

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 DuPage Medical Group LTD PAC

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 2016

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 Michael K. McCormick

Signature of Treasurer Michael K. McCormick [Electronically Filed] Date 09 / 20 / 2016

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

**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="2016"/>		226660.63
(b) Cash on Hand at Beginning of Reporting Period.....	202852.28	
(c) Total Receipts (from Line 19) .....	4103.21	21360.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	206955.49	248021.46
7. Total Disbursements (from Line 31).....	56000.00	97065.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	150955.49	150955.49
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

FEC Form 3X (Rev. 06/2004)

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).....	3948.21	13138.13
(ii) Unitemized .....	155.00	8222.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4103.21	21360.83
(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) .....	4103.21	21360.83
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))..... ▶	4103.21	21360.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4103.21	21360.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	27000.00	46500.00
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 .....	29000.00	50565.97
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)) ..	56000.00	97065.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56000.00	97065.97

**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) .....	4103.21	21360.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4103.21	21360.83
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: (check only one)	PAGE 6 OF 43
<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. Craig Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Briar Ln  
City West Chicago State IL Zip Code 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 **270.92**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : C96FF68700C64D568E98**  
Amount of Each Receipt this Period **20.84**  
 Memo Item

**B. Craig Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Briar Ln  
City West Chicago State IL Zip Code 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 **270.92**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : E509CAC3B12D4C3DBE20**  
Amount of Each Receipt this Period **41.68**  
 Memo Item

**C. Marc Asselmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Brentwood Ct  
City Glen Ellyn State IL Zip Code 60137-6365  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **663.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : 78779901B1894A8C8179**  
Amount of Each Receipt this Period **39.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>101.52</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 7 OF 43
	<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. 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 ▼  
663.00

Date of Receipt  
08 / 25 / 2016  
**Transaction ID : 1BC5AF9219274CEB8F3A**

Amount of Each Receipt this Period  
78.00

Memo Item

**B. Kathleen Baumgartner**  
Full Name (Last, First, Middle Initial)

Mailing Address 26W284 Thorngate Ln

City State Zip Code  
Winfield IL 60190-2374

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 ▼  
250.00

Date of Receipt  
08 / 25 / 2016  
**Transaction ID : 14F8E99163BC44489A0F**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 ▼  
663.00

Date of Receipt  
08 / 05 / 2016  
**Transaction ID : 0A6976D076474635B57D**

Amount of Each Receipt this Period  
39.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	367.00
<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 43
	<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 Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 8C1BAFDB0F0544B7AEA5**  
 Amount of Each Receipt this Period 78.00  
 Memo Item

**B. David Dungan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Palamino Pl  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : FD879F30BBEB4947B10F**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. David Dungan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Palamino Pl  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 7F5E64C7F49947E89693**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.00
<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:	PAGE 9 OF 43
	(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**

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

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 ▼ **663.00**

Date of Receipt **08 / 05 / 2016**

**Transaction ID : 36FCA782B1294D548AFB**

Amount of Each Receipt this Period **39.00**

Memo Item

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

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 ▼ **663.00**

Date of Receipt **08 / 25 / 2016**

**Transaction ID : A0E67260AD6F4E29AA3B**

Amount of Each Receipt this Period **78.00**

Memo Item

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

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 ▼ **850.00**

Date of Receipt **08 / 05 / 2016**

**Transaction ID : E3A14DC34A0C4849A910**

Amount of Each Receipt this Period **50.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **167.00**

**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 43
<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. Thomas Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Adelia St

City Downers Grove	State IL	Zip Code 60516-2830
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	25	/	2016

**Transaction ID : 58A5C40AB8C24BFBA4FF**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address 118 Allen Ct

City Clarendon Hills	State IL	Zip Code 60514-1466
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
663.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	05	/	2016

**Transaction ID : D17E134ACDB494C83BF**

Amount of Each Receipt this Period  

39.00
-------

 Memo Item

**C. 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 ▼  
663.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	25	/	2016

**Transaction ID : 0410B24C2E224E52A4CF**

Amount of Each Receipt this Period  

78.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	217.00
<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 11 OF 43
	<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. 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 ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016

