

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.

ADDRESS (number and street)

 Check if different than previously reported. (ACC) -

2. FEC IDENTIFICATION NUMBER ▼ 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:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

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

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on / / in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DuPage Medical Group LTD PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="226660.63"/>	<input type="text" value="226660.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="198182.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2431.30"/>	<input type="text" value="12353.34"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="200613.97"/>	<input type="text" value="239013.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="38400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="200613.97"/>	<input type="text" value="200613.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	1780.42	4433.16
(ii) Unitemized	650.88	7920.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2431.30	12353.34
(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)	2431.30	12353.34
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))..... ▶	2431.30	12353.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2431.30	12353.34

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	19500.00
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	18900.00
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	38400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	38400.00

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)	2431.30	12353.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2431.30	12353.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016
Transaction ID : A688F70DEEC6473FA532

Amount of Each Receipt this Period
 39.00

Memo Item

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

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : B0509054F0CC444B9370

Amount of Each Receipt this Period
 39.00

Memo Item

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

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 ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016
Transaction ID : B96A6B4E1FB74C3BA136

Amount of Each Receipt this Period
 39.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<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 Collins
Full Name (Last, First, Middle Initial)

Mailing Address 1673 Imperial Cir

City Naperville State IL Zip Code 60563-0132

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 25 / 2016
Transaction ID : 3D8CCA7A44A0440A026

Amount of Each Receipt this Period 39.00

Memo Item

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 19 / 2016
Transaction ID : 0928C563716C4587B4F5

Amount of Each Receipt this Period 39.00

Memo Item

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 ▼ 390.00

Date of Receipt 05 / 25 / 2016
Transaction ID : 37ABF5AB0B184658A9CB

Amount of Each Receipt this Period 39.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Adelia St
 City Downers Grove State IL Zip Code 60516-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2016
Transaction ID : 7EFF6765383C4F39BC0A
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Thomas Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Adelia St
 City Downers Grove State IL Zip Code 60516-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 25 / 2016
Transaction ID : 28B998A209384D398821
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Martin Gallo
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 19 / 2016
Transaction ID : 543E4ADB81264DA7AC86
 Amount of Each Receipt this Period 39.00
 Memo Item

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 9 OF 21
	<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. Martin Gallo
Full Name (Last, First, Middle Initial)

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 6B5054FFC3E2437F8A08

Amount of Each Receipt this Period
 39.00

Memo Item

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016
Transaction ID : 2016D502E1B148DFA6C6

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : A0D8ACD45C5F4DB29F3D

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	239.00
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. 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 ▼
210.00

Date of Receipt
05 / 25 / 2016
Transaction ID : **BAA38AC8C7214E9DBC37**

Amount of Each Receipt this Period
21.00

Memo Item

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

Mailing Address 1962 Hampton Dr

City Wheaton State IL Zip Code 60189-2020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
05 / 19 / 2016
Transaction ID : **0F4B8301AC0A4148AB98**

Amount of Each Receipt this Period
41.67

Memo Item

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 ▼
416.70

Date of Receipt
05 / 25 / 2016
Transaction ID : **33B09E3242C8450384FF**

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.34

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 11 OF 21
	<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 ▼
390.00

Date of Receipt
05 / 19 / 2016
Transaction ID : 4341ECF7EA4E44AFBE29

Amount of Each Receipt this Period
39.00

Memo Item

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
05 / 25 / 2016
Transaction ID : CC28058DB9AD40A38D9C

Amount of Each Receipt this Period
39.00

Memo Item

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

Mailing Address 1348 Richmond Ln

City Bartlett State IL Zip Code 60103-8939

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
05 / 19 / 2016
Transaction ID : 2BB3194B7CB3477CBBBD

Amount of Each Receipt this Period
39.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<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 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : D0A7A8A675414AD49575
 Amount of Each Receipt this Period
 39.00
 Memo Item

B. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City Willowbrook State IL Zip Code 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 1DD2607F28AE49329FC1
 Amount of Each Receipt this Period
 20.83
 Memo Item

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016
Transaction ID : 498F22E2EF69461FBD3F
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.83
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: (check only one)	PAGE 13 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 7E8BF65865384232A686

Amount of Each Receipt this Period
 25.00

Memo Item

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016
Transaction ID : 58F89653169749A9A222

Amount of Each Receipt this Period
 39.00

Memo Item

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : CC411E1A21574EB49FAB

Amount of Each Receipt this Period
 39.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	103.00
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 14 OF 21
(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. M. Paul Meyer

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 ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016

Transaction ID : 14C88A4362E24C9AAA76

Amount of Each Receipt this Period
 39.00

Memo Item

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

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 ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016

