

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2021"/>	<input type="text"/>	<input type="text" value="271432.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="281990.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11337.17"/>	<input type="text" value="21913.09"/>
(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="293327.26"/>	<input type="text" value="293345.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18.00"/>	<input type="text" value="36.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="293309.26"/>	<input type="text" value="293309.26"/>
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. 05/2016)

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).....	11242.17	16146.35
(ii) Unitemized	95.00	5766.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11337.17	21913.09
(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)	11337.17	21913.09
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)).....▶	11337.17	21913.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11337.17	21913.09

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	18.00	36.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18.00	36.00
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	18.00	36.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18.00	36.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	11337.17	21913.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11337.17	21913.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18.00	36.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18.00	36.00

**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 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 975.00

Date of Receipt: 07 / 02 / 2021
Transaction ID : OFFEC0972AB243748B66
 Amount of Each Receipt this Period: 39.00
 Memo Item

B. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 975.00

Date of Receipt: 08 / 18 / 2021
Transaction ID : BD25397044C146F9999B
 Amount of Each Receipt this Period: 78.00
 Memo Item

C. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 975.00

Date of Receipt: 08 / 27 / 2021
Transaction ID : 0096C40AA18C43A185A5
 Amount of Each Receipt this Period: 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	156.00
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 119
	<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. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 975.00

Date of Receipt: 09 / 20 / 2021
Transaction ID : 09156410E08341FB9ECE
 Amount of Each Receipt this Period: 39.00
 Memo Item

B. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 975.00

Date of Receipt: 09 / 30 / 2021
Transaction ID : 21E449B1BD444743B96B
 Amount of Each Receipt this Period: 39.00
 Memo Item

C. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 975.00

Date of Receipt: 10 / 08 / 2021
Transaction ID : 777DD68A818C4DB6AA72
 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 119
	<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. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 10DED7275DDE4AA2B38C
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 61D9FAD3CD7B45578788
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 11 / 12 / 2021
Transaction ID : EB2745D4822947509884
 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:	PAGE 9 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 32F63351F7444FAAA109
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 99511AB2CADD4B2FB9A3
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 12 / 17 / 2021
Transaction ID : 5C3ECDADCB654098920C
 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 10 OF 119
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dungan, David, , ,

Mailing Address 211 Palamino PI

City Wheaton	State IL	Zip Code 60189-2046
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2021

Transaction ID : A511DE295B544AE189EA

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dungan, David, , ,

Mailing Address 211 Palamino PI

City Wheaton	State IL	Zip Code 60189-2046
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2021

Transaction ID : 1497A0209B4E4E098977

Amount of Each Receipt this Period
40.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dungan, David, , ,

Mailing Address 211 Palamino PI

City Wheaton	State IL	Zip Code 60189-2046
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

Transaction ID : F29BFC7F081440938CFC

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 119
	<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. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Palamino PI
 City Wheaton State IL Zip Code 60189-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2021
Transaction ID : CFF1C392DEE5494889E3
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Palamino PI
 City Wheaton State IL Zip Code 60189-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2021
Transaction ID : F3979DF47589452AAFF0
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Palamino PI
 City Wheaton State IL Zip Code 60189-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 6859BF0CAA9B4FE7A1F6
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 119
	<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. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2021
Transaction ID : 51E50318F4E64E159046
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2021
Transaction ID : F7323A9A72FC40C987A7
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2021
Transaction ID : 8C687F6D28F14050B8A3
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 119
	<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. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 19 / 2021
Transaction ID : 449C441D29C54E2A82FF
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 03 / 2021
Transaction ID : 25AE134A8C0E48D3B754
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Dungan, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 17 / 2021
Transaction ID : 78FFA8E38D6A480B8650
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 02 / 2021
Transaction ID : 58A75E7F13DB42498731
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 18 / 2021
Transaction ID : 33B1A36CD2194C3A841B
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 27 / 2021
Transaction ID : E5D976F1D91641968956
 Amount of Each Receipt this Period 25.00
 Memo Item