**Transaction ID : 717D13FFA3B94A608D44**

Amount of Each Receipt this Period  
 15.00

Memo Item

**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 ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2016

**Transaction ID : 767AF83ED6914B2893B1**

Amount of Each Receipt this Period  
 30.00

Memo Item

**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 ▼ 1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016

**Transaction ID : BDFCEE7EAE1F486E98CF**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<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 12 OF 43
	<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. Linda Gruener</b>		Date of Receipt 08 / 25 / 2016 <b>Transaction ID : 595A9263FABC49A3A2D0</b>
Mailing Address 8207 Gruener Ct		Amount of Each Receipt this Period 200.00
City Palos Hills	State IL	Zip Code 60465-2200
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 1700.00	

Full Name (Last, First, Middle Initial) <b>B. Naira Hashmi</b>		Date of Receipt 08 / 05 / 2016 <b>Transaction ID : C102F89718514C618378</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 357.00	

Full Name (Last, First, Middle Initial) <b>C. Naira Hashmi</b>		Date of Receipt 08 / 25 / 2016 <b>Transaction ID : 671C16CC448A45D88019</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 42.00
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 ▼ 357.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	263.00
<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 13 OF 43
	<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. 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 ▼ 708.39

Date of Receipt 08 / 05 / 2016  
**Transaction ID : 45A3C6563C6047549AC1**  
Amount of Each Receipt this Period 41.67  
 Memo Item

**B. 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 ▼ 708.39

Date of Receipt 08 / 25 / 2016  
**Transaction ID : B4284449F5FF4CE3BC7F**  
Amount of Each Receipt this Period 83.34  
 Memo Item

**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 ▼ 663.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : 3E80582DF5054AE5A318**  
Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	164.01
<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 14 OF 43
	<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. 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 ▼  
663.00

Date of Receipt  
08 / 25 / 2016  
Transaction ID : 9C4E1E8944A5400AAEA0

Amount of Each Receipt this Period  
78.00

Memo Item

**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 ▼  
663.00

Date of Receipt  
08 / 05 / 2016  
Transaction ID : F94CBE80975B41CD80EF

Amount of Each Receipt this Period  
39.00

Memo Item

**C. 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 ▼  
663.00

Date of Receipt  
08 / 25 / 2016  
Transaction ID : 4D80696442194A65BD49

Amount of Each Receipt this Period  
78.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00

**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 OF 43
	<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. 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 340.00

Date of Receipt 08 / 05 / 2016  
Transaction ID : 2D16A694C2CA4676A4AB  
Amount of Each Receipt this Period 20.00  
 Memo Item

**B. 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 340.00

Date of Receipt 08 / 25 / 2016  
Transaction ID : 8C286DAF7AD649B0B61E  
Amount of Each Receipt this Period 40.00  
 Memo Item

**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 340.00

Date of Receipt 08 / 05 / 2016  
Transaction ID : 5297125629F14B64AAC0  
Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**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 16 OF 43
	<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. 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 **340.00**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : 4F5B39A6086B4BF8A1E6**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item

**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 **354.11**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : OCD06B06BBE344D3930B**  
 Amount of Each Receipt this Period **20.83**  
 Memo Item

**C. 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 **354.11**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : OCA43B15683E43A58A6F**  
 Amount of Each Receipt this Period **41.66**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>102.49</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 17 OF 43
	<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. 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 **425.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : BCC0287742604AB1A5BE**  
Amount of Each Receipt this Period **25.00**  
 Memo Item

**B. 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 **425.00**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : 3EDD07450A0C457B9753**  
Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Ernest Lizek**  
Full Name (Last, First, Middle Initial)  
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 **663.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : 637D947CAFA0422AAFC2**  
Amount of Each Receipt this Period **39.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>114.00</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 18 OF 43
	<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. Ernest Lizek**  
Full Name (Last, First, Middle Initial)

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 ▼ **663.00**

Date of Receipt **08 / 25 / 2016**

**Transaction ID : A6CB29B258AD47E2AC88**

Amount of Each Receipt this Period **78.00**

Memo Item

**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 ▼ **326.91**

Date of Receipt **08 / 05 / 2016**

**Transaction ID : 8D3AC18384C842558B52**

Amount of Each Receipt this Period **19.23**

Memo Item

**C. 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 ▼ **326.91**

Date of Receipt **08 / 25 / 2016**

**Transaction ID : 68AE9AF4B4FB4A689FA4**

Amount of Each Receipt this Period **38.46**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.69</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:	PAGE 19 OF 43
(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. 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 ▼ **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016  
**Transaction ID : 041B3AC2863742F481F2**

Amount of Each Receipt this Period  
 20.00

Memo Item

**B. 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 ▼ **340.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2016  
**Transaction ID : 4FB7F081EFAA4CC7A314**

