

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. DuPage Medical Group LTD PAC

ADDRESS (number and street) 1100 West 31ST Street Suite 300 Downers Grove IL 60515

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 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 05 01 2012 through 05 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Goldsher

Signature of Treasurer Mary Goldsher [Electronically Filed] Date 06 20 2012

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

Office Use Only table with 7 columns and 1 row, and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**DuPage Medical Group LTD PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		97441.34
(b) Cash on Hand at Beginning of Reporting Period.....	113385.66	
(c) Total Receipts (from Line 19) .....	3480.96	19695.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	116866.62	117136.62
7. Total Disbursements (from Line 31).....	0.00	270.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	116866.62	116866.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	3093.25	8438.68
(ii) Unitemized .....	387.71	11256.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3480.96	19695.28
(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) .....	3480.96	19695.28
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))..... ▶	3480.96	19695.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3480.96	19695.28

**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	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	270.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	270.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	270.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	270.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3480.96	19695.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3480.96	19425.28
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 36
	<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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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 **229.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 11 / 2012**  
**Transaction ID : 112A64FFE25F7F96D42**  
 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 **229.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**  
**Transaction ID : C63CAF92FD51450DFEB**  
 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 **429.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 11 / 2012**  
**Transaction ID : A211052FE881AC0F16C**  
 Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 36  
(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. 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 ▼  
429.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : 72DEADF41527B99D8FF**

Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
429.00

Date of Receipt  
05 / 11 / 2012  
**Transaction ID : B824077AB166B6C5552**

Amount of Each Receipt this Period  
39.00

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 ▼  
429.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : 9CA664D8C6D743A58B8**

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 8 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : 6A86201CD8D323A6433**

Amount of Each Receipt this Period  
**200.00**

**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 ▼ **429.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 11 / 2012**

**Transaction ID : BA02000EB5A8F0A0B20**

Amount of Each Receipt this Period  
**39.00**

**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 ▼ **429.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : 5ADE42DDE7F27DBC134**

Amount of Each Receipt this Period  
**39.00**

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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. Juan Flores**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65223 New Castle Rd.  
City Naperville State IL Zip Code 60540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **275.00**

Date of Receipt **05 / 11 / 2012**  
**Transaction ID : FC36EA901049058EA2A**  
Amount of Each Receipt this Period **25.00**

**B. Juan Flores**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65223 New Castle Rd.  
City Naperville State IL Zip Code 60540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **275.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : 37AFC91FCC8935B599D**  
Amount of Each Receipt this Period **25.00**

**C. Thomas Gallagher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1105 Adelia St  
City Downers Grove State IL Zip Code 60516-2830  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 11 / 2012**  
**Transaction ID : 9F07DC09B855D500FE2**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 10 OF 36  
(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. 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 ▼ 550.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : ED3FBFCF5694364C7043**  
 Amount of Each Receipt this Period 50.00

**B. 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 ▼ 429.00

Date of Receipt 05 / 11 / 2012  
**Transaction ID : F0E2A46BFE0514DB380**  
 Amount of Each Receipt this Period 39.00

**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 ▼ 429.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : 5DE87DD744D885A8F61**  
 Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
<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. John Giardina**  
Full Name (Last, First, Middle Initial)

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 ▼  
423.06

Date of Receipt  
05 / 11 / 2012  
**Transaction ID : 9A656B615E8FFD45D02**

Amount of Each Receipt this Period  
38.46

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

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 ▼  
423.06

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : 7A1A01EB882E2A7A8F4**

Amount of Each Receipt this Period  
38.46

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

Mailing Address 536 Mayfair Ln

City State Zip Code  
Naperville IL 60565-5387

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : F736B42AF5C31101B43**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.92

**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: PAGE 12 OF 36 (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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. L. Douglas Graham</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 <b>Transaction ID : F0DD4690C54A64EC2EE</b>
Mailing Address 15224 Summit Ave. Ste. 107		Amount of Each Receipt this Period 42.00
City Oakbrook Terrace	State IL	
Zip Code 60181		Aggregate Year-to-Date ▼ 462.00
FEC ID number of contributing federal political committee. C		
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>B. L. Douglas Graham</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : 615CDDFB6CDB9231620</b>
Mailing Address 15224 Summit Ave. Ste. 107		Amount of Each Receipt this Period 42.00
City Oakbrook Terrace	State IL	
Zip Code 60181		Aggregate Year-to-Date ▼ 462.00
FEC ID number of contributing federal political committee. C		
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>C. Linda Gruener</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 <b>Transaction ID : 77B7F57635AF1C06E6A</b>
Mailing Address 8207 Gruener Ct		Amount of Each Receipt this Period 100.00
City Palos Hills	State IL	
Zip Code 60465-2200		Aggregate Year-to-Date ▼ 1100.00
FEC ID number of contributing federal political committee. C		
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	184.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<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**

