

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DuPage Medical Group LTD PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		174940.53
(b) Cash on Hand at Beginning of Reporting Period.....	180737.59	
(c) Total Receipts (from Line 19)	3145.08	20942.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	183882.67	195882.67
7. Total Disbursements (from Line 31).....	0.00	12000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	183882.67	183882.67
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).....	3075.08	10648.92
(ii) Unitemized	70.00	10293.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	3145.08	20942.14
(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)	3145.08	20942.14
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))..... ▶	3145.08	20942.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3145.08	20942.14

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	10000.00
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	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	12000.00

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)	3145.08	20942.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3145.08	20942.14
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 38
	<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
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : 09933B98B9A3434F823D

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : 92E6EEFAB9174246B87B

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : B70ABD810E7F41DC8F59

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 38
	<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
MM / DD / YYYY
06 / 20 / 2014

Transaction ID : A4A13423AD134D30A9CE

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
MM / DD / YYYY
06 / 12 / 2014

Transaction ID : A5DE768046D540A08DC0

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
MM / DD / YYYY
06 / 20 / 2014

Transaction ID : 898FEBA94AFA4F42BCAB

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 38
(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 / 12 / 2014
Transaction ID : BCF314CF847745F7A429
 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 / 20 / 2014
Transaction ID : 59DA362D73234B0696AB
 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 / 12 / 2014
Transaction ID : DC45EE08C8964C5FB5AD
 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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael Fitzgerald			Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : D58B1F08B43646169DAC
Mailing Address 1207 Sanctuary Ln			Amount of Each Receipt this Period 39.00
City Naperville	State IL	Zip Code 60540-1936	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 507.00
Name of Employer DuPage Medical Group		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas Gallagher			Date of Receipt MM / DD / YYYY 06 / 12 / 2014 Transaction ID : 930AE071F1AE4CF69C3A
Mailing Address 1105 Adelia St			Amount of Each Receipt this Period 50.00
City Downers Grove	State IL	Zip Code 60516-2830	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 650.00
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Thomas Gallagher			Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : 78D41D49CB7F4F2EBAB1
Mailing Address 1105 Adelia St			Amount of Each Receipt this Period 50.00
City Downers Grove	State IL	Zip Code 60516-2830	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 650.00
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	139.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
	<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. 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 / 12 / 2014

Transaction ID : 502AEEF096E34E33935D

Amount of Each Receipt this Period
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills	State IL	Zip Code 60514-1466
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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 / 20 / 2014

Transaction ID : 16E438B7E1FD433A901B

Amount of Each Receipt this Period
39.00

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

Mailing Address 832 Abbey Dr

City Glen Ellyn	State IL	Zip Code 60137-6130
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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 / 12 / 2014

Transaction ID : 5226FC72B49C4F82A413

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....	116.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 38
(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. John Giardina

Mailing Address 832 Abbey Dr

City State Zip Code
Glen Ellyn IL 60137-6130

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
06 / 20 / 2014

Transaction ID : A19329A3D3584BD98FFE

Amount of Each Receipt this Period
38.46

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

Mailing Address 15224 Summit Ave.
Ste. 107

City State Zip Code
Oakbrook Terrace IL 60181

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt
06 / 12 / 2014

Transaction ID : 02DF349F50094D48AFFB

Amount of Each Receipt this Period
42.00

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

Mailing Address 15224 Summit Ave.
Ste. 107

City State Zip Code
Oakbrook Terrace IL 60181

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt
06 / 20 / 2014

Transaction ID : 207A85FB2BAB4FF397B4

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ► **122.46**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 38
(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. Linda Gruener

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
06 / 12 / 2014
Transaction ID : 488D685F20D544118E49

Amount of Each Receipt this Period
100.00

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
06 / 20 / 2014
Transaction ID : 5801B19710D542EBB89B

Amount of Each Receipt this Period
100.00

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt
06 / 12 / 2014
Transaction ID : C90EB32EB30744D29272

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **221.00**

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 38
	<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. Naira Hashmi		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 9F0A0C3520854A56A6F4
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21.00"/>
	<input type="text" value="273.00"/>	

Full Name (Last, First, Middle Initial) B. Maleeha Hashmi-Basha		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 535A0C69A45E4F6E9638
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) C. Maleeha Hashmi-Basha		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 5EC38B0B1E1C4D8B9FE6
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="260.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="61.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 14 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. 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 06 / 12 / 2014
Transaction ID : F61446D25E764B1CA195
 Amount of Each Receipt this Period 41.67

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 06 / 20 / 2014
Transaction ID : 0ABF3CB6F0BD4A25A2AD
 Amount of Each Receipt this Period 41.67

C. Te-Shao Hsu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1155 N Dearborn St Apt. 804
 City Chicago State IL Zip Code 60610-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 12 / 2014
Transaction ID : 8CA8435FA812450791D9
 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 15 OF 38
	<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. Te-Shao Hsu
Full Name (Last, First, Middle Initial)

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 5553490B93C248F082B1

Amount of Each Receipt this Period
39.00

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

Mailing Address 1348 Richmond Ln

City Bartlett State IL Zip Code 60103-8939

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
06 / 12 / 2014
Transaction ID : F4A572305BA2414692F4

