



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**DuPage Medical Group LTD PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		174940.53
(b) Cash on Hand at Beginning of Reporting Period.....	190480.29	
(c) Total Receipts (from Line 19) .....	2869.06	40408.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	193349.35	215349.35
7. Total Disbursements (from Line 31).....	0.00	22000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	193349.35	193349.35
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**DuPage Medical Group LTD PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2869.06	29975.60
(ii) Unitemized .....	0.00	10433.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2869.06	40408.82
(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) .....	2869.06	40408.82
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2869.06	40408.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2869.06	40408.82

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	7000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	22000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	22000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2869.06	40408.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2869.06	40408.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 37  
(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**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.84

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 05 / 2014  
**Transaction ID : B239CBD6905B4DF28CE3**

Amount of Each Receipt this Period  
20.84

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.84

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 19 / 2014  
**Transaction ID : D5D4CBB8B30B4BD68FB9**

Amount of Each Receipt this Period  
20.84

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

Mailing Address 750 Brentwood Ct

City State Zip Code  
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 05 / 2014  
**Transaction ID : 0439CABC70654DA59FE0**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 147A5B0F7B444BE59B6F**  
 Amount of Each Receipt this Period  
 39.00

**B. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City State Zip Code  
 Naperville IL 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 27D9670B7D5D4E69A0B8**  
 Amount of Each Receipt this Period  
 39.00

**C. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City State Zip Code  
 Naperville IL 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 3384E1F52D444CC4B972**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line 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 8 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. David Dungan</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 8388BDE9E8634AB09514</b>
Mailing Address 211 Palamino Pl		Amount of Each Receipt this Period 20.00
City Wheaton	State IL	Zip Code 60189-2046
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. David Dungan</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : D238BE7D57B34E039E79</b>
Mailing Address 211 Palamino Pl		Amount of Each Receipt this Period 20.00
City Wheaton	State IL	Zip Code 60189-2046
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Fitzgerald</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : DF9D93E0097D4A1FB6A3</b>
Mailing Address 1207 Sanctuary Ln		Amount of Each Receipt this Period 39.00
City Naperville	State IL	Zip Code 60540-1936
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line 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 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : BA5F8049F79C4BF1B0A6**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : 77783C78C34D4157990C**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 7C957E5991994114A137**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 139.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Martin Gallo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Allen Ct  
 City Clarendon Hills State IL Zip Code 60514-1466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 51BEEFCCE480482F8DC0**  
 Amount of Each Receipt this Period  
 39.00

**B. Martin Gallo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 118 Allen Ct  
 City Clarendon Hills State IL Zip Code 60514-1466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 6C56BFC672914C4A9931**  
 Amount of Each Receipt this Period  
 39.00

**C. John Giardina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 832 Abbey Dr  
 City Glen Ellyn State IL Zip Code 60137-6130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 51DBAC3F67DB45F6901A**  
 Amount of Each Receipt this Period  
 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 37
	<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**

Full Name (Last, First, Middle Initial) <b>A. John Giardina</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 63BB635731D94494A2CB</b>
Mailing Address 832 Abbey Dr		Amount of Each Receipt this Period 38.46
City Glen Ellyn	State IL	Zip Code 60137-6130
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) <b>B. L. Douglas Graham</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : DFAF6DDF130343F0A5F5</b>
Mailing Address 15224 Summit Ave. Ste. 107		Amount of Each Receipt this Period 42.00
City Oakbrook Terrace	State IL	Zip Code 60181
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 ▼ 1092.00	

Full Name (Last, First, Middle Initial) <b>C. L. Douglas Graham</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 75A2F361ECAF49DFBAB1</b>
Mailing Address 15224 Summit Ave. Ste. 107		Amount of Each Receipt this Period 42.00
City Oakbrook Terrace	State IL	Zip Code 60181
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 ▼ 1092.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Glenn Grobe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Mesa Dr  
 City Naperville State IL Zip Code 60565-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : CE00E447BD11412D8ED9**  
 Amount of Each Receipt this Period  
 15.00

**B. Glenn Grobe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Mesa Dr  
 City Naperville State IL Zip Code 60565-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 6DCDE29828184A07B4B8**  
 Amount of Each Receipt this Period  
 15.00