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: (check only one)	PAGE 15 OF 119
	<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. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 20 / 2021
Transaction ID : FFD90817125E49A7BC25
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 389E92A240B94BE4820D
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 08 / 2021
Transaction ID : A1354FF218834780A7E5
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 119
	<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. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 22 / 2021
Transaction ID : A2983271D16E4B56ACA9
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 276D2E090D384E31B6D8
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St
 Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 588C6DCAD6B84DF3A4F9
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 119
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Fetzer, Martin, R., ,		Date of Receipt MM / DD / YYYY 11 / 19 / 2021 Transaction ID : 74EF4886072247F68522
Mailing Address 758 N Larrabee St Apt 309		Amount of Each Receipt this Period 25.00
City Chicago	State IL	Zip Code 60654-6447
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fetzer, Martin, R., ,		Date of Receipt MM / DD / YYYY 12 / 03 / 2021 Transaction ID : 376D324C88B742F989EB
Mailing Address 758 N Larrabee St Apt 309		Amount of Each Receipt this Period 25.00
City Chicago	State IL	Zip Code 60654-6447
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fetzer, Martin, R., ,		Date of Receipt MM / DD / YYYY 12 / 17 / 2021 Transaction ID : D948DAED241A4D2E9879
Mailing Address 758 N Larrabee St Apt 309		Amount of Each Receipt this Period 25.00
City Chicago	State IL	Zip Code 60654-6447
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 119
	<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. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : 2380C8D267BB464DB346
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : 6E77C18D76A540B29D35
 Amount of Each Receipt this Period 78.00
 Memo Item

C. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **08 / 27 / 2021**
Transaction ID : B452A17B0B084C75AF63
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	156.00
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 19 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 91865E985EA04EE4867A
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 09 / 30 / 2021
Transaction ID : B1192AC07CD1481EAD87
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 514AAE664C144F1FA901
 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 20 OF 119
	<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. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 60BCAED717504169A7B4
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 29 / 2021
Transaction ID : CE4CF342950D4E44A6BE
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 118CA4B6D274482694B6
 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 119
	<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"/>	<input type="checkbox"/> 17

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

A. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : 25940BBE996B4B7A9161
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **12 / 03 / 2021**
Transaction ID : 6CC26631F8A94C4EBB8C
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : 87D9CBD9C6F642ADB193
 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 22 OF 119
	<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. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 07 / 02 / 2021
Transaction ID : 24CE9E36AE6040859886
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 18 / 2021
Transaction ID : 3E91D501BE364B40A251
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 27 / 2021
Transaction ID : A92AD7813B824163A193
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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 119
	<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. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 5174B77C44074C409551
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 30 / 2021
Transaction ID : D8A7F0CAD5E34820ACA8
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 9D3AB3C0E8D14B36B5AF
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 119
	<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. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 02E916AB66FD4F6EA32D
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 48639504FA5842E794D3
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 12 / 2021
Transaction ID : E05268782ABF4C39BEE9
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 119
	<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. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 19 / 2021
Transaction ID : D54E568B6B874FFD961F
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 03 / 2021
Transaction ID : B9F231B1AA394177AF57
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 17 / 2021
Transaction ID : 40DB0606312B44A8AD10
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 119
	<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. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 18 / 2021
Transaction ID : 54E3458A2F41408FA84A
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 890AF4063A2245A6A409
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 20 / 2021
Transaction ID : B8F7897EC96342C49056
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 119
	<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. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 30 / 2021
Transaction ID : B5207B0DC45343DD88CA
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 7BAEE7A2353A4A009BB5
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 7399E6CA33134B5EAF78
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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 28 OF 119
	<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. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 10 / 29 / 2021
Transaction ID : EC58DB09CD284C8F8CB9
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 11 / 12 / 2021
Transaction ID : 19B767D2ED904A0B92D4
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 11 / 19 / 2021
Transaction ID : 6BC552A6A6AB438D8256
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 119
	<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"/>	<input type="checkbox"/> 17

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

A. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 03 / 2021
Transaction ID : AD2A2C479A4244179D88
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Grobe, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Mesa Dr
 City Naperville State IL Zip Code 60565-5312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 17 / 2021
Transaction ID : 69F94FA149A04C5DAE53
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 02 / 2021
Transaction ID : 7626B30375AE4F6098BA
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 119
	<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. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 18 / 2021
Transaction ID : 88938FAC7E384B4DA11E
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 27 / 2021
Transaction ID : C7753CBDA26B497FBE5B
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 20 / 2021
Transaction ID : FFED8B7A58824E158ADF
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 31 OF 119
	<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. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2021
Transaction ID : AB90F2084BDB49C08DBF
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2021
Transaction ID : 3F9DEF1BAEFA4898A639
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2021
Transaction ID : D137FA57ED8F4E68AB16
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 119
	<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. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 39A1B7BE2B1A4FBB94C2
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 6A2C3B1EEE3A4CB2BF47
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 261682433FF2433287E6
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 33 OF 119
	(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

