IL 60187-7396
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt 09 / 18 / 2009
Transaction ID: 123A46999867B004216
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 121 / 191
(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)
Ravi Nemivant

Mailing Address 561 Hevern Dr

City State Zip Code
Wheaton IL 60187-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: 5C443937EB052860998

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Ravi Nemivant

Mailing Address 561 Hevern Dr

City State Zip Code
Wheaton IL 60187-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: 02CCD64EBDBD2A2C913

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Ravi Nemivant

Mailing Address 561 Hevern Dr

City State Zip Code
Wheaton IL 60187-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: 2192059956774CC7794

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: (check only one)	PAGE 122 / 191
	<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) Ravi Nemivant	Date of Receipt MM / DD / YYYY 11 / 16 / 2009
	Mailing Address 561 Hevern Dr	Transaction ID: B416DC4072CA36F9F8A
	City State Zip Code Wheaton IL 60187-7396	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: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 650.00	

B.	Full Name (Last, First, Middle Initial) Ravi Nemivant	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 561 Hevern Dr	Transaction ID: 6EE71D310D535742539
	City State Zip Code Wheaton IL 60187-7396	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: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Ravi Nemivant	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address 561 Hevern Dr	Transaction ID: 91B789512A59DC7340D
	City State Zip Code Wheaton IL 60187-7396	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: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 650.00	

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: (check only one)	PAGE 123 / 191
	<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) Ravi Nemivant		Date of Receipt MM / DD / YYYY 12 / 28 / 2009		
	Mailing Address 561 Hevern Dr		Transaction ID: B6345CDC62D5C5A7C3A		
	City Wheaton	State IL	Zip Code 60187-7396	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 ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) Don Nichols		Date of Receipt MM / DD / YYYY 10 / 02 / 2009		
	Mailing Address 515 W Park Ave		Transaction ID: 0B4BC1D70D6EAF8397D		
	City Wheaton	State IL	Zip Code 60189-6354	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 ▼ 340.00			

C.	Full Name (Last, First, Middle Initial) Don Nichols		Date of Receipt MM / DD / YYYY 10 / 20 / 2009		
	Mailing Address 515 W Park Ave		Transaction ID: B312CD8BFF30479C54D		
	City Wheaton	State IL	Zip Code 60189-6354	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 ▼ 340.00			

SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 124 / 191
(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)
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 ▼ 340.00

Date of Receipt 11 / 02 / 2009
Transaction ID: 0820D060E0539DA3B4A
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 ▼ 340.00

Date of Receipt 11 / 16 / 2009
Transaction ID: A68F7042A08FB5B7CB6
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 ▼ 340.00

Date of Receipt 11 / 30 / 2009
Transaction ID: 6AF5C8CFA73BAE42EC7
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 125 / 191
(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)
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 ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: F8CBCFBE9135300DB3A

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 ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: F1AF7827D83B3E8A0BE

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 ▼ 546.00

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 9CE4B68D9FC73A30880

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 126 / 191
(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)
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 ▼ 546.00

Date of Receipt 07 / 24 / 2009
Transaction ID: 3286BE9624C706C1232
 Amount of Each Receipt this Period 21.00

B.

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 ▼ 546.00

Date of Receipt 07 / 29 / 2009
Transaction ID: 7169331AA5EED748D3E
 Amount of Each Receipt this Period 21.00

C.

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 ▼ 546.00

Date of Receipt 08 / 10 / 2009
Transaction ID: 31310FD8E00615EEB75
 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 127 / 191
(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 ▼ 546.00

Date of Receipt 08 / 25 / 2009

Transaction ID: C783E6B61AFB3830CF3

Amount of Each Receipt this Period 21.00

B.

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 ▼ 546.00

Date of Receipt 09 / 10 / 2009

Transaction ID: 36A2FC9D0656E1C0B8F

Amount of Each Receipt this Period 21.00

C.