Amount of Each Receipt this Period
39.00

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

Mailing Address 1348 Richmond Ln

City Bartlett State IL Zip Code 60103-8939

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
06 / 20 / 2014
Transaction ID : 6C14DFDCDCB04181B77E

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 16 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cameron Jirschele
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 12 / 2014**
Transaction ID : 000DCD0BC62546C2814C
 Amount of Each Receipt this Period **200.00**

B. Cameron Jirschele
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : 4B101237D2B74898B35D
 Amount of Each Receipt this Period **200.00**

C. 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 **06 / 12 / 2014**
Transaction ID : A6DA7285E15643D5B4A1
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **81.67**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 17 OF 38
(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. Robert King

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 / 20 / 2014

Transaction ID : 6F07FA99825F40E29A2E

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. Richard Krouse

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 / 12 / 2014

Transaction ID : D329628442E94206BAEA

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Richard Krouse

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 / 20 / 2014

Transaction ID : B6B8B9B6499241579782

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 38
(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. Norman Kumins

Mailing Address 677 Duane St

City State Zip Code
Glen Ellyn IL 60137-4611

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 / 12 / 2014

Transaction ID : DDEB9A1698284237B5D4

Amount of Each Receipt this Period
39.00

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

Mailing Address 677 Duane St

City State Zip Code
Glen Ellyn IL 60137-4611

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 / 20 / 2014

Transaction ID : 4E76CE303E7945E5B550

Amount of Each Receipt this Period
39.00

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

Mailing Address 1312 S Ridge Rd

City State Zip Code
Willowbrook IL 60527-1896

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 ▼
270.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : 091A8419FA0344858E38

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.83

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

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

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

FOR LINE NUMBER: PAGE 19 OF 38
(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. David Labotka

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : D2F114564CF94D77AF1B

Amount of Each Receipt this Period
20.83

Full Name (Last, First, Middle Initial)
B. 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 M / D D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : 6151DD4F7360483D843A

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 45F9A9F875E94A5888B9

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.83**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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
06 / 12 / 2014
Transaction ID : 2FC7847877F246B58990

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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
06 / 20 / 2014
Transaction ID : B43C5D48AF1F4BCAA5AB

Amount of Each Receipt this Period
20.00

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

Mailing Address 416 S Sleight St

City State Zip Code
Naperville IL 60540-5441

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 / 12 / 2014
Transaction ID : 12BB13FF2F214608B9AA

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:	PAGE 21 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : F7979AED7FEE4E2BB741

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
 M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : 365A9CDD259542B388A1

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
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 7F8FC5A22CFE40888D81

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 22 OF 38
	<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 / 12 / 2014
Transaction ID : 75440BA61A874562914D

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 / 20 / 2014
Transaction ID : 0250C0B1314E4F19A50A

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 / 12 / 2014
Transaction ID : CDB407C12D1C44E895AF

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 23 OF 38
	<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 / 20 / 2014**

Transaction ID : B6C295BE39224D83A5B9

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 / 12 / 2014**

Transaction ID : 66D85AB815FA4E3EB3F1

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 / 20 / 2014**

Transaction ID : 8095264DCA244B25A591

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 24 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. 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 / 12 / 2014
Transaction ID : 0C777537B29644E6BE19
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 / 20 / 2014
Transaction ID : 8FFB51E5D6B94AF3A5E8
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 / 12 / 2014
Transaction ID : D0A3CF4A0E0441E79989
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 25 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

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
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : FCE68E5FFC9949A2876D

Amount of Each Receipt this Period
25.00

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
 M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : B91C888D1CF043A1B621

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
c. 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
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 37B29AD4CAC04DCA9248

Amount of Each Receipt this Period
21.00

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 26 OF 38
	<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 / 12 / 2014**

Transaction ID : DBA7ADF20CE84DE49B57

Amount of Each Receipt this Period **25.00**

B. 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 / 20 / 2014**

Transaction ID : EC29F13E5DF9442899FD

Amount of Each Receipt this Period **25.00**

C. Mathew Philip
Full Name (Last, First, Middle Initial)

Mailing Address 1608 W North Ave Apt. 3

City Chicago State IL Zip Code 60622-2245

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 12 / 2014**

Transaction ID : CB20EE2B5CDF4DF69272

Amount of Each Receipt this Period **39.00**

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 27 OF 38
(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. Mathew Philip