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. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 03 / 2021**
Transaction ID : 7E87474E8A0B4FFA8ECE
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : 4E2785EC035741D0AF7D
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : F2BFDF163A1C439B9C4D
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	221.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 18 / 2021
Transaction ID : 42D34AEF47E54D078F0E
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 868B052BA14242A0BDBD
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 4E328BE69DDF4A7F8D1F
 Amount of Each Receipt this Period 21.00
 Memo Item

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 35 OF 119
	<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. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 9678705AE13848BDB82E
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 41BF4449BC824C89B73E
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 36EC3C3E76AD434F89E7
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 22C3BDEB37E54151935F

Amount of Each Receipt this Period 21.00

Memo Item

B. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 12 / 2021
Transaction ID : CD5A4F6A490341AEBC83

Amount of Each Receipt this Period 21.00

Memo Item

C. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 0AE2405170324ED2AB6E

Amount of Each Receipt this Period 21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 119
	<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. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 20BF9B8DFD8E4C0282EF
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 17 / 2021
Transaction ID : E80B0EECBCECC481F8877
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 07 / 02 / 2021
Transaction ID : B5CAB3C5D5B54C36AD9F
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 119
	<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. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 08 / 18 / 2021
Transaction ID : 52CB0855B5D8404FBB3D
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 08 / 27 / 2021
Transaction ID : E52DBA27D2F34BEAAEF0
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 09 / 20 / 2021
Transaction ID : D9E60E385BAB4FC999C7
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	166.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2021
Transaction ID : A9EAC6C213344EF4958F
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2021
Transaction ID : E6F36F7FA7814E81A990
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2021
Transaction ID : 21585986D5CE414DAF21
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
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 40 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 10 / 29 / 2021
Transaction ID : 835B406677A740F299D3
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 11 / 12 / 2021
Transaction ID : 6CDF600FE0C149FF9CC9
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 11 / 19 / 2021
Transaction ID : F65B9CF4361E410AB36A
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 119
	<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. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 12 / 03 / 2021
Transaction ID : DC856284123D4F658250
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 12 / 17 / 2021
Transaction ID : 6D38D0A4EB6F406C9E17
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 07 / 02 / 2021
Transaction ID : F37EC81AC6624FE0AAFC
 Amount of Each Receipt this Period 39.00
 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 42 OF 119
	<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. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : E56C12C277274589ACDE
 Amount of Each Receipt this Period 78.00
 Memo Item

B. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **08 / 27 / 2021**
Transaction ID : AF5D83F25556448E8304
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **09 / 20 / 2021**
Transaction ID : 816335C84BAE4987B1DB
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	156.00
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 43 OF 119
	<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. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **09 / 30 / 2021**
Transaction ID : 318FD7AEA2E544D2A20E
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **10 / 08 / 2021**
Transaction ID : 09D5F4D2D6B44AC18AF3
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **10 / 22 / 2021**
Transaction ID : D2746DD8BDFC45F38B49
 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 44 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

A. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2021
Transaction ID : 819F738BF1BD422181D7
 Amount of Each Receipt this Period
 39.00
 Memo Item

B. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2021
Transaction ID : 28A3C377E79A4C7EA208
 Amount of Each Receipt this Period
 39.00
 Memo Item

C. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2021
Transaction ID : 8F86903B21C14B45AB75
 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:	PAGE 45 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 3D1D1EE43FA342CD8B55
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 12 / 17 / 2021
Transaction ID : DB391BD AFF4A48828812
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Jirschele, Cameron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2021
Transaction ID : BC4D56E864499DBACD9
 Amount of Each Receipt this Period 20.00
 Memo Item

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 46 OF 119
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jirschele, Cameron, , ,