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 ▼ 546.00

Date of Receipt 09 / 18 / 2009

Transaction ID: 57E921C3C6A335D73F3

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 128 / 191
(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)
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 ▼ 546.00
 Date of Receipt 10 / 02 / 2009
Transaction ID: F1FB1358DB131DA0C87
 Amount of Each Receipt this Period 21.00

B. 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 ▼ 546.00
 Date of Receipt 10 / 20 / 2009
Transaction ID: ED521242427CEBF5DA6
 Amount of Each Receipt this Period 21.00

C. 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 ▼ 546.00
 Date of Receipt 11 / 02 / 2009
Transaction ID: DD5DDAE8F302D51D5CB
 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 129 / 191
(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 ▼ 546.00

Date of Receipt

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1	1	/	1	6	/	2	0	0	9

Transaction ID: 2C011C677C49B34A03F

Amount of Each Receipt this Period
21.00

B.

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 ▼ 546.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: FEF39653D8614FA125B

Amount of Each Receipt this Period
21.00

C.

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 ▼ 546.00

Date of Receipt

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1	2	/	1	4	/	2	0	0	9

Transaction ID: E1222B610D9410D0B01

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 130 / 191
(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 ▼ 546.00

Date of Receipt: 12 / 28 / 2009
Transaction ID: 47F848233F112DB8F67

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, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 07 / 02 / 2009
Transaction ID: 3C3EAEC61777A2FEE28

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: 07 / 24 / 2009
Transaction ID: 130CB976DDD2DD92427

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 131 / 191
(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 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 07 / 29 / 2009
Transaction ID: 503AC218E04612B28B3
 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 08 / 10 / 2009
Transaction ID: 5201DDDC2CB34F3D011
 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 08 / 25 / 2009
Transaction ID: 0D2742251CCC075E22D
 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 132 / 191
(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 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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	9

Transaction ID: 2A42C0E324FC8BCEB28

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: FFD7788D02034260D4A

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

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

Transaction ID: 71444E83BD0A9773366

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 133 / 191
(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 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: 10 / 20 / 2009
Transaction ID: 04787AF6F34C113D551
 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: 11 / 02 / 2009
Transaction ID: 2D4B00218DB055B2475
 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: 11 / 16 / 2009
Transaction ID: 0F2C63D4E9DD493D630
 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 134 / 191
(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 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: 11 / 30 / 2009
Transaction ID: 98672AEE2F94033360C
 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 / 14 / 2009
Transaction ID: 97133CA9FC436AE06D6
 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 / 28 / 2009
Transaction ID: 2B4B0B37087EF6A43C1
 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 135 / 191
(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 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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: 4763671DBDD1423B933

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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: DCF4CF7C4D7F1A585BD

Amount of Each Receipt this Period
20.00

C.

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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: D454EA7BB4637A5D7E4

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 136 / 191
(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 08 / 10 / 2009
Transaction ID: A2866401558217AC716
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 08 / 25 / 2009
Transaction ID: 4D65CFafa93DF1D5808
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 09 / 10 / 2009
Transaction ID: ABC441B7536226A5898
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 137 / 191
(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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: AF8875EEA2A8C7376F0

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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 02 / 2009

Transaction ID: 4BA53BC98AB7176EB4C

Amount of Each Receipt this Period
20.00

C.

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 ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2009

Transaction ID: 80E051A033862784FD8

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 138 / 191
(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 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 ▼ 520.00

Date of Receipt: 11 / 02 / 2009
Transaction ID: E0920D85EF11BF98294
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 ▼ 520.00

Date of Receipt: 11 / 16 / 2009
Transaction ID: 18146B441EE6C6A0287
Amount of Each Receipt this Period: 20.00

C.