Amount of Each Receipt this Period  
 40.00

Memo Item

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

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 ▼ **663.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016  
**Transaction ID : 2CF7792FCD344790AC6C**

Amount of Each Receipt this Period  
 39.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>99.00</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 20 OF 43
	<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. M. Paul Meyer**  
Full Name (Last, First, Middle Initial)  
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 **663.00**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : 58C7A6E8B94E4122908F**  
Amount of Each Receipt this Period **78.00**  
 Memo Item

**B. 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 **340.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : D9689B65C04C481C9E4D**  
Amount of Each Receipt this Period **20.00**  
 Memo Item

**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 **340.00**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : 326B8F0037C341CCACA1**  
Amount of Each Receipt this Period **40.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **138.00**  
**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 43
	<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. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 561 Hevern Dr  
City Wheaton State IL Zip Code 60189-7396  
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 **425.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : BD3AA5A28BE54494ADB1**  
Amount of Each Receipt this Period **25.00**  
 Memo Item

**B. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 561 Hevern Dr  
City Wheaton State IL Zip Code 60189-7396  
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 **425.00**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : 494373BC124D42788FF1**  
Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. 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 **357.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : 8A17828FEA13460B83C8**  
Amount of Each Receipt this Period **21.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>96.00</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 22 OF 43
	<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"/>	<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. Brian O'Leary**

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 ▼ **357.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2016  
**Transaction ID : F068B93505EE4692AE0C**

Amount of Each Receipt this Period  
 42.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2016  
**Transaction ID : 82BABDC4EE4244DC9B5F**

Amount of Each Receipt this Period  
 25.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2016  
**Transaction ID : 8338AF16C605409293BC**

Amount of Each Receipt this Period  
 50.00

Memo Item

**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 23 OF 43
	<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. 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 ▼  
663.00

Date of Receipt  
08 / 05 / 2016  
Transaction ID : **5CD9465CB8D34C4591BE**

Amount of Each Receipt this Period  
39.00

Memo Item

**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 ▼  
663.00

Date of Receipt  
08 / 25 / 2016  
Transaction ID : **907BA3F268E9477488B6**

Amount of Each Receipt this Period  
78.00

Memo Item

**C. 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 ▼  
357.00

Date of Receipt  
08 / 05 / 2016  
Transaction ID : **508DE2DBD33146A098BA**

Amount of Each Receipt this Period  
21.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.00

**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 24 OF 43
	<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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **357.00**

Date of Receipt **08 / 25 / 2016**

**Transaction ID : 3ED553055BA94AFDB543**

Amount of Each Receipt this Period **42.00**

Memo Item

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

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 ▼ **340.00**

Date of Receipt **08 / 05 / 2016**

**Transaction ID : 43EA858B15A84F60B9AC**

Amount of Each Receipt this Period **20.00**

Memo Item

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

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 ▼ **340.00**

Date of Receipt **08 / 25 / 2016**

**Transaction ID : E0A0F06A3D8043A68FAC**

Amount of Each Receipt this Period **40.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **102.00**

**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 25 OF 43
	<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. 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 ▼  
326.91

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	05	/	2016

**Transaction ID : 6A9E9618B8FE477098D4**

Amount of Each Receipt this Period  
19.23

Memo Item

**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 ▼  
326.91

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	25	/	2016

**Transaction ID : 7B24F0974D0647348D67**

Amount of Each Receipt this Period  
38.46

Memo Item

**C. 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 ▼  
392.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	05	/	2016

**Transaction ID : A23871EE40234AC2B55A**

Amount of Each Receipt this Period  
23.08

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.77
<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 43
	<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 ▼ 392.36

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 15234F9DB04F46468209**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

**B. 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 ▼ 653.82

Date of Receipt 08 / 05 / 2016  
**Transaction ID : 1B0D989C2669450BAF53**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**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 ▼ 653.82

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 7BF8761A0DEB403AA259**  
 Amount of Each Receipt this Period 76.92  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	161.54
<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: PAGE 27 OF 43  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **340.00**

Date of Receipt **08 / 05 / 2016**  
Transaction ID : **07985A4B25854B07A856**

Amount of Each Receipt this Period **20.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **340.00**

Date of Receipt **08 / 25 / 2016**  
Transaction ID : **522641EEA633414EB4C8**

Amount of Each Receipt this Period **40.00**

Memo Item

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

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 05 / 2016**  
Transaction ID : **22C6E104C7A740E498DD**