Mailing Address 1510 N Bosworth Ave #3

City Chicago State IL Zip Code 60642-7612

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

Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2021

Transaction ID : 8275C8BB8DB340EC9FB2

Amount of Each Receipt this Period 40.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jirschele, Cameron, , ,

Mailing Address 1510 N Bosworth Ave #3

City Chicago State IL Zip Code 60642-7612

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

Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2021

Transaction ID : 79B03D8E08F541488CC6

Amount of Each Receipt this Period 20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jirschele, Cameron, , ,

Mailing Address 1510 N Bosworth Ave #3

City Chicago State IL Zip Code 60642-7612

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

Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2021

Transaction ID : A76DFB6180234EF1B757

Amount of Each Receipt this Period 20.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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 47 OF 119
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Jirschele, Cameron, , ,		Date of Receipt MM / DD / YYYY 09 / 30 / 2021 Transaction ID : 0F427AB6C9DC4FC3A88C
Mailing Address 1510 N Bosworth Ave #3		Amount of Each Receipt this Period 20.00
City Chicago	State IL	Zip Code 60642-7612
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jirschele, Cameron, , ,		Date of Receipt MM / DD / YYYY 10 / 08 / 2021 Transaction ID : CD63169AE7F44D19A066
Mailing Address 1510 N Bosworth Ave #3		Amount of Each Receipt this Period 20.00
City Chicago	State IL	Zip Code 60642-7612
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jirschele, Cameron, , ,		Date of Receipt MM / DD / YYYY 10 / 22 / 2021 Transaction ID : E89A35DF36894B849BA4
Mailing Address 1510 N Bosworth Ave #3		Amount of Each Receipt this Period 20.00
City Chicago	State IL	Zip Code 60642-7612
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 119
	<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. Jirschele, Cameron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 29 / 2021**
Transaction ID : CED41A0616AC4FECA568
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Jirschele, Cameron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : 683AE64A14444C7D831C
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Jirschele, Cameron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : 92F4063A59E8483EBC68
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 119
	<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. Jirschele, Cameron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 2123D7F5D7F24D52A814
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Jirschele, Cameron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2021
Transaction ID : 622A9BD867F84FD49250
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2021
Transaction ID : 777453B3764B44808FEB
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 119
	<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. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2021
Transaction ID : FC8D25AF9D91465B847A
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 04AB299F856746A3B106
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 3918C7D4984F4AD5A5D2
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 51 OF 119
	<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. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 30 / 2021**
Transaction ID : 9135DF5EEB554BAAA8F8
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 08 / 2021**
Transaction ID : C1BF6392461A41B88842
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 22 / 2021**
Transaction ID : B81890C14784488FA28F
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 119
	<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. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 29 / 2021**
Transaction ID : 7E580A3E015E48D995AE
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : A44391DD56E04E00A8E4
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : E0C34CAE68DB46308B64
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 119
	<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. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2021
Transaction ID : 53C41FD899D04F51993E
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Krouse, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2021
Transaction ID : 57EC7DC68B42421AB955
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2021
Transaction ID : 64C16F5D1AD7492FB982
 Amount of Each Receipt this Period
 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	79.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 119
	<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. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 08 / 18 / 2021
Transaction ID : 3A555BEE3CEA42489C40
 Amount of Each Receipt this Period 78.00
 Memo Item

B. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 86A93351D9664102A645
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 09 / 20 / 2021
Transaction ID : A080DE8C431549AE89B7
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	156.00
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 55 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2021
Transaction ID : 6D17FA7A05904ACD9CE7
 Amount of Each Receipt this Period
 39.00
 Memo Item

B. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2021
Transaction ID : 13D9EC8CB4054FE89578
 Amount of Each Receipt this Period
 39.00
 Memo Item

C. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2021
Transaction ID : 91D0EBA5A5BF4335938D
 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:	PAGE 56 OF 119
	(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