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 ▼ 520.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: 9D4F34CABCAF513F082
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 139 / 191
(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 / 14 / 2009
Transaction ID: 6BF549553FB64A98F62
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 / 28 / 2009
Transaction ID: AD2161352B532846669
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Stephen Pierson
Mailing Address 1800 N Main St
City Wheaton State IL Zip Code 60187-3112
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 441.00
Date of Receipt 07 / 29 / 2009
Transaction ID: 4D62193F88F79C3B074
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 140 / 191
(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)
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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 4F1E66BEEE83010A02E

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: 15AFE5FC0E5A1D64FA

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 0EE5AF8826F6E5DF0E5

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 141 / 191
(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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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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 686E7E5D3E4FC187EBC

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: CA6B31F51A8DD714DBF

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: F2F28414532B4677419

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 142 / 191
(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)
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 ▼ 441.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2009

Transaction ID: A3EF10991C5BD86A797

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 ▼ 441.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2009

Transaction ID: DFFD6F2BE52AFB7C364

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 ▼ 441.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: 30076EF67BF6834C416

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: (check only one)	PAGE 143 / 191
	<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) Stephen Pierson		Date of Receipt
	Mailing Address 1800 N Main St		<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
	City	State	Zip Code
	Wheaton	IL	60187-3112
	FEC ID number of contributing federal political committee. C		Transaction ID: 4F4A444DCF3E92CEB1E
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"/>
		<input type="text"/> 441.00	<input type="text"/> 21.00

B.	Full Name (Last, First, Middle Initial) Stephen Pierson		Date of Receipt
	Mailing Address 1800 N Main St		<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
	City	State	Zip Code
	Wheaton	IL	60187-3112
	FEC ID number of contributing federal political committee. C		Transaction ID: 0AD73071B947D46221C
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"/>
		<input type="text"/> 441.00	<input type="text"/> 21.00

C.	Full Name (Last, First, Middle Initial) John Porcelli		Date of Receipt
	Mailing Address 1237 N. Chicago		<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
	City	State	Zip Code
	Arlington Heights	IL	60004
	FEC ID number of contributing federal political committee. C		Transaction ID: AFFDEB3A89193C7FA7F
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"/>
		<input type="text"/> 520.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 62.00
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 144 / 191
(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 ▼
520.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: CE2BD9DC6DA3065E1DC

Amount of Each Receipt this Period
20.00

B.

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 ▼
520.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: DE24C45597DD5AC5A4D

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 ▼
520.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 05B881B7E67F1DBEB95

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 145 / 191
(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 ▼
520.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: D84196790192E8697B6

Amount of Each Receipt this Period
20.00

B.

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 ▼
520.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 69D229383E6672B8E43

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 ▼
520.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: A7FB7BD829F2B47F3A5

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 146 / 191
(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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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 ▼ 520.00

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

Transaction ID: F195C1638C92317E3CC

Amount of Each Receipt this Period
20.00

B.

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 ▼ 520.00

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

Transaction ID: E05D14E43722F4A79AA

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 ▼ 520.00

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

Transaction ID: B4167433C70DB71CFE1

Amount of Each Receipt this Period
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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 147 / 191
(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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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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: 71D10600B58B5B051D4

Amount of Each Receipt this Period
20.00

B.

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20DCBFBEEF42FEB2ECA

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: D70A66700025482F2B0

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 148 / 191
(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)
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 ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: C0B81D310CBFC43322E

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 3908 Littlestone Cir

City State Zip Code
Naperville IL 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1083.42

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: 6D0F6F47138C1F3A4CE

Amount of Each Receipt this Period
41.67

C.

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

Mailing Address 3908 Littlestone Cir

City State Zip Code
Naperville IL 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1083.42

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: DACC5DE62EF4C95E57E

Amount of Each Receipt this Period
41.67

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 191
(check only one)

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

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

A.

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

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.42

Date of Receipt 07 / 29 / 2009

Transaction ID: 98B339E506FF84773D1

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 08 / 10 / 2009

Transaction ID: 0B256F80CE46876A6D7

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 08 / 25 / 2009

Transaction ID: A957943B0DF02136EA9

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 150 / 191
(check only one)

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

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

A.

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

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	9

Transaction ID: 66920206ED59759855E

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
0	9		1	8		2	0	0	9

Transaction ID: ED06B41A026077EA56F

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	0		0	2		2	0	0	9

Transaction ID: A0A9520EDB2D160D8FF

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 151 / 191
(check only one)

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

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

A.