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

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 92BBFDAA49D641C6858A**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Linda Gruener</b>		Date of Receipt
Mailing Address 8207 Gruener Ct		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Palos Hills	IL	60465-2200
FEC ID number of contributing federal political committee.		Transaction ID : <b>C4D216EC3A3749DCA1E4</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Naira Hashmi</b>		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Naperville	IL	60540-6694
FEC ID number of contributing federal political committee.		Transaction ID : <b>5CDF2E6E208A46B8B736</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="21.00"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="546.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Naira Hashmi</b>		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Naperville	IL	60540-6694
FEC ID number of contributing federal political committee.		Transaction ID : <b>E1A0CE6C467744BC900F</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="21.00"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="546.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="142.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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 OF 37
	<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. Maleeha Hashmi-Basha**

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 ▼  
520.00

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : 2AE4FEEAEFE24E969CF1**

Amount of Each Receipt this Period  
20.00

**B. Maleeha Hashmi-Basha**

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 ▼  
520.00

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : B26BD2FDBC544339F31**

Amount of Each Receipt this Period  
20.00

**C. James Hermann**

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

Mailing Address 1962 Hampton Dr

City Wheaton State IL Zip Code 60189-2020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : 546E5A9C18A547E08100**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt 12 / 19 / 2014  
**Transaction ID : F7B6D948D1F245DDBEDE**  
 Amount of Each Receipt this Period 41.67

**B. Te-Shao Hsu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St Apt. 804  
 City Chicago State IL Zip Code 60610-6539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 05 / 2014  
**Transaction ID : 667CF15BD6294A86B1FB**  
 Amount of Each Receipt this Period 39.00

**C. Te-Shao Hsu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St Apt. 804  
 City Chicago State IL Zip Code 60610-6539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 19 / 2014  
**Transaction ID : D08A54337A194BEE96B7**  
 Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 119.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Mailing Address 1348 Richmond Ln

City Bartlett State IL Zip Code 60103-8939

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 05 / 2014  
**Transaction ID : B91B9A912C2548328E97**

Amount of Each Receipt this Period 39.00

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

Mailing Address 1348 Richmond Ln

City Bartlett State IL Zip Code 60103-8939

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 19 / 2014  
**Transaction ID : 08E466AF58A84C4F9A36**

Amount of Each Receipt this Period 39.00

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

Mailing Address 1510 N Bosworth Ave #3

City Chicago State IL Zip Code 60642-7612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 05 / 2014  
**Transaction ID : B947DFB3BBA84AC9B18C**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<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. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 35C876152E074E56BBF4**  
 Amount of Each Receipt this Period  
 20.00

**B. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 57AD7034E4424EBDBBCA**  
 Amount of Each Receipt this Period  
 20.00

**C. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 8DB33D82CF2247A1AC18**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line 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 18 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 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 M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : C6C0267E0DD543EFA6E3**  
 Amount of Each Receipt this Period  
 20.83

**B. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 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 M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : E4FC606275424C098BBA**  
 Amount of Each Receipt this Period  
 20.83

**C. Aaron Lazar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1564 Abbotsford Dr  
 City Naperville State IL Zip Code 60563-2088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 087C97455D4548F2B3FF**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	66.66
<b>TOTAL</b> This Period (last page this line 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 19 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 30A9278866534E84BD0C**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 385 Maple St

City Glen Ellyn State IL Zip Code 60137-3811

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : B5B2382FCDE54C0C9243**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 385 Maple St

City Glen Ellyn State IL Zip Code 60137-3811

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : B1DB1B61B88E4D999046**

Amount of Each Receipt this Period  
**20.00**

**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 20 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ernest Lizek**

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 38C225F838F7420CA058**

Amount of Each Receipt this Period  
 39.00

Full Name (Last, First, Middle Initial)  
**B. Ernest Lizek**

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 8B4A9429E1C84738921B**

Amount of Each Receipt this Period  
 39.00

Full Name (Last, First, Middle Initial)  
**C. Gerald Maida**

Mailing Address 30 Stratford Dr

City Bloomingdale State IL Zip Code 60108-2201

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : BA580DDE93AB422192E0**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