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. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **10 / 29 / 2021**
Transaction ID : AC79FE973D814257A236
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : 1DA5FE05E2DC45DDB9A9
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : 1C4A89972458423E9958
 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 57 OF 119
	<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. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 12 / 03 / 2021
Transaction ID : A78EDEAA7A724E9AB5B3
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 12 / 17 / 2021
Transaction ID : D7D7208FC84B40B39259
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Martin, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 W Van Buren St Unit 1711
 City Chicago State IL Zip Code 60607-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 84138B258BE4472A94C5
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.00
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 58 OF 119
<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. Martin, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 W Van Buren St
 Unit 1711
 City Chicago State IL Zip Code 60607-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 12 / 2021
Transaction ID : BA04C5F3BA05401FBDA0
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Martin, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 W Van Buren St
 Unit 1711
 City Chicago State IL Zip Code 60607-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 549DE910B218462BBEE6
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Martin, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 W Van Buren St
 Unit 1711
 City Chicago State IL Zip Code 60607-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 4DA9C035C70B49409FD8
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 59 OF 119
	<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. Martin, Alicia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 W Van Buren St
 Unit 1711
 City Chicago State IL Zip Code 60607-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : 404C43AC3C6E499EA6DF
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : EE93270016DD41FDA5C8
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : 31136E578A2C4F1D80C2
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 60 OF 119
	<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. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 27 / 2021**
Transaction ID : 39B4848BDAEF45B0B16B
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 20 / 2021**
Transaction ID : A60DA1B118E34979B150
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 30 / 2021**
Transaction ID : 8FD62D2B45254D43A13E
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 119
	<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. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2021
Transaction ID : DF3F8ACCB9F74776B7D7
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 92F43C53860B40B396B1
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2021
Transaction ID : B4662BF130384BD6B319
 Amount of Each Receipt this Period 27.00
 Memo Item

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 62 OF 119
	<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. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 39E921BC780C45FDB068
 Amount of Each Receipt this Period 13.00
 Memo Item

B. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2021
Transaction ID : F0E1543513E7424EA99C
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 827737014A6144ADA7F2
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.00
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 63 OF 119
	<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. Merrick, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 540 Hill Ave
 City Glen Ellyn State IL Zip Code 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : 608447C364754B78B3E3
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : 0DD4422A265C45F3A007
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : E2644E6A29E541E8A2BE
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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 64 OF 119
	<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. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 56819BC20C9C410E9C14
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2021
Transaction ID : A3E78082E66244A08773
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2021
Transaction ID : C7E79EB58C48490FA184
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 119
	<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. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 852CDFB81E85495A9DA1
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2021
Transaction ID : A31B6B09161C446A0E4
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 57A546C9605C4D48AD39
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 12 / 2021
Transaction ID : A998C01C3C41411B81BF
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 19 / 2021
Transaction ID : BA6A6880503B4F8A879C
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 12 / 03 / 2021
Transaction ID : DA33DD3E27B3485A945C
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 119
	(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

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. Nelson, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : C38606B89E6B4C849337
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : 4FD3C5505DD14FE3B095
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : E5E55BDF907B428AA2B1
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 68 OF 119
	<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. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 27 / 2021
Transaction ID : BD9E62FB1DAA4F76A150
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 20 / 2021
Transaction ID : AF956F6A05FB4BCD94C1
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 9B77E984B80041A28931
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 69 OF 119
	<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. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 2C676900CFF9451CA6B5
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 153AD7958C884E22BFF6
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 29 / 2021
Transaction ID : B90A5B7774664912BFC5
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 70 OF 119
	<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. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **11 / 12 / 2021**
Transaction ID : A7765E6B342C47658206
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : C1EB3E8450E34CBB971F
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **12 / 03 / 2021**
Transaction ID : 9B7FED5C7FC14774AAC0
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 71 OF 119
	<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. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : C0D03C5B985843BE8C43
 Amount of Each Receipt this Period 25.00
 Memo Item

B. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : 084244F200CD4E75BB17
 Amount of Each Receipt this Period 21.00
 Memo Item

C. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : 83C557E4B52143B586C9
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	88.00
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 72 OF 119
	<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. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 27 / 2021
Transaction ID : BAA7EAA6DA4E47BF8140
 Amount of Each Receipt this Period 21.00
 Memo Item

B. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 20 / 2021
Transaction ID : E4834B0F493D4EA9B838
 Amount of Each Receipt this Period 21.00
 Memo Item

C. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 30 / 2021
Transaction ID : D002F0D9F9B14A64A9FA
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
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 73 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2021
Transaction ID : 24E2BEB3911E46B684EB
 Amount of Each Receipt this Period
 21.00
 Memo Item

B. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2021
Transaction ID : 6EB3B5EDD8CD4F8E9050
 Amount of Each Receipt this Period
 21.00
 Memo Item

C. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2021
Transaction ID : E860A2170EAB48D2A553
 Amount of Each Receipt this Period
 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
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 74 OF 119
	<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. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 47BD1E13F96C4DB4A283
 Amount of Each Receipt this Period 21.00
 Memo Item

B. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 6308F0A7DD0441DDA2ED
 Amount of Each Receipt this Period 21.00
 Memo Item

C. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 7D1AB76CAC6A490A9F54
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.00
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 75 OF 119
	<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. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : B2FE1801392049F9913E
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : C8D35072FCC747D986B2
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : D1100E7DF3AF4671B218
 Amount of Each Receipt this Period 78.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	138.00
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 76 OF 119
	<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. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 7C1EA2A7041B4A85AE89
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 09 / 20 / 2021
Transaction ID : A920876DCC8F49DA86BF
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 09 / 30 / 2021
Transaction ID : E8FBD3AE113149D98310
 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 77 OF 119
	<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. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 08 / 2021
Transaction ID : AD542217C07A44618798
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 972B9BEDF3004847B0CD
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 70A622D595B14F1A9E14
 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 78 OF 119
	<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. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 11 / 12 / 2021
Transaction ID : E66B69F2BB7D4331BBB3
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 11 / 19 / 2021
Transaction ID : FCCA532B6D3D415B8C1D
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 12 / 03 / 2021
Transaction ID : BFD0A54FA7A643569372
 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 79 OF 119
	<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. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2021
Transaction ID : 2AE14C825F424E278ACC
 Amount of Each Receipt this Period
 39.00
 Memo Item

B. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2021
Transaction ID : E56E0294A8764589973B
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2021
Transaction ID : E8AF6DDB3EBA45ADBE37
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	99.00
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 80 OF 119
	<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. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 69F10426632F49EAA55C
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 479201400C48433FB10F
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 637793B131CD431F8680
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2021
Transaction ID : C8C78A98C33A41B2A37D
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2021
Transaction ID : E82CADAF2344D2AB586
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 5A1AFFBA738546A6A5B7
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 119
	<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. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 0768DCF3F45F47128B45
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 9E099B4FB85843DF9BA2
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2021
Transaction ID : B1E7ED4841274597BC96
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 119
	<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. Porcelli, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : 9DF2C428DC874B36919E
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Pulluru, Raghu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **07 / 02 / 2021**
Transaction ID : 67AFC38B8F7746CB9B53
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Pulluru, Raghu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **08 / 18 / 2021**
Transaction ID : 42A68FBF205C41EFB95F
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.69
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 84 OF 119
	<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. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2021

Transaction ID : 5D347EBFCF5944F388F0

Amount of Each Receipt this Period
19.23

Memo Item

B. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2021

Transaction ID : 01FA7570A36847B0994C

Amount of Each Receipt this Period
19.23

Memo Item

C. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2021

Transaction ID : DFA4E71463BF474A84C4

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 85 OF 119
	<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. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Transaction ID : 3B281B9FFBA0405D9ACF

Amount of Each Receipt this Period

19.23

 Memo Item

B. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2021

Transaction ID : 2D917AC564634401A74A

Amount of Each Receipt this Period

19.23

 Memo Item

C. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

Transaction ID : 5965E1F41C2E4FB5852D

Amount of Each Receipt this Period

19.23

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 86 OF 119
	<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. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2021