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

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.42

Date of Receipt 10 / 20 / 2009

Transaction ID: DB0DBFEF11C45C5D95F

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 11 / 02 / 2009

Transaction ID: 665E66565C600C8F31C

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 11 / 16 / 2009

Transaction ID: 8272370B0B8F1BC7DAB

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 152 / 191
(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 Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: E7DFD97DD7F4CF47959

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 Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 5A1E02AF1075A84C91E

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 Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 0C4CF6225A277A13241

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 153 / 191
(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) Susan Ruzek		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
Mailing Address 25164 Churchill Lane		Transaction ID: 3181FB715C14270AEA1
City Glen Ellyn	State Zip Code IL 60137	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.25
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 07 / 24 / 2009
Mailing Address 25164 Churchill Lane		Transaction ID: 774F830663E4F0F26D4
City Glen Ellyn	State Zip Code IL 60137	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.25
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) Susan Ruzek		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 25164 Churchill Lane		Transaction ID: BC75C68E0F36AE0B628
City Glen Ellyn	State Zip Code IL 60137	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.25
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	

SUBTOTAL of Receipts This Page (optional)	57.75
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 154 / 191
(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)
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 ▼ 500.50

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: F744D0A16270E0AD3A8

Amount of Each Receipt this Period
19.25

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 ▼ 500.50

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: 3003C8F1D179FF3D907

Amount of Each Receipt this Period
19.25

C.

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 ▼ 500.50

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 38D438280BB305F6A15

Amount of Each Receipt this Period
19.25

SUBTOTAL of Receipts This Page (optional) ► **57.75**

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 155 / 191						
	(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

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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 09 / 18 / 2009
	Mailing Address 25164 Churchill Lane	Transaction ID: D48379448642EDEE078
	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 10 / 02 / 2009
	Mailing Address 25164 Churchill Lane	Transaction ID: A61FE04533049BD8650
	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) Susan Ruzek	Date of Receipt MM / DD / YYYY 10 / 20 / 2009
	Mailing Address 25164 Churchill Lane	Transaction ID: DA763BBE1AD7E999CA7
	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	

SUBTOTAL of Receipts This Page (optional)	57.75
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 156 / 191
(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)
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 ▼ 500.50

Date of Receipt
MM / DD / YYYY
11 / 02 / 2009

Transaction ID: CEDCA38FFD6E82D55B6

Amount of Each Receipt this Period
19.25

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 ▼ 500.50

Date of Receipt
MM / DD / YYYY
11 / 16 / 2009

Transaction ID: 44C34D0BB794B8CA39A

Amount of Each Receipt this Period
19.25

C.

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 ▼ 500.50

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: 5753CA4C643F16F9077

Amount of Each Receipt this Period
19.25

SUBTOTAL of Receipts This Page (optional) ► **57.75**

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 157 / 191
(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)
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 ▼ 500.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 769CA178E27808B947C

Amount of Each Receipt this Period
19.25

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 ▼ 500.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 40CF9D038958B453EEE

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, 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 Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: C5D85FEEBB61730CA87

Amount of Each Receipt this Period
20.00

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: PAGE 158 / 191
(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)
Steven Schmitz
 Mailing Address 743 Godair Cir
 City Hinsdale State IL Zip Code 60521-8104
 Date of Receipt 07 / 24 / 2009
Transaction ID: 546EC26E4AEE539A752
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 520.00

B. Full Name (Last, First, Middle Initial)
Steven Schmitz
 Mailing Address 743 Godair Cir
 City Hinsdale State IL Zip Code 60521-8104
 Date of Receipt 07 / 29 / 2009
Transaction ID: 16205E364A41CD92EBE
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 520.00

C. Full Name (Last, First, Middle Initial)
Steven Schmitz
 Mailing Address 743 Godair Cir
 City Hinsdale State IL Zip Code 60521-8104
 Date of Receipt 08 / 10 / 2009
Transaction ID: DC775E2DCF1C23296E2
 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: Primary General 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: PAGE 159 / 191
(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)
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: 08 / 25 / 2009
Transaction ID: 69808B6E93A91B62D66
 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: 09 / 10 / 2009
Transaction ID: D83AF7656395AD29585
 Amount of Each Receipt this Period: 20.00

C.