**A. Gerald Maida**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Stratford Dr

City Bloomingtondale State IL Zip Code 60108-2201

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : F44C05BE0EA1452B8D9C**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 235 W Van Buren St Unit 1711

City Chicago State IL Zip Code 60607-3932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 835E4D65ED324BC69F8C**

Amount of Each Receipt this Period  
 10.00

**C. Alicia Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 W Van Buren St Unit 1711

City Chicago State IL Zip Code 60607-3932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 56905F08A7E2438D980F**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Nicholas Mataragas**  
 Full Name (Last, First, Middle Initial)  
 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  
 12 / 05 / 2014  
**Transaction ID : 6A49E801E2764AF9891D**  
 Amount of Each Receipt this Period  
**19.23**

**B. Nicholas Mataragas**  
 Full Name (Last, First, Middle Initial)  
 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  
 12 / 19 / 2014  
**Transaction ID : B2843BC6636446B3B528**  
 Amount of Each Receipt this Period  
**19.23**

**C. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City Glen Ellyn State IL Zip Code 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : F452E4D4FDA44AFBA4F9**  
 Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>58.46</b>
<b>TOTAL</b> This Period (last page this line 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 23 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : A4BD35A7D90844739D02**  
 Amount of Each Receipt this Period  
 20.00

**B. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City State Zip Code  
 Lombard IL 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : C7452C313499434E8A38**  
 Amount of Each Receipt this Period  
 39.00

**C. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City State Zip Code  
 Lombard IL 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : F12B813FD64F494E8CF8**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	98.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : D76F3FFEBF9342B99D3D**

Amount of Each Receipt this Period  
39.00

**B. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : 658966C4D9FB4ED1884F**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 3753 King Williams Ct

City Saint Charles	State IL	Zip Code 60174-7806
-----------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : DA1EE86F4C9A4B62A4CA**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.00
<b>TOTAL</b> This Period (last page this line number only).....	





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Brian O'Leary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 59th St  
 City Downers Grove State IL Zip Code 60516-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **546.00**

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 65D24BD5C856403EB7D6**  
 Amount of Each Receipt this Period  
**21.00**

**B. Brian O'Leary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 59th St  
 City Downers Grove State IL Zip Code 60516-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **546.00**

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 4DD3269A963E4F65B6DD**  
 Amount of Each Receipt this Period  
**21.00**

**C. James Oakley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 S Grant St  
 City Hinsdale State IL Zip Code 60521-4453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 5883580583664E6F8CEA**  
 Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>67.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James Oakley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 605 S Grant St  
 City Hinsdale State IL Zip Code 60521-4453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : B859866A139A435B851B**  
 Amount of Each Receipt this Period  
**250.00**

**B. Mathew Philip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 W North Ave Apt. 3  
 City Chicago State IL Zip Code 60622-2245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 4519B0F9805844B8A7FC**  
 Amount of Each Receipt this Period  
**39.00**

**C. Mathew Philip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 W North Ave Apt. 3  
 City Chicago State IL Zip Code 60622-2245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : C6F037173A714B8B96D9**  
 Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>103.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Stephen Pierson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 N Main St  
 City Wheaton State IL Zip Code 60187-3112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : CE70B6E869354B7B8A69**  
 Amount of Each Receipt this Period  
 21.00

**B. Stephen Pierson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 N Main St  
 City Wheaton State IL Zip Code 60187-3112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 36DC26060A994AE5BBED**  
 Amount of Each Receipt this Period  
 21.00

**C. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 1076A8BA46CA43E8842E**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4530 Lee Ave

City Downers Grove State IL Zip Code 60515-2607

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 8F6EDD6C305C4E88A9E0**

Amount of Each Receipt this Period  
**20.00**

**B. Raghu Pulluru**  
Full Name (Last, First, Middle Initial)

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : 5430FA41D0834BC28262**

Amount of Each Receipt this Period  
**19.23**

**C. Raghu Pulluru**  
Full Name (Last, First, Middle Initial)

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 2AF29298A2E845EDA5C3**

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: (check only one)	PAGE 30 OF 37
	<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. Soujanya Pulluru**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3908 Littlestone Cir  
City Naperville State IL Zip Code 60564-5915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **878.93**