Full Name (Last, First, Middle Initial) <b>A. Linda Gruener</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : 42F66FFF77EDE3167C1</b>
Mailing Address 8207 Gruener Ct		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Naira Hashmi</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 <b>Transaction ID : 2309F876CD7CC3D149A</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	C	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) <b>C. Naira Hashmi</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : 01A960BEB77952B3519</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	C	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Maleeha Hashmi-Basha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 S Washington St  
 Ste 268  
 City Naperville State IL Zip Code 60540-6694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 159395CB6A8C160F2B5**  
 Amount of Each Receipt this Period  
 200.00

**B. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : FAEB260F8263D453D76**  
 Amount of Each Receipt this Period  
 41.67

**C. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 831C6E2E25D37EB488D**  
 Amount of Each Receipt this Period  
 41.67

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

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

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

FOR LINE NUMBER: PAGE 15 OF 36  
(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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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. 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 ▼ 429.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012  
**Transaction ID : 5340F7DAFE2D96B49E6**  
Amount of Each Receipt this Period  
39.00

**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 ▼ 429.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012  
**Transaction ID : A81002F30D6879F0E0B**  
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 ▼ 429.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012  
**Transaction ID : 89D5AD05D6B76A82998**  
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 36
	<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. 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 **429.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : A78F25D17B7E8E68B19**  
 Amount of Each Receipt this Period **39.00**

**B. Robert Janowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8401 Clynderven Rd  
 City Burr Ridge State IL Zip Code 60527-6247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **440.00**

Date of Receipt **05 / 11 / 2012**  
**Transaction ID : AE36DF5DA69A9C872C0**  
 Amount of Each Receipt this Period **40.00**

**C. Robert Janowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8401 Clynderven Rd  
 City Burr Ridge State IL Zip Code 60527-6247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **440.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : 695C12DED058EC9BE79**  
 Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **119.00**  
**TOTAL** This Period (last page this line number only).....



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

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

FOR LINE NUMBER: PAGE 17 OF 36  
(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 ▼ **458.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 11 / 2012**

**Transaction ID : D3866C09FD36D98B9C8**

Amount of Each Receipt this Period  
**41.67**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **458.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : C4ECE77917249A73132**

Amount of Each Receipt this Period  
**41.67**

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : 3424BB483B250E6D1F1**

Amount of Each Receipt this Period  
**20.00**

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 36  
(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 ▼  
429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 78054F2E9C28533814E**

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 ▼  
429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : D0BFB35CE70E50AC404**

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 ▼  
229.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 232C5335253CD0CCF85**

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: (check only one)	PAGE 19 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.13**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : 70CAB5AB637843750D1**

Amount of Each Receipt this Period  
**20.83**

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

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 11 / 2012**

**Transaction ID : A2DF306BFEC5FF65168**

Amount of Each Receipt this Period  
**25.00**

**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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : 1BFE84F8E2FD903B006**

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 36  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Thomas 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 ▼  
220.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : 1AE10984B8075251233**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 819 E Hillside Rd

City State Zip Code  
Naperville IL 60540-6806

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 ▼  
231.00

Date of Receipt  
05 / 11 / 2012  
**Transaction ID : A3BFF621441A90EC61B**

Amount of Each Receipt this Period  
21.00

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

Mailing Address 819 E Hillside Rd

City State Zip Code  
Naperville IL 60540-6806

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 ▼  
231.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : 0CEC1F525CF922A1252**

Amount of Each Receipt this Period  
21.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : 1280CB4B4E4DEDB99CD**

Amount of Each Receipt this Period  
 39.00

**B. 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 ▼ 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : 466D0BF078E0B9D8277**

Amount of Each Receipt this Period  
 39.00

**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 ▼ 211.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : 88037B0DE8F6AC1D6B2**

Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 97.23

**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: PAGE 22 OF 36  
(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. 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 5FE1136DE74F80BE6F2**  
 Amount of Each Receipt this Period  
 200.00

**B. 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 ▼  
 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : BAC7245D9032F62F7D9**  
 Amount of Each Receipt this Period  
 39.00

**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 ▼  
 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : D0F84EA27941D29401B**  
 Amount of Each Receipt this Period  
 39.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 36
	<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. 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 ▼  
429.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 5CBBE560E86B4CC3D72**

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 ▼  
429.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 621FE9177D2A9229E94**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 3753 King Williams Ct

City Saint Charles	State IL	Zip Code 60174-7806
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 9F0C4E0E97AA5B9F6EE**

Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 36
	<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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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) <b>A. Ravi Nemivant</b>		Date of Receipt
Mailing Address 561 Hevern Dr		M M M / D D D / Y Y Y Y Y Y 05 / 11 / 2012
City Wheaton	State IL	Zip Code 60189-7396
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 44D3D37E94B6CAB9A5E</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	275.00	

Full Name (Last, First, Middle Initial) <b>B. Ravi Nemivant</b>		Date of Receipt
Mailing Address 561 Hevern Dr		M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012
City Wheaton	State IL	Zip Code 60189-7396
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 05DD546D792D01E6468</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	275.00	

Full Name (Last, First, Middle Initial) <b>C. Don Nichols</b>		Date of Receipt
Mailing Address 515 W Park Ave		M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012
City Wheaton	State IL	Zip Code 60189-6354
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 2F01F772A0B9D810D26</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 36
	<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. 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 ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : AACB56552BDF19800BC**