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: 09 / 18 / 2009
Transaction ID: 4A0F8F4A2012F7EB7B9
 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 160 / 191
(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, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: B2E4BC172E7DF1E3D3B
 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: 10 / 20 / 2009
Transaction ID: 7C65841DDFB911D4EEB
 Amount of Each Receipt this Period: 20.00

C.

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: 11 / 02 / 2009
Transaction ID: 9BEE486E01BE2D8CD01
 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 161 / 191
(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, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 50409CB3D4F1A6E6D23

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 11 / 30 / 2009

Transaction ID: 04D889EA8E70DEADBAC

Amount of Each Receipt this Period 20.00

C.

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 / 14 / 2009

Transaction ID: D0C43A671200A32FCF7

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 162 / 191
(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, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 28 / 2009
Transaction ID: CBD4A267AF1B28BA0DE
 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 ▼ 499.98

Date of Receipt: 07 / 02 / 2009
Transaction ID: 99364AA4DDC385BD904
 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 ▼ 499.98

Date of Receipt: 07 / 24 / 2009
Transaction ID: 40271CE620F005245FA
 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 163 / 191
(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)
Grant Sievertsen

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: EB474463C655AEF3A4D

Amount of Each Receipt this Period
19.23

B.

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 95A303985E96E3BF121

Amount of Each Receipt this Period
19.23

C.

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: 471B1C6707F95B0ED1E

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 164 / 191
(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)
Grant Sievertsen

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: CB15585B8195092821C

Amount of Each Receipt this Period
19.23

B.

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 5B742A387E7B2346985

Amount of Each Receipt this Period
19.23

C.

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: 3F5FA8F51EB90AECF36

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 165 / 191
(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) Grant Sievertsen		Date of Receipt MM / DD / YYYY 10 / 20 / 2009
Mailing Address 1304 Midwest Club Pkwy		Transaction ID: 9117E0BF3242317E894
City Oak Brook	State IL	Zip Code 60523-2519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
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 11 / 02 / 2009
Mailing Address 1304 Midwest Club Pkwy		Transaction ID: BFD4620F3FC6C441122
City Oak Brook	State IL	Zip Code 60523-2519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
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) Grant Sievertsen		Date of Receipt MM / DD / YYYY 11 / 16 / 2009
Mailing Address 1304 Midwest Club Pkwy		Transaction ID: E89732CCA5527D32D5B
City Oak Brook	State IL	Zip Code 60523-2519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.23
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	

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 166 / 191
(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)
Grant Sievertsen

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: B97A9EFCC808802DABB

Amount of Each Receipt this Period
19.23

B.

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 7714551B37861536B20

Amount of Each Receipt this Period
19.23

C.

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 6FEFB36906C47DEFB07

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: (check only one)	PAGE 167 / 191
	<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) Amy Stoeffler	Date of Receipt
	Mailing Address 532 Deerpath Rd	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 18 / 2009
	City State Zip Code Glen Ellyn IL 60137-4102	Transaction ID: BCD9BCF7299B11E03DA
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 41.67
	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"/> 500.04	

B.	Full Name (Last, First, Middle Initial) Amy Stoeffler	Date of Receipt
	Mailing Address 532 Deerpath Rd	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 02 / 2009
	City State Zip Code Glen Ellyn IL 60137-4102	Transaction ID: C1310B1382C6BD8F597
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 41.67
	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"/> 500.04	

C.	Full Name (Last, First, Middle Initial) Amy Stoeffler	Date of Receipt
	Mailing Address 532 Deerpath Rd	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 20 / 2009
	City State Zip Code Glen Ellyn IL 60137-4102	Transaction ID: 8EF50ED56E32A2B9084
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 41.67
	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"/> 500.04	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.01
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 168 / 191
(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)
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 ▼ 500.04

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

Transaction ID: 3DAD46CF4ED07C49F89

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 ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: FDBF53257B6FAAC2BC3

Amount of Each Receipt this Period
41.67

C.