Date of Receipt **12 / 05 / 2014**  
**Transaction ID : E767EA41556D4C2BA26A**  
Amount of Each Receipt this Period **23.08**

**B. Soujanya Pulluru**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3908 Littlestone Cir  
City Naperville State IL Zip Code 60564-5915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **878.93**

Date of Receipt **12 / 19 / 2014**  
**Transaction ID : 095FEED23E3C406086AD**  
Amount of Each Receipt this Period **23.08**

**C. Kevin Regan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31808 Village Green Ct  
City Warrenville State IL Zip Code 60555-5923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **884.58**

Date of Receipt **12 / 05 / 2014**  
**Transaction ID : C095B399F3B1451FB8C9**  
Amount of Each Receipt this Period **38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **84.62**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31808 Village Green Ct  
 City Warrenville State IL Zip Code 60555-5923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : EEE537896813425889D8**  
 Amount of Each Receipt this Period  
 38.46

**B. Steven Schmitz**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 0D2D7AD180A64BD0A707**  
 Amount of Each Receipt this Period  
 20.00

**C. Steven Schmitz**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 301380FF8C434E048FDE**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2014  
**Transaction ID : 38714DD2DCE04DB6B874**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 904C9E3A6AC64905B879**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 1404 Chelsea Ln

City State Zip Code  
Naperville IL 60565-1612

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2014  
**Transaction ID : C1AFF1BC0CA44E469823**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.46

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 74722D3259F24B119243**  
 Amount of Each Receipt this Period  
**39.00**

**B. Arnaldo Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 Wren Ct  
 City Bloomingdale State IL Zip Code 60108-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 024371FFBFCD4CDA9A7D**  
 Amount of Each Receipt this Period  
**39.00**

**C. Arnaldo Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 Wren Ct  
 City Bloomingdale State IL Zip Code 60108-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : DB3B18B03DC24B1FAA68**  
 Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>117.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 37
	<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. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 S Columbia St  
City Naperville State IL Zip Code 60540-5418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : 52CFED9EF8E94345921F**  
Amount of Each Receipt this Period  
41.67

**B. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 S Columbia St  
City Naperville State IL Zip Code 60540-5418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : 2B872F6585274783A031**  
Amount of Each Receipt this Period  
41.67

**C. Feodor Ung**  
Full Name (Last, First, Middle Initial)  
Mailing Address 711 Wellner Rd  
City Naperville State IL Zip Code 60540-6727  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : 96A0FE2E74BF486DB2A3**  
Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 37
	<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. Feodor Ung**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 00827AF4E01647C1BB75**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 241 Lorraine St

City Glen Ellyn State IL Zip Code 60137-5326

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 8C121B340BD545BB8EBD**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 241 Lorraine St

City Glen Ellyn State IL Zip Code 60137-5326

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 639EE61D755240858568**

Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Jaime Villanueva**  
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : 42D7852E62FC4CB88DCA**

Amount of Each Receipt this Period  
 20.00

**B. Jaime Villanueva**  
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 88113AC92A7F47BC9BEA**

Amount of Each Receipt this Period  
 20.00

**C. Caroline Wolfe**  
Full Name (Last, First, Middle Initial)

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : 6E38A715995A4998AD5F**

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 37 OF 37
	<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. Caroline Wolfe**  
Full Name (Last, First, Middle Initial)

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 92A9249B41B54EABA12B**

Amount of Each Receipt this Period  
 20.00

**B. Andrew Yu**  
Full Name (Last, First, Middle Initial)

Mailing Address 76 Mitchell Cir

City Wheaton State IL Zip Code 60189-5928

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : 6E12BC0464084A81AD7D**

Amount of Each Receipt this Period  
 20.83

**C. Andrew Yu**  
Full Name (Last, First, Middle Initial)

Mailing Address 76 Mitchell Cir

City Wheaton State IL Zip Code 60189-5928

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : E80DB345617642E5B68A**

Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61.66
<b>TOTAL</b> This Period (last page this line number only).....	2869.06