

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2008 through 05 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mary Goldsher
Signature of Treasurer Electronically Filed by Mary Goldsher Date 06 19 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">8503.52</td></tr></table>	8503.52
Y	Y	Y	Y									
2	0	0	8									
8503.52												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">14347.48</td></tr></table>	14347.48										
14347.48												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">1385.74</td></tr></table>	1385.74	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">7729.70</td></tr></table>	7729.70								
1385.74												
7729.70												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">15733.22</td></tr></table>	15733.22	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">16233.22</td></tr></table>	16233.22								
15733.22												
16233.22												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">500.00</td></tr></table>	500.00								
0.00												
500.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">15733.22</td></tr></table>	15733.22	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">15733.22</td></tr></table>	15733.22								
15733.22												
15733.22												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	528.34	3143.02
(i) Itemized (use Schedule A)		
(ii) Unitemized	857.40	4586.68
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	1385.74	7729.70
(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) ▶	1385.74	7729.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1385.74	7729.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1385.74	7729.70

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1385.74	7729.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1385.74	7729.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 10
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 05 / 05 / 2008
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: f20f75eef7d0edb4ee8
City Oakbrook Terrace	State IL	Zip Code 60181
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

B.

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 05 / 19 / 2008
Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: 0ab171eebca28ac0d89
City Oakbrook Terrace	State IL	Zip Code 60181
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.

Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt MM / DD / YYYY 05 / 05 / 2008
Mailing Address 8207 Gruener Ct		Transaction ID: 7e1d051f61f96f90705
City Palos Hills	State IL	Zip Code 60465-2200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer DuPage Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	184.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 10
(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)
Linda Gruener

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 9 / 2 0 0 8

Transaction ID: d2db3bff15217a1d081

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 1962 Hampton Avenue

City Wheaton State IL Zip Code 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 8

Transaction ID: 4ab9fd0f948b21cdc4f

Amount of Each Receipt this Period
41.67

C.

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

Mailing Address 1962 Hampton Avenue

City Wheaton State IL Zip Code 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 9 / 2 0 0 8

Transaction ID: cbf14cd11853e3dc371

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **183.34**

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

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

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

FOR LINE NUMBER: PAGE 8 / 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Keith Monson
 Mailing Address 612 Beaver Ct
 City Naperville State IL Zip Code 60563-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00
 Date of Receipt 05 / 05 / 2008
Transaction ID: f14422ace6463c400f5
 Amount of Each Receipt this Period 45.00

B. Full Name (Last, First, Middle Initial)
Keith Monson
 Mailing Address 612 Beaver Ct
 City Naperville State IL Zip Code 60563-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00
 Date of Receipt 05 / 19 / 2008
Transaction ID: bdb53765e8a0eea630
 Amount of Each Receipt this Period 45.00

C. Full Name (Last, First, Middle Initial)
Brian O'Leary
 Mailing Address 401 59th Street
 City Downers Grove State IL Zip Code 60516-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt 05 / 19 / 2008
Transaction ID: db0628c01dfdc33a80f
 Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional) ► 111.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 10
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) James Oakley		Date of Receipt
Mailing Address 605 S Grant St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 05 / 2008
City	State	Zip Code
Hinsdale	IL	60521-4453
FEC ID number of contributing federal political committee.		Transaction ID: 7101dd68fd7fc72471b
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
Name of Employer DuPage Medical Group	Occupation Physician/Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

B.

Full Name (Last, First, Middle Initial) James Oakley		Date of Receipt
Mailing Address 605 S Grant St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 19 / 2008
City	State	Zip Code
Hinsdale	IL	60521-4453
FEC ID number of contributing federal political committee.		Transaction ID: 35b20f3b25cfd9024d1
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
Name of Employer DuPage Medical Group	Occupation Physician/Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.00
TOTAL This Period (last page this line number only)	<input type="text"/> 528.34

Image# 28931930207

Form/Schedule: **F3X**

Transaction ID:
