

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

Check if different than previously reported. (ACC) Suite 300

Downers Grove IL 60515

2. **FEC IDENTIFICATION NUMBER ▼** C C00435982 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input checked="" type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2012

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 M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2012

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="2012"/>		97441.34
(b) Cash on Hand at Beginning of Reporting Period.....	116866.62	
(c) Total Receipts (from Line 19)	3501.80	23197.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	120368.42	120638.42
7. Total Disbursements (from Line 31).....	0.00	270.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	120368.42	120368.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DuPage Medical Group LTD PAC

Report Covering the Period: From: / / 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).....	3410.96	11849.64
(ii) Unitemized	90.84	11347.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3501.80	23197.08
(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)	3501.80	23197.08
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))..... ▶	3501.80	23197.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3501.80	23197.08

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.....	0.00	0.00
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	270.00
(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	270.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	270.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	270.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3501.80	23197.08
34. Total Contribution Refunds (from Line 28(d))	0.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3501.80	22927.08
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. 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
06 / 08 / 2012
Transaction ID : 4FE8132ADCF6FD3C9D6

Amount of Each Receipt this Period
20.84

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
06 / 22 / 2012
Transaction ID : FE46F9A681DF3282E68

Amount of Each Receipt this Period
20.84

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 ▼ 507.00

Date of Receipt
06 / 08 / 2012
Transaction ID : B4EC0D5676590DDADB1

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<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 ▼
507.00

Date of Receipt
06 / 22 / 2012
Transaction ID : 4B86D7A877227FB7DDF

Amount of Each Receipt this Period
39.00

B. James Collins
Full Name (Last, First, Middle Initial)

Mailing Address 1673 Imperial Cir

City State Zip Code
Naperville IL 60563-0132

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
06 / 08 / 2012
Transaction ID : 8D79E3FCF714296974C

Amount of Each Receipt this Period
39.00

C. James Collins
Full Name (Last, First, Middle Initial)

Mailing Address 1673 Imperial Cir

City State Zip Code
Naperville IL 60563-0132

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
06 / 22 / 2012
Transaction ID : 423EEF6FAF2E0161473

Amount of Each Receipt this Period
39.00

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

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

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

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

FOR LINE NUMBER: PAGE 8 OF 41
(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. 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 ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : B4F1E501B1A2DB64FF9
 Amount of Each Receipt this Period
 20.00

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 ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 26880A2F84974336C81
 Amount of Each Receipt this Period
 20.00

C. 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 ▼ 507.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 8058B4F377D9BF97615
 Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00
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 9 OF 41
<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. 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 ▼ **507.00**

Date of Receipt **06 / 22 / 2012**

Transaction ID : 81FEC3BD87EDA6AB4A8

Amount of Each Receipt this Period **39.00**

B. Juan Flores
Full Name (Last, First, Middle Initial)

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 08 / 2012**

Transaction ID : F2DFCD2B61A8968F673

Amount of Each Receipt this Period **25.00**

C. Juan Flores
Full Name (Last, First, Middle Initial)

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 22 / 2012**

Transaction ID : 824FD59EDE5E69CB62E

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **89.00**

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 10 OF 41
(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. Thomas Gallagher

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : F5FD955EA6B8D09D57C

Amount of Each Receipt this Period
50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : D7B49E5069B53434F20

Amount of Each Receipt this Period
50.00

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

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 ▼ **507.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : 7A9CE6FD0FCE49ACF5B

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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

A. 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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : C7483F1D7D3C2A6CB68

Amount of Each Receipt this Period

39.00

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

Mailing Address 832 Abbey Dr

City Glen Ellyn	State IL	Zip Code 60137-6130
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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 ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

Transaction ID : B42F32E9DC37D770CE8

Amount of Each Receipt this Period

38.46

c. John Giardina
Full Name (Last, First, Middle Initial)

Mailing Address 832 Abbey Dr

City Glen Ellyn	State IL	Zip Code 60137-6130
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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 ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : CE708A9667328912F6C

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.92
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 12 OF 41
	<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. Mary Goldsher
Full Name (Last, First, Middle Initial)

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 08 / 2012
Transaction ID : 225E39C2E6DD62CFB28

Amount of Each Receipt this Period
20.00

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

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
06 / 22 / 2012
Transaction ID : 610DDACAE4BCC2BD113

Amount of Each Receipt this Period
20.00

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

Mailing Address 15224 Summit Ave. Ste. 107

City Oakbrook Terrace State IL Zip Code 60181

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt
06 / 08 / 2012
Transaction ID : 398DCFFD9C25BCAF22C

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 82.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<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. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : BB5E5C2B015FFD2CBC6
 Amount of Each Receipt this Period
 42.00

B. Linda Gruener
 Full Name (Last, First, Middle Initial)
 Mailing Address 8207 Gruener Ct
 City State Zip Code
 Palos Hills IL 60465-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : EF35726C92E49E9682F
 Amount of Each Receipt this Period
 100.00

c. Linda Gruener
 Full Name (Last, First, Middle Initial)
 Mailing Address 8207 Gruener Ct
 City State Zip Code
 Palos Hills IL 60465-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : E2ED376289D8032A932
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<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. Naira Hashmi
Full Name (Last, First, Middle Initial)

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
06 / 08 / 2012
Transaction ID : BFEF77D067106D543AC

Amount of Each Receipt this Period
21.00

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
06 / 22 / 2012
Transaction ID : 767CD84C3898847B080

Amount of Each Receipt this Period
21.00

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 08 / 2012
Transaction ID : 40A7EFAEED16A399A33

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<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. Maleeha Hashmi-Basha
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 S Washington St
 Ste 268
 City Naperville State IL Zip Code 60540-6694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : F552A82BFCE09DF3147
 Amount of Each Receipt this Period
 20.00

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 ▼ 541.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 557CE0124736DB08E1C
 Amount of Each Receipt this Period
 41.67

C. 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 ▼ 541.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 9EED7C79D756ED0666D
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.34
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 41
(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. Te-Shao Hsu

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 ▼
507.00

Date of Receipt
06 / 08 / 2012
Transaction ID : F5F03D937539E000B56

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Te-Shao Hsu

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 ▼
507.00

Date of Receipt
06 / 22 / 2012
Transaction ID : 341968EDDE507B8B58A

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
06 / 08 / 2012
Transaction ID : DBCD07E78D8FAE457AD

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<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. 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 ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : F6FB7053A8634749586

Amount of Each Receipt this Period
39.00

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

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : FFC34227B982BC75562

Amount of Each Receipt this Period
40.00

C. Robert Janowitz
Full Name (Last, First, Middle Initial)

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : D2EEBE299F845214B45

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **119.00**

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 18 OF 41
	<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. Robert King
Full Name (Last, First, Middle Initial)

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : F4EECEA6D576097D4C8

Amount of Each Receipt this Period
41.67

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : B44BFBA65C30061607D

Amount of Each Receipt this Period
41.67

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 ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : 26CC74421ED8744660E

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **103.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<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. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 72C07A319FBE857E78C

Amount of Each Receipt this Period
 20.00

B. Norman Kumins
Full Name (Last, First, Middle Initial)

Mailing Address 677 Duane St

City Glen Ellyn State IL Zip Code 60137-4611

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : B0D4A17C841FF797ECA

Amount of Each Receipt this Period
 39.00

C. Norman Kumins
Full Name (Last, First, Middle Initial)

Mailing Address 677 Duane St

City Glen Ellyn State IL Zip Code 60137-4611

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 2C7B735D6F9F90D7363

Amount of Each Receipt this Period
 39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<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. 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 ▼ **270.79**

Date of Receipt
06 / 08 / 2012

Transaction ID : 64EE48534EC1ABBA707

Amount of Each Receipt this Period
20.83

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

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt
06 / 22 / 2012

Transaction ID : 9754267C3E2DA7CA470

Amount of Each Receipt this Period
20.83

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

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
06 / 08 / 2012

Transaction ID : 9902FEF11BF822C8845

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **66.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : E9B7D3FA2AFD4D9A81F

Amount of Each Receipt this Period
25.00

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

Mailing Address 385 Maple St

City Glen Ellyn State IL Zip Code 60137-3811

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : 1FC0344D9044C01C175

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City Glen Ellyn State IL Zip Code 60137-3811

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : 1F57E21117F163D122E

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **65.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<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. Steve Lieberman
Full Name (Last, First, Middle Initial)
Mailing Address 819 E Hillside Rd
City Naperville State IL Zip Code 60540-6806
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.00

Date of Receipt
06 / 08 / 2012
Transaction ID : FFA51F7C35A49160FFE
Amount of Each Receipt this Period 21.00

B. Steve Lieberman
Full Name (Last, First, Middle Initial)
Mailing Address 819 E Hillside Rd
City Naperville State IL Zip Code 60540-6806
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.00

Date of Receipt
06 / 22 / 2012
Transaction ID : 729D17CE1B9D433DD80
Amount of Each Receipt this Period 21.00

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 ▼ 507.00

Date of Receipt
06 / 08 / 2012
Transaction ID : AD4420D58EAE7D7E852
Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
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 41
	<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 ▼ 507.00

Date of Receipt 06 / 22 / 2012
Transaction ID : 21D2FF6883CDE6B87EF

Amount of Each Receipt this Period 39.00

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 ▼ 249.99

Date of Receipt 06 / 08 / 2012
Transaction ID : 3CBDC120D25AB2755C8

Amount of Each Receipt this Period 19.23

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 ▼ 249.99

Date of Receipt 06 / 22 / 2012
Transaction ID : 9B4AA8CD288605B350F

Amount of Each Receipt this Period 19.23

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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. Paul Merrick
Full Name (Last, First, Middle Initial)

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : 19A19254A259EE776BF

Amount of Each Receipt this Period
20.00

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

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : 051E67EA76218B061D7

Amount of Each Receipt this Period
20.00

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

Mailing Address 1801 S Highland Ave

City State Zip Code
Lombard IL 60148-4932

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : 10676B909F9C267A679

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00

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 41
	<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 ▼ **507.00**

Date of Receipt **06 / 22 / 2012**

Transaction ID : FFBF6F7ECD30C6A31E6

Amount of Each Receipt this Period **39.00**

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

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 08 / 2012**

Transaction ID : 20A658DAA2E3DFE9A0D

Amount of Each Receipt this Period **39.00**

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

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 22 / 2012**

Transaction ID : 17CF4E61D651E08AD1C

Amount of Each Receipt this Period **39.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<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. 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 ▼ 260.00

Date of Receipt
06 / 08 / 2012
Transaction ID : 9C1A77E8C321A82744A

Amount of Each Receipt this Period
20.00

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 ▼ 260.00

Date of Receipt
06 / 22 / 2012
Transaction ID : 9901A658936E095EFE2

Amount of Each Receipt this Period
20.00

C. 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 ▼ 325.00

Date of Receipt
06 / 08 / 2012
Transaction ID : 0E416553FEFB9267776

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<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. 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 **325.00**

Date of Receipt **06 / 22 / 2012**
Transaction ID : 3A4A719504D9A776A08
Amount of Each Receipt this Period **25.00**

B. Don Nichols
Full Name (Last, First, Middle Initial)
Mailing Address 515 W Park Ave
City Wheaton State IL Zip Code 60189-6354
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 08 / 2012**
Transaction ID : F1AA8F4692762196A49
Amount of Each Receipt this Period **20.00**

C. Don Nichols
Full Name (Last, First, Middle Initial)
Mailing Address 515 W Park Ave
City Wheaton State IL Zip Code 60189-6354
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 22 / 2012**
Transaction ID : 397A20802B6428D037F
Amount of Each Receipt this Period **20.00**

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

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

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

FOR LINE NUMBER: PAGE 28 OF 41
(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. 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 ▼ 273.00

Date of Receipt
06 / 08 / 2012
Transaction ID : C808EAF94B522D2CDF3
Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ 273.00

Date of Receipt
06 / 22 / 2012
Transaction ID : AFE05BA14DF8D6D7D3C
Amount of Each Receipt this Period
21.00

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 ▼ 325.00

Date of Receipt
06 / 08 / 2012
Transaction ID : CE1855DF0601EBE3592
Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00
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 29 OF 41
	<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 Oakley
Full Name (Last, First, Middle Initial)

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 22 / 2012**

Transaction ID : 3C0C62403A12E4EC28E

Amount of Each Receipt this Period **25.00**

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

Mailing Address 16957 Burr Oak Dr

City Homer Glen State IL Zip Code 60491-6946

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 08 / 2012**

Transaction ID : 2E191D5CB123A690EA5

Amount of Each Receipt this Period **20.00**

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

Mailing Address 16957 Burr Oak Dr

City Homer Glen State IL Zip Code 60491-6946

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 22 / 2012**

Transaction ID : EE6F1F269EE313B9AC7

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **65.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 21AC6B312B56DC7C356
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) B. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 79C1208971C850D4913
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) C. Stephen Pierson		Date of Receipt
Mailing Address 1800 N Main St		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City Wheaton	State IL	Zip Code 60187-3112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : FF86F384D4E52C55FD2
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="21.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="273.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="99.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<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. 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 ▼ 273.00

Date of Receipt 06 / 22 / 2012
Transaction ID : DCA4CA238139AFB0A0B
Amount of Each Receipt this Period 21.00

B. John Porcelli
Full Name (Last, First, Middle Initial)
Mailing Address 1237 N Chicago Ave
City Arlington Heights State IL Zip Code 60004-4430
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 08 / 2012
Transaction ID : 89B7DED87E09FBFE960
Amount of Each Receipt this Period 20.00

C. John Porcelli
Full Name (Last, First, Middle Initial)
Mailing Address 1237 N Chicago Ave
City Arlington Heights State IL Zip Code 60004-4430
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 22 / 2012
Transaction ID : 7E7CC87A9AF984DE1EB
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 61.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<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 ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 667DAE3B29B77D55CBF
 Amount of Each Receipt this Period
 41.67

B. Soujanya Pulluru
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City Naperville State IL Zip Code 60564-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : E6C9F2F1987EEDBB0B4
 Amount of Each Receipt this Period
 41.67

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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : D0EDF2CB6DDFB615706
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.80
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
	<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. 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 ▼ 499.98

Date of Receipt
06 / 22 / 2012
Transaction ID : 38237618DCFFA0542FE

Amount of Each Receipt this Period
38.46

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

Mailing Address 25164 Churchill Lane

City Glen Ellyn State IL Zip Code 60137

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

Name of Employer DuPage Medical Group, Ltd. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.25

Date of Receipt
06 / 08 / 2012
Transaction ID : 54445AA8CD4D6757AA6

Amount of Each Receipt this Period
19.25

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

Mailing Address 25164 Churchill Lane

City Glen Ellyn State IL Zip Code 60137

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

Name of Employer DuPage Medical Group, Ltd. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.25

Date of Receipt
06 / 22 / 2012
Transaction ID : 922D3DC7020C02D0C6B

Amount of Each Receipt this Period
19.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.96

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 34 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Yasser Said
 Full Name (Last, First, Middle Initial)
 Mailing Address 914 W Hubbard St
 Apt. 202
 City Chicago State IL Zip Code 60642-7500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : ECE214845A5DCEEE87
 Amount of Each Receipt this Period
 39.00

B. Yasser Said
 Full Name (Last, First, Middle Initial)
 Mailing Address 914 W Hubbard St
 Apt. 202
 City Chicago State IL Zip Code 60642-7500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 99DE4B26F946E905964
 Amount of Each Receipt this Period
 39.00