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 ▼ 500.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: A77EA28D072905A5C00

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 169 / 191

(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)
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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 49131D35305CD0C89AA

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 Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.04

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: 145D109FD64A645997B

Amount of Each Receipt this Period
41.67

C.

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

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 60108-1433

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 3669F259E860D7A7BB8

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)

102.57

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 170 / 191
(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)
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 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 ▼ 499.98

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: 69CA5478CA4A8DDCF2C

Amount of Each Receipt this Period
19.23

B.

Full Name (Last, First, Middle Initial)
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 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 ▼ 499.98

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: E099FDF0839008918F1

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 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 ▼ 499.98

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: C04BFE285C840DEED16

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 171 / 191
(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)
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 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 ▼ 499.98

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: 4B001428029DDEE096EB

Amount of Each Receipt this Period
19.23

B.

Full Name (Last, First, Middle Initial)
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 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 ▼ 499.98

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 179573746A71678A106

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 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 ▼ 499.98

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: FA610E2F63D36E7AF12

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 172 / 191 (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

<p>A. Full Name (Last, First, Middle Initial) Arnaldo Torres</p> <p>Mailing Address 229 Wren Ct</p> <p>City State Zip Code Bloomington IL 60108-1433</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 499.98</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 51E4033F9B54F6E61CE</p> <p>Amount of Each Receipt this Period 19.23</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Arnaldo Torres</p> <p>Mailing Address 229 Wren Ct</p> <p>City State Zip Code Bloomington IL 60108-1433</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 499.98</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 38BBB94E4EC8414382C</p> <p>Amount of Each Receipt this Period 19.23</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) Arnaldo Torres</p> <p>Mailing Address 229 Wren Ct</p> <p>City State Zip Code Bloomington IL 60108-1433</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 499.98</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: F54AC070EDF781CBE07</p> <p>Amount of Each Receipt this Period 19.23</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	9												

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: (check only one)	PAGE 173 / 191
	<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) Araldo Torres		Date of Receipt
	Mailing Address 229 Wren Ct		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bloomingtondale	IL	60108-1433
	FEC ID number of contributing federal political committee.		Transaction ID: 4D6D96240D56715CC41
		Amount of Each Receipt this Period	
		<input type="text" value="19.23"/>	
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" value="499.98"/>	

B.	Full Name (Last, First, Middle Initial) Araldo Torres		Date of Receipt
	Mailing Address 229 Wren Ct		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bloomingtondale	IL	60108-1433
	FEC ID number of contributing federal political committee.		Transaction ID: 2A97090AA6A76EDEFBD
		Amount of Each Receipt this Period	
		<input type="text" value="19.23"/>	
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" value="499.98"/>	

C.	Full Name (Last, First, Middle Initial) Araldo Torres		Date of Receipt
	Mailing Address 229 Wren Ct		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bloomingtondale	IL	60108-1433
	FEC ID number of contributing federal political committee.		Transaction ID: 97875A93D18E1BBCF16
		Amount of Each Receipt this Period	
		<input type="text" value="19.23"/>	
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" value="499.98"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="57.69"/>
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 174 / 191
(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

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 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 ▼
499.98

Date of Receipt
MM / DD / YYYY
12 / 28 / 2009

Transaction ID: CEC82C81F76C99F638B

Amount of Each Receipt this Period
19.23

B.

Full Name (Last, First, Middle Initial)
Joseph Towers

Mailing Address 412 S Columbia St

City State Zip Code
Naperville IL 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.05

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 127312F801059A0B6D7

Amount of Each Receipt this Period
41.67

C.