Amount of Each Receipt this Period  
 21.00

**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 ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : 23F4474FDB947F4F8C9**

Amount of Each Receipt this Period  
 21.00

**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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : 3C0A64596E8C9D65709**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 36
	<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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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. James Oakley**

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : EFB08BF025800667048**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 16957 Burr Oak Dr

City Homer Glen State IL Zip Code 60491-6946

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : 35A6F74FF6AAF9D0222**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **429.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 11 / 2012**

**Transaction ID : 2CF7644908AAA892E15**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... **84.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 36
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mathew Philip</b>		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : E8E572BFD0063D79888</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="429.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Stephen Pierson</b>		Date of Receipt
Mailing Address 1800 N Main St		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Wheaton	State IL	Zip Code 60187-3112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C290E984108381EB11C</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="21.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="231.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Stephen Pierson</b>		Date of Receipt
Mailing Address 1800 N Main St		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Wheaton	State IL	Zip Code 60187-3112
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : DA55C4CEC4B1E6EA8E1</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="21.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="231.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.00"/>
<b>TOTAL</b> 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 28 OF 36  
(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. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1237 N Chicago Ave  
 City State Zip Code  
 Arlington Heights IL 60004-4430  
 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : E5FA0FD801ACEB4BC92**  
 Amount of Each Receipt this Period  
 20.00

**B. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City State Zip Code  
 Naperville IL 60564-5915  
 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 ▼  
 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 968C7ED3BB9C3CBB91**  
 Amount of Each Receipt this Period  
 41.67

**C. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City State Zip Code  
 Naperville IL 60564-5915  
 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 ▼  
 458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 2A62C1B48C6B459E00E**  
 Amount of Each Receipt this Period  
 41.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 36
	<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**

Full Name (Last, First, Middle Initial) <b>A. Kevin Regan</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 <b>Transaction ID : 47EB2837552E3F76573</b>
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
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		Aggregate Year-to-Date ▼ 423.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kevin Regan</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : 3DB85D8AFF27CF81557</b>
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
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		Aggregate Year-to-Date ▼ 423.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan Ruzek</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : 803DE9BB4BD00CC82B1</b>
Mailing Address 25164 Churchill Lane		Amount of Each Receipt this Period 19.25
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		Aggregate Year-to-Date ▼ 211.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 36
	(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) <b>A. Yasser Said</b>		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 55E28C408059E6DC6A0</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="429.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Yasser Said</b>		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : D371CE9A3439CFA90FD</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="429.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steven Schmitz</b>		Date of Receipt
Mailing Address 743 Godair Cir		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Hinsdale	State IL	Zip Code 60521-8104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AF962FE07B6D5701396</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="98.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 36
	<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**

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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 ▼  
211.53

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 44C78B050B5F2909C3B**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 532 Deerpath Rd

City State Zip Code  
Glen Ellyn IL 60137-4102

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : A7074F578CC8B92F81A**

Amount of Each Receipt this Period  
41.67

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

Mailing Address 532 Deerpath Rd

City State Zip Code  
Glen Ellyn IL 60137-4102

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 771F2D13779B490CCE3**

Amount of Each Receipt this Period  
41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.57
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 36
	<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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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. 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 ▼ 429.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 6A9070AE0C75DA5B652**  
 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 ▼ 429.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : B475D869C25AD7506B8**  
 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 ▼ 429.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : E4675ED7CC18C6E4C86**  
 Amount of Each Receipt this Period  
 39.00

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



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

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

FOR LINE NUMBER: PAGE 33 OF 36  
(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. Arnaldo Torres**

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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 ▼  
429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : D2E6A9F2D14649965D0**

Amount of Each Receipt this Period  
49.00

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

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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 ▼  
458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : E85383BA1FBAA44C3C2**

Amount of Each Receipt this Period  
41.67

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

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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 ▼  
458.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : FF2B541C2162AA0488F**

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: (check only one)	PAGE 34 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : A10DB9230234DD5E53B**

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 ▼ 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : B87500D94362DF450E6**

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 ▼ 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : F324C157EA7D6799C3E**

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 35 OF 36  
(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. 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 ▼  
 429.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 2FC3BB7F73388551AE5**  
 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 9EFB2E322CA7B9EFE1E**  
 Amount of Each Receipt this Period  
 20.00

**C. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City State Zip Code  
 Elmhurst IL 60126-2324  
 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 2708CB776DA034897DD**  
 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: PAGE 36 OF 36  
(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. Andrew Yu**

Mailing Address 1601 S Highland Ave

City Lombard      State IL      Zip Code 60148-4928

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

Name of Employer DuPage Medical Group, Ltd.      Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : E00C9077CF1D6DF44D6**

Amount of Each Receipt this Period  
20.83

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

Mailing Address 1601 S Highland Ave

City Lombard      State IL      Zip Code 60148-4928

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

Name of Employer DuPage Medical Group, Ltd.      Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.13

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : C9DF6F0B7EC4B41D6FB**

Amount of Each Receipt this Period  
20.83

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

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 Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.66
<b>TOTAL</b> This Period (last page this line number only).....▶	3093.25