Transaction ID : 7FEC8CA35522454D98D7

Amount of Each Receipt this Period
 39.00

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016

Transaction ID : 4D677A30A54D4421BAE9

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.00

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 21
	<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 250.00

Date of Receipt 05 / 25 / 2016
Transaction ID : 43044604A1E44002979D
Amount of Each Receipt this Period 25.00
 Memo Item

B. Brian O'Leary
Full Name (Last, First, Middle Initial)
Mailing Address 401 59th St
City Downers Grove State IL Zip Code 60516-1440
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00

Date of Receipt 05 / 25 / 2016
Transaction ID : A5A99B58F6EF4CC595BD
Amount of Each Receipt this Period 21.00
 Memo Item

C. James Oakley
Full Name (Last, First, Middle Initial)
Mailing Address 605 S Grant St
City Hinsdale State IL Zip Code 60521-4453
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 19 / 2016
Transaction ID : 5BD19FA5F93F49A0937C
Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **71.00**
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 21
	<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 ▼ 250.00

Date of Receipt 05 / 25 / 2016
Transaction ID : 076EED17C1D2429EAC86

Amount of Each Receipt this Period 25.00

Memo Item

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

Mailing Address 1608 W North Ave Apt. 3

City Chicago State IL Zip Code 60622-2245

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 19 / 2016
Transaction ID : E4E14322D22945B1BE35

Amount of Each Receipt this Period 39.00

Memo Item

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 ▼ 390.00

Date of Receipt 05 / 25 / 2016
Transaction ID : 3486ED6EFAC24D00A1F7

Amount of Each Receipt this Period 39.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.00

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 21
	<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. 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 ▼ 210.00

Date of Receipt 05 / 25 / 2016
Transaction ID : 051041ECF11048F7804F

Amount of Each Receipt this Period 21.00

Memo Item

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 ▼ 230.80

Date of Receipt 05 / 19 / 2016
Transaction ID : DCDD09518D734A8E85CC

Amount of Each Receipt this Period 23.08

Memo Item

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

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 05 / 25 / 2016
Transaction ID : D2FF81CC33324E9AADC9

Amount of Each Receipt this Period 23.08

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.16

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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. 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 05 / 19 / 2016
Transaction ID : 59D8F7EE1DF24496BA65

Amount of Each Receipt this Period 38.46

Memo Item

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 25 / 2016
Transaction ID : 48A9A698AAF84A69AC86

Amount of Each Receipt this Period 38.46

Memo Item

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

Mailing Address 229 Wren Ct

City Bloomingdale State IL Zip Code 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 19 / 2016
Transaction ID : 533B2118FB29474DBA37

Amount of Each Receipt this Period 39.00

Memo Item

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 19 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Arnaldo Torres
Full Name (Last, First, Middle Initial)
Mailing Address 229 Wren Ct
City Bloomington State IL Zip Code 60108-1433
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 390.00

Date of Receipt 05 / 25 / 2016
Transaction ID : DE945E3D563E4DFD825E
Amount of Each Receipt this Period 39.00
 Memo Item

B. Joseph Towers
Full Name (Last, First, Middle Initial)
Mailing Address 412 S Columbia St
City Naperville State IL Zip Code 60540-5418
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.70

Date of Receipt 05 / 19 / 2016
Transaction ID : 680B70B38A054B3BAC6C
Amount of Each Receipt this Period 41.67
 Memo Item

C. Joseph Towers
Full Name (Last, First, Middle Initial)
Mailing Address 412 S Columbia St
City Naperville State IL Zip Code 60540-5418
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.70

Date of Receipt 05 / 25 / 2016
Transaction ID : ADBC1D0F46C5452DA6E7
Amount of Each Receipt this Period 41.67
 Memo Item

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 20 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016
Transaction ID : 78AF835DD8F1499B9C42

Amount of Each Receipt this Period
 39.00

Memo Item

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

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : FD50D9B8DD3C4D418218

Amount of Each Receipt this Period
 39.00

Memo Item

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

Mailing Address 241 Lorraine St

City Glen Ellyn State IL Zip Code 60137-5326

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2016
Transaction ID : 03E47DBF6F2D4DF28E55

Amount of Each Receipt this Period
 39.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 21
	<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. 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 ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 4F93DC6147624E11A425
 Amount of Each Receipt this Period
 39.00
 Memo Item

B. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Mitchell Cir
 City State Zip Code
 Wheaton IL 60189-5928
 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 ▼
 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2016
Transaction ID : 230FCEBE635940FD9621
 Amount of Each Receipt this Period
 20.83
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	59.83
TOTAL This Period (last page this line number only).....▶	1780.42