Full Name (Last, First, Middle Initial)
Joseph Towers

Mailing Address 412 S Columbia St

City State Zip Code
Naperville IL 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.05

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: DAD50AE894796344545

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **102.57**

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 175 / 191
(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 ▼ 625.05
Date of Receipt 09 / 10 / 2009
Transaction ID: DEA35BF3BB64DD2DC86
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 ▼ 625.05
Date of Receipt 09 / 18 / 2009
Transaction ID: 62637F066AC62A29CE5
Amount of Each Receipt this Period 41.67

C. 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 ▼ 625.05
Date of Receipt 10 / 02 / 2009
Transaction ID: 62743C52FD653312003
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 176 / 191
(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 ▼ 625.05

Date of Receipt 10 / 20 / 2009

Transaction ID: 3C2DC370F288DF76B10

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 ▼ 625.05

Date of Receipt 11 / 02 / 2009

Transaction ID: BA08B6DA53DD2CED6BB

Amount of Each Receipt this Period 41.67

C. 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 ▼ 625.05

Date of Receipt 11 / 16 / 2009

Transaction ID: E36CDF5135C83090367

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 177 / 191
(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)
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 ▼ 625.05

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 22224B0DF5507343F8F

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 ▼ 625.05

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 7CBE19960E1C3F1CD04

Amount of Each Receipt this Period
41.67

C.

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 ▼ 625.05

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: D338882807D64CED60A

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 178 / 191
(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)
Mark Weiss
 Mailing Address 764 86th Pl
 City Downers Grove State IL Zip Code 60516-4951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 11 / 06 / 2009
Transaction ID: 48637CF273190506B9B
 Amount of Each Receipt this Period 1000.00
 2009 PAC Contribution

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 07 / 02 / 2009
Transaction ID: AC468C6581C233E9582
 Amount of Each Receipt this Period 20.00

C. 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 07 / 24 / 2009
Transaction ID: 792A30FAC01801B427D
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 1040.00
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 179 / 191
(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)
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 07 / 29 / 2009

Transaction ID: 56D4437B9F4D103DEB2

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 08 / 10 / 2009

Transaction ID: 6A0B3DFEEDC442F1718

Amount of Each Receipt this Period 20.00

C.

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 08 / 25 / 2009

Transaction ID: 18C7189606FA83E7A62

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 180 / 191
(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)
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 09 / 10 / 2009

Transaction ID: C8422F8BCBB685D24D3

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 09 / 18 / 2009

Transaction ID: D8706405CBF5F790B37

Amount of Each Receipt this Period 20.00

C.

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 10 / 02 / 2009

Transaction ID: D03F08FAF0DA756C824

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 181 / 191
(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)
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 10 / 20 / 2009
Transaction ID: C6C79D6DCFB0AB4DD55
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 11 / 02 / 2009
Transaction ID: 3658B9C331143C5BEC7
Amount of Each Receipt this Period 20.00

C. 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 11 / 16 / 2009
Transaction ID: 40C7BEC5CD6DEC17728
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 182 / 191
(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 11 / 30 / 2009

Transaction ID: A67AC23334402F65743

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 / 14 / 2009

Transaction ID: 97342BD308DEBF70F20

Amount of Each Receipt this Period 20.00

C.

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 / 28 / 2009

Transaction ID: A7B9023DDEC98109289

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 183 / 191
(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)
Eva Wyrma

Mailing Address 25346 Canterbury Court

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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: ODB80B4A280D7518BBE
Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
Eva Wyrma

Mailing Address 25346 Canterbury Court

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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: F3EA41F88616E737106
Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
Eva Wyrma

Mailing Address 25346 Canterbury Court

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: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 11 / 02 / 2009
Transaction ID: B9B9CDE6C448D531D96
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 184 / 191
(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)
Eva Wyrma
Mailing Address 25346 Canterbury Court
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 Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 11 / 16 / 2009
Transaction ID: 343481BE9A6B18DFDEF
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Eva Wyrma
Mailing Address 25346 Canterbury Court
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 Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 11 / 30 / 2009
Transaction ID: 4A72D7C25E13A121F90
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Eva Wyrma
Mailing Address 25346 Canterbury Court
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 Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00
Date of Receipt 12 / 14 / 2009
Transaction ID: 5687759F55EC7879C16
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 185 / 191
(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)
Eva Wyrma

Mailing Address 25346 Canterbury Court

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 Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: OCC143A583F94C7C2EC

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 1601 S Highland Ave

City State Zip Code
Lombard IL 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
M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: 1BEC3CA90F4572C5EBB

Amount of Each Receipt this Period
20.83

C.