C. Steven Schmitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 743 Godair Cir
 City Hinsdale State IL Zip Code 60521-8104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : 465515CBFAF6FB7FC1C
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 4E6F71126BB5C2F8C55

Amount of Each Receipt this Period
 20.00

B. 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 ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012
Transaction ID : AFAB8E8B4702CA69E3B

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : 96423900A63019739C0

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 58.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 41
	<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. Amy Stoeffler
Full Name (Last, First, Middle Initial)

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 60137-4102

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.71

Date of Receipt
MM / DD / YYYY
06 / 08 / 2012

Transaction ID : E7F9B8686C6E51D6C84

Amount of Each Receipt this Period
41.67

B. Amy Stoeffler
Full Name (Last, First, Middle Initial)

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 60137-4102

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.71

Date of Receipt
MM / DD / YYYY
06 / 22 / 2012

Transaction ID : FC604BB244422EA9FDC

Amount of Each Receipt this Period
41.67

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

Mailing Address 1404 Chelsea Ln

City State Zip Code
Naperville IL 60565-1612

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2012

Transaction ID : E2B3D552290EC7259CA

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.34

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

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

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

FOR LINE NUMBER: PAGE 37 OF 41
(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. Lenora Su

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 ▼ **507.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : 2FF1DD130A088D51F09

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City Bloomingdale State IL Zip Code 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 08 / 2012

Transaction ID : 5417307384AC15C0CEC

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City Bloomingdale State IL Zip Code 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : 6640F9DA219B8EA8C69

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph Towers
Full Name (Last, First, Middle Initial)
Mailing Address 412 S Columbia St
City Naperville State IL Zip Code 60540-5418
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 541.71

Date of Receipt
06 / 08 / 2012
Transaction ID : 5D99FD28A848E029EA7
Amount of Each Receipt this Period 41.67

B. Joseph Towers
Full Name (Last, First, Middle Initial)
Mailing Address 412 S Columbia St
City Naperville State IL Zip Code 60540-5418
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 541.71

Date of Receipt
06 / 22 / 2012
Transaction ID : 7F98103EADC56828469
Amount of Each Receipt this Period 41.67

C. Feodor Ung
Full Name (Last, First, Middle Initial)
Mailing Address 711 Wellner Rd
City Naperville State IL Zip Code 60540-6727
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 507.00

Date of Receipt
06 / 08 / 2012
Transaction ID : F94FEC21EA49717196F
Amount of Each Receipt this Period 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Naperville	IL	60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 1E03FF6767F352BCABC
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) B. Van Vallina		Date of Receipt
Mailing Address 241 Lorraine St		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Glen Ellyn	IL	60137-5326
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : DB3D4A9D19F38D952E9
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) C. Van Vallina		Date of Receipt
Mailing Address 241 Lorraine St		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Glen Ellyn	IL	60137-5326
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C55A856068FE0DB7FFE
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="507.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 41
	<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. Jaime Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : D637721D271EC5C0A0A

Amount of Each Receipt this Period
 20.00

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

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : C3995E19FBD8DC89CFC

Amount of Each Receipt this Period
 20.00

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

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : 43BD6C13171FAB9D11A

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 41
	<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 ▼ 260.00

Date of Receipt 06 / 22 / 2012
Transaction ID : BD7411B523CD57E9A3F
Amount of Each Receipt this Period 20.00

B. Andrew Yu
Full Name (Last, First, Middle Initial)
Mailing Address 1601 S Highland Ave
City Lombard State IL Zip Code 60148-4928
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.79

Date of Receipt 06 / 08 / 2012
Transaction ID : 905F85F7295BEB51E89
Amount of Each Receipt this Period 20.83

C. Andrew Yu
Full Name (Last, First, Middle Initial)
Mailing Address 1601 S Highland Ave
City Lombard State IL Zip Code 60148-4928
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.79

Date of Receipt 06 / 22 / 2012
Transaction ID : 48BE7A2C17ADE4EA7D2
Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional).....	61.66
TOTAL This Period (last page this line number only).....	3410.96