Amount of Each Receipt this Period **19.23**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **79.23**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43
	<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 Oak Brook State IL Zip Code 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 5F152EFD015645339A2B**

Amount of Each Receipt this Period 38.46

Memo Item

**B. 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 ▼ 234.00

Date of Receipt 08 / 25 / 2016  
**Transaction ID : 4CD82AD8EAEB46648673**

Amount of Each Receipt this Period 78.00

Memo Item

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

Mailing Address 229 Wren Ct

City Bloomington State IL Zip Code 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 668.34

Date of Receipt 08 / 05 / 2016  
**Transaction ID : 788E7A165F2F448E8BF3**

Amount of Each Receipt this Period 39.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.46

**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 29 OF 43
	<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. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)  
Mailing Address 229 Wren Ct  
City Bloomington State IL Zip Code 60108-1433  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **668.34**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : BCCED7A123084D658F56**  
Amount of Each Receipt this Period **83.34**  
 Memo Item

**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 **703.05**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : 0ABD94C537D3447F9195**  
Amount of Each Receipt this Period **41.67**  
 Memo Item

**C. 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 **703.05**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : A8ABBB60771944ECBD85**  
Amount of Each Receipt this Period **78.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **203.01**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 43
	<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 ▼ **663.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : 5454CFA12A5841D0996F**

Amount of Each Receipt this Period **39.00**

Memo Item

**B. 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 ▼ **663.00**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : DBD378E41BE741DEAE5A**

Amount of Each Receipt this Period **78.00**

Memo Item

**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 ▼ **625.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : 4436245EFCDD94DD09F71**

Amount of Each Receipt this Period **39.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>156.00</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: PAGE 31 OF 43  
(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**

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

Mailing Address 241 Lorraine St

City State Zip Code  
Glen Ellyn IL 60137-5326

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 ▼  
625.00

Date of Receipt  
08 / 25 / 2016  
**Transaction ID : C44AA45322C948BCA97B**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
08 / 05 / 2016  
**Transaction ID : A8F5E51377A8471A999D**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
08 / 25 / 2016  
**Transaction ID : 8FD2A74FECAD4439BA55**

Amount of Each Receipt this Period  
40.00

Memo Item

**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: (check only one)	PAGE 32 OF 43
	<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 **350.00**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : A5D181D891704B50B77B**  
Amount of Each Receipt this Period **20.00**  
 Memo Item

**B. 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 **350.00**

Date of Receipt **08 / 25 / 2016**  
**Transaction ID : 1873C055C35F41F88881**  
Amount of Each Receipt this Period **50.00**  
 Memo Item

**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 **354.11**

Date of Receipt **08 / 05 / 2016**  
**Transaction ID : 38110F3C740F4C6F83C1**  
Amount of Each Receipt this Period **20.83**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.83</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: PAGE 33 OF 43  
(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 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 ▼  
354.11

Date of Receipt  
08 / 25 / 2016

**Transaction ID : 3651E28E665942D5A1B5**

Amount of Each Receipt this Period  
41.66

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.66
<b>TOTAL</b> This Period (last page this line number only).....▶	3948.21

**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)

<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

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

Full Name (Last, First, Middle Initial)

**A. Bill Foster for Congress**

Mailing Address PO Box 9104

City Aurora State IL Zip Code 60598

Purpose of Disbursement  
2016 General

011

Candidate Name

**Bill Foster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : CFCA483848E857A094A

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Rush**

Mailing Address PO Box 7292

City Chicago State IL Zip Code 60680-7292

Purpose of Disbursement  
2016 General

011

Candidate Name

**Bobby Lee Rush**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : BAEF7E62C74DED074F0

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dan Lipinski for Congress**

Mailing Address PO Box 520

City Western Springs State IL Zip Code 60558

Purpose of Disbursement  
2016 General

011

Candidate Name

**Daniel William Lipinski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 03

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : 2E6856AABDD9A354AED

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

**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)

<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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Dick Durbin**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
2020 Primary

011

Candidate Name  
**Richard Joseph Durbin**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: IL District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : 16BEF955E5FE0CE6DCE

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Raja for Congress**

Mailing Address PO Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement  
2016 General

011

Candidate Name  
**S. Raja Krishnamoorthi**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : 8EB5F19DE3CE3D5F8A6

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Khouri for Congress**

Mailing Address PO Box 9007

City Aurora State IL Zip Code 60598-9007

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Tonia Khouri**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 11