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

Mailing Address 1601 S Highland Ave

City State Zip Code
Lombard IL 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
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Transaction ID: 54C641BD16B8B8B3355

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional) ▶ **61.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 186 / 191
(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 07 / 29 / 2009
Mailing Address 1601 S Highland Ave		Transaction ID: 6094E20DF9D6294D488
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.58	

B.

Full Name (Last, First, Middle Initial) Andrew Yu		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 1601 S Highland Ave		Transaction ID: 193928A177393516051
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.58	

C.

Full Name (Last, First, Middle Initial) Andrew Yu		Date of Receipt MM / DD / YYYY 08 / 25 / 2009
Mailing Address 1601 S Highland Ave		Transaction ID: B0DBBD9F1C0B91D8FB3
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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 187 / 191
(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)
Andrew Yu

Mailing Address 1601 S Highland Ave

City State Zip Code
Lombard IL 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
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 1C3AE930AE256EC7ED3

Amount of Each Receipt this Period
20.83

B.

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

Mailing Address 1601 S Highland Ave

City State Zip Code
Lombard IL 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
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: E1C0D71B51F00CA8E5A

Amount of Each Receipt this Period
20.83

C.

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

Mailing Address 1601 S Highland Ave

City State Zip Code
Lombard IL 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
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: 2BCBDC0117F72AE979E

Amount of Each Receipt this Period
20.83

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 188 / 191
(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

<p>A. Full Name (Last, First, Middle Initial) Andrew Yu</p> <p>Mailing Address 1601 S Highland Ave</p> <p>City State Zip Code Lombard IL 60148-4928</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 541.58</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 05246D981D6ECC1127D</p> <p>Amount of Each Receipt this Period 20.83</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Andrew Yu</p> <p>Mailing Address 1601 S Highland Ave</p> <p>City State Zip Code Lombard IL 60148-4928</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 541.58</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: B0DB2375B1C38FC33DA</p> <p>Amount of Each Receipt this Period 20.83</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) Andrew Yu</p> <p>Mailing Address 1601 S Highland Ave</p> <p>City State Zip Code Lombard IL 60148-4928</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 541.58</p>	<p>Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 6FA80B94D8B1D6724B4</p> <p>Amount of Each Receipt this Period 20.83</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	0	9												

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 189 / 191
(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

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 11 / 30 / 2009

Transaction ID: F3508B322C0BE044313

Amount of Each Receipt this Period 20.83

B.

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 / 14 / 2009

Transaction ID: 4A748CAC3FECBFB6A96

Amount of Each Receipt this Period 20.83

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 / 28 / 2009

Transaction ID: E0ECFC082B323831BD9

Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional) ► 62.49

TOTAL This Period (last page this line number only) ► 15444.25

**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 190 / 191

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

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) Judy Biggert for Congress Mailing Address PO Box 637 City Hinsdale State IL Zip Code 60522 Purpose of Disbursement 2010 Primary Candidate Name Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 83788228BA4CA8DE7CE Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Roskam for Congress Committee Mailing Address PO Box 713 City Wheaton State IL Zip Code 60187 Purpose of Disbursement 2010 Primary Candidate Name Peter J. Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DA3A9CEABABF41F702A Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2400.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

3400.00

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

3400.00

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)

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

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

A. Full Name (Last, First, Middle Initial) Citizens to Elect Patricia R. Bellock <hr/> Mailing Address 221 Grant Ave <hr/> City Clarendon Hills State IL Zip Code 60514-1326 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DD905E3C7C98926021A Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens to Elect Tom Cross <hr/> Mailing Address 24047 W Lockport St, Ste 201 <hr/> City Plainfield State IL Zip Code 60544 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0A4BAD0CCC259322319 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Taxpayers for Quinn <hr/> Mailing Address 676 N. LaSalle Drive Ste. 340 <hr/> City Chicago State IL Zip Code 60654 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9D902154690968AABB3 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00