Mailing Address 1608 W North Ave
Apt. 3

City Chicago State IL Zip Code 60622-2245

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : A06FCDF5F5F94CE39919

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
B. Stephen Pierson

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 9AB396A2450B46CAA5C1

Amount of Each Receipt this Period
 21.00

Full Name (Last, First, Middle Initial)
C. Stephen Pierson

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : B1F280369A3443938566

Amount of Each Receipt this Period
 21.00

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:	PAGE 28 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Porcelli			Date of Receipt MM / DD / YYYY 06 / 12 / 2014 Transaction ID : 9ABFB9E369474F2F967E
Mailing Address 4530 Lee Ave			Amount of Each Receipt this Period 20.00
City Downers Grove	State IL	Zip Code 60515-2607	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 260.00
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Porcelli			Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : 7A60FAE095F64BE7BF1E
Mailing Address 4530 Lee Ave			Amount of Each Receipt this Period 20.00
City Downers Grove	State IL	Zip Code 60515-2607	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 260.00
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Raghu Pulluru			Date of Receipt MM / DD / YYYY 06 / 12 / 2014 Transaction ID : F0D027F97C6F49B7ADC6
Mailing Address 3908 Littlestone Cir			Amount of Each Receipt this Period 19.23
City Naperville	State IL	Zip Code 60564-5915	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 249.99
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	59.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 38
	<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. Raghu Pulluru
Full Name (Last, First, Middle Initial)

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : A1977D3A9C7744ECAEDA

Amount of Each Receipt this Period
19.23

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 / 12 / 2014

Transaction ID : 4959B0347B454FC6A3D9

Amount of Each Receipt this Period
41.67

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

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : ED6E0BB079B44973BDDB

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **102.57**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 38
	<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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : E07C8EBD194B47D3B2D2

Amount of Each Receipt this Period
 38.46

B. Kevin Regan
Full Name (Last, First, Middle Initial)

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : DB3654A51A31496195D4

Amount of Each Receipt this Period
 38.46

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : BA0746DD862D4D94B280

Amount of Each Receipt this Period
 19.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.17

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

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

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

FOR LINE NUMBER: PAGE 31 OF 38
(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. Susan Ruzek
 Full Name (Last, First, Middle Initial)
 Mailing Address 25164 Churchill Lane
 City State Zip Code
 Glen Ellyn IL 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 6DFE18B21DC84C369071
 Amount of Each Receipt this Period
 19.25

B. Yasser Said
 Full Name (Last, First, Middle Initial)
 Mailing Address 914 W Hubbard St
 Apt. 202
 City State Zip Code
 Chicago IL 60642-7500
 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 ▼
 468.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : 5059ED0F6CAC44DD9309
 Amount of Each Receipt this Period
 39.00

C. Steven Schmitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 743 Godair Cir
 City State Zip Code
 Hinsdale IL 60521-8104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 / 12 / 2014
Transaction ID : B0739A3C95D941538DC5
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.25
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 38
	<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. 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 M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : 5003844C4C314EA582A5

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 M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : 88AA15E79B32493D93DE

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 M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : 20CDD96DD9F24A0EAF4C

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 33 OF 38
	<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. Lenora Su
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : C8A90EF44668497789DA

Amount of Each Receipt this Period
39.00

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

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : D06EB43733A54E3DAEC1

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City Bloomington State IL Zip Code 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : DF1EAF9390C84587B74E

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 34 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Arnaldo Torres
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 Wren Ct
 City Bloomington State IL Zip Code 60108-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 7E1A8E015EEE49F2833B
 Amount of Each Receipt this Period
39.00

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
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : EED3A972B8CA4FADDD
 Amount of Each Receipt this Period
41.67

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 8B805BBE29F44A2EA897
 Amount of Each Receipt this Period
41.67

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 35 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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
M M / D D / Y Y Y Y Y Y
06 / 12 / 2014
Transaction ID : ED1EC99D3C0247AB99CE
Amount of Each Receipt this Period
39.00

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2014
Transaction ID : 8F551BB49C79430BA146
Amount of Each Receipt this Period
39.00

C. Van Vallina
Full Name (Last, First, Middle Initial)
Mailing Address 241 Lorraine St
City Glen Ellyn State IL Zip Code 60137-5326
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 507.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 12 / 2014
Transaction ID : DFE281893CBD4FA39411
Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : F8D08A32FDAF490293D0
 Amount of Each Receipt this Period
 39.00

B. Jaime Villanueva
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Midwest Club Pkwy
 City State Zip Code
 Oak Brook IL 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2014
Transaction ID : B9244380EA154655A8D5
 Amount of Each Receipt this Period
 20.00

C. Jaime Villanueva
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Midwest Club Pkwy
 City State Zip Code
 Oak Brook IL 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : 6672CB22CE5E46E6A135
 Amount of Each Receipt this Period
 20.00

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 37 OF 38
	<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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : 705AAC4EDDDA4653AB8C

Amount of Each Receipt this Period
20.00

B. Caroline Wolfe
Full Name (Last, First, Middle Initial)
Mailing Address 132 E Fremont Ave

City Elmhurst	State IL	Zip Code 60126-2324
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

Transaction ID : E2658DD254204D229755

Amount of Each Receipt this Period
20.00

C. Andrew Yu
Full Name (Last, First, Middle Initial)
Mailing Address 76 Mitchell Cir

City Wheaton	State IL	Zip Code 60189-5928
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : 5011FC2747674AE88C03

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional).....	60.83
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 38
(check only one)

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

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

Mailing Address 76 Mitchell Cir

City Wheaton State IL Zip Code 60189-5928

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.79

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : 8E981F1E3FE145DE879A

Amount of Each Receipt this Period
20.83

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.83
TOTAL This Period (last page this line number only).....▶	3075.08