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : B35700D4E2101FB5262

Amount of Each Disbursement this Period

500.00

Memo Item

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

7000.00

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

**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)

<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

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

Full Name (Last, First, Middle Initial)

**A. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Adam Daniel Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : **0F3891A6A4A2CE6CE25**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : **279932098E5CDE9F56F**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Randy Hultgren for Congress**

Mailing Address PO Box 717

City St Charles State IL Zip Code 60174-0717

Purpose of Disbursement  
2016 General

011

Candidate Name  
**Randall Mark Hultgren**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 14

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : **39459C846869C9AE3F1**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

**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)

<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

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

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress Committee**

Mailing Address PO Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement  
2016 General

011

Candidate Name

**Peter James Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

**Transaction ID : 4FDDED0179CA63E3C6B**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tammy for Illinois**

Mailing Address PO Box 10793

City State Zip Code  
Chicago IL 60610

Purpose of Disbursement  
2016 General

011

Candidate Name

**L. Tammy Duckworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

**Transaction ID : 9E1C01CADC5E6C73D6C**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

7500.00

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

27000.00

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Citizens for Christine Radogno**

Mailing Address 1011 State St. Ste. 205

City Lemont State IL Zip Code 60439-2301

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

**Transaction ID : EB1719C773519E56B97**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Dan Cronin**

Mailing Address 313 S Main St

City Lombard State IL Zip Code 60148

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 18 / 2016

**Transaction ID : 30E812B09039A419A28**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Laura M Murphy**

Mailing Address PO Box 13

City Des Plaines State IL Zip Code 60016

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

**Transaction ID : AD8875DFBC78A6CB789**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Citizens for Michael E. Hastings**

Mailing Address P.O. Box 162

City Tinley Park State IL Zip Code 60477-0162

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : AF993B931C48507FCDE**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Rauner, Inc.**

Mailing Address 230 West Monroe Suite 2450

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9B09DF4836A1C290808**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens to Elect Grant Wehrli**

Mailing Address 101 N. Washington St

City Naperville State IL Zip Code 60540-4511

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : A2C4FEE881576417829**

Amount of Each Disbursement this Period

Memo Item

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

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

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Citizens to Elect Mayor Dave Seaman**

Mailing Address 6107 Andres Dr.

City Tinley Park State IL Zip Code 60477

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2016

Transaction ID : EC26CECF092A16DEF23

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jennifer Bertino Tarrant**

Mailing Address 900 Plainfield Rd

City Joliet State IL Zip Code 60435

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

Transaction ID : 75793A15A702661FE8F

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends for Larry Walsh, Jr.**

Mailing Address PO Box 69

City Elwood State IL Zip Code 60421

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

Transaction ID : 854A150654D69CBAF70

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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



**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Friends of Deborah Conroy**

Mailing Address PO Box 6721

City Villa Park State IL Zip Code 60181

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : 841D5A3AD9AA865A142

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Emil Jones III**

Mailing Address 11357 S Lowe Ave.

City Chicago State IL Zip Code 60628-4714

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : 240ECA26CA84FC623D2

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Jeanne Ives**

Mailing Address 903 S Hale St

City Wheaton State IL Zip Code 60189

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : 753D2B0FAFFC96E00FE

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Oberweis**

Mailing Address 951 Ice Cream Dr.

City North Aurora State IL Zip Code 60542-8199

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDD4993CAC23B64B701

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Natalie Manley**

Mailing Address 1927 Timbers Edge Circle

City Joliet State IL Zip Code 60431

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : A4368BE4DD18A929D84

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Peter Breen**

Mailing Address P.O. Box 76

City Lombard State IL Zip Code 60148

Purpose of Disbursement  
Nonfederal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : DA218E7C6B770CD6FBC

Amount of Each Disbursement this Period

Memo Item

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

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

**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)

<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**

Full Name (Last, First, Middle Initial)

**A. Friends of Tom Cullerton**

Mailing Address PO Box 7304

City Villa Park State IL Zip Code 60181

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9A2376C129692B42311**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. McGuire for Senate**

Mailing Address PO Box 2185

City Joliet State IL Zip Code 60434

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1FE1912F4E29D2E8695**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Winger for Rep**

Mailing Address 336 S Dominion Dr

City Wooddale State IL Zip Code 60191

Purpose of Disbursement  
Nonfederal Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5874A9D9E43B0B0D825**

Amount of Each Disbursement this Period

Memo Item

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

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