Transaction ID : D84DD3811BB04FFA8858

Amount of Each Receipt this Period
19.23

Memo Item

B. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2021

Transaction ID : C0667682FC174503A4CE

Amount of Each Receipt this Period
19.23

Memo Item

C. Pulluru, Raghu, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2021

Transaction ID : B6E734792D814F03AF81

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 87 OF 119
	<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. Pulluru, Raghu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **12 / 17 / 2021**
Transaction ID : 32A5119B6CD343BDBB8F
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt **07 / 02 / 2021**
Transaction ID : C41EC47E79054F03AF0B
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt **08 / 18 / 2021**
Transaction ID : 6B426349ED7B48BB89AD
 Amount of Each Receipt this Period 76.92
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.61
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 88 OF 119
	<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. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 08 / 27 / 2021
Transaction ID : 76FD66CB875740D6B7A9
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 09 / 20 / 2021
Transaction ID : 00CEA46D0A4E4AA49DE7
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 09 / 30 / 2021
Transaction ID : 6A58B05FCD074F32A4D0
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
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 89 OF 119
	<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. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 10 / 08 / 2021
Transaction ID : 4122F4F5CDFD4A6F8859
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 10 / 22 / 2021
Transaction ID : BD9474B4188B4A0FAEC2
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 10 / 29 / 2021
Transaction ID : 942FDFB0078E44D8AC63
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
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 90 OF 119
	<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. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 11 / 12 / 2021
Transaction ID : CA23FBF7DDBC4730B790
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 11 / 19 / 2021
Transaction ID : 4CB7C48132C24460B314
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 12 / 03 / 2021
Transaction ID : 81D79864A7D5474EA343
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
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 91 OF 119
	<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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DuPage Medical Group LTD PAC

A. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt **12 / 17 / 2021**
Transaction ID : 674E123CFC534544B6B7
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **07 / 02 / 2021**
Transaction ID : 9746182A2B284E9E8E31
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **08 / 18 / 2021**
Transaction ID : A997929E39E54A50A87C
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.15
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 92 OF 119
	<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"/>	<input type="checkbox"/> 17

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

A. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **08 / 27 / 2021**
Transaction ID : 7C17E193EC3C41AAA8F5
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **09 / 20 / 2021**
Transaction ID : 2F2A6C5C612A4C86B485
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **09 / 30 / 2021**
Transaction ID : B2CE498FED6D4188A2FB
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 93 OF 119
	<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. Sievertsen, Grant, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook	State IL	Zip Code 60523-2519
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Transaction ID : 7FE62A6B3AC64DF286AA

Amount of Each Receipt this Period
19.23

Memo Item

B. Sievertsen, Grant, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook	State IL	Zip Code 60523-2519
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2021

Transaction ID : 5BB928EE0A684442A00B

Amount of Each Receipt this Period
19.23

Memo Item

C. Sievertsen, Grant, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook	State IL	Zip Code 60523-2519
-------------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

Transaction ID : F7D64E28F3684AA5A9CE

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.69
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 94 OF 119
	<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. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 11 / 12 / 2021
Transaction ID : EC97253B7D304EF18E86
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 11 / 19 / 2021
Transaction ID : FA3316370BC74E1BBA94
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 12 / 03 / 2021
Transaction ID : B5C5C4206DEF447F9A56
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
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 95 OF 119
	<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. Sievertsen, Grant, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **12 / 17 / 2021**
Transaction ID : 1F5251763C7C4D119225
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : BF43F992C5D94A4281BD
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : E0F7DD478BBD46948FC4
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 94.23
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 119
	<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. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 17CBAB986B6B4EA8BFB5
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 02F4FA80485F4ADE8952
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 30 / 2021
Transaction ID : DBCE0DABED714F7492EB
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 97 OF 119
	<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. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 4F452D07FC1E40DBA079
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 8520DAAA956348BC97D4
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 3A02663EB3A743E39F33
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 98 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 4C2E9237BFBB4BCEA44E
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 877192FA12A34BAFA585
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 03 / 2021
Transaction ID : C4184883958F4A8DA644
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 99 OF 119
	<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. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : D07346B029EB4F7AA56E
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt **07 / 02 / 2021**
Transaction ID : C1C5AA0E3B1347F597D9
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt **08 / 18 / 2021**
Transaction ID : EDFF6D68827247D79DDC
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.01
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 100 OF 119
	<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. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 08 / 27 / 2021
Transaction ID : 2AD8137569B24F57AF87
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 09 / 20 / 2021
Transaction ID : F375097662404426BFA8
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 09 / 30 / 2021
Transaction ID : D94FBB00F7314F3688FA
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
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 101 OF 119
	<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. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 10 / 08 / 2021
Transaction ID : 2EE1FC39060748318652
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 10 / 22 / 2021
Transaction ID : 25F270E7A30446C79451
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 10 / 29 / 2021
Transaction ID : DC8C782E032B408C9F85
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
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 102 OF 119
	<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"/>	<input type="checkbox"/> 17

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

A. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 11 / 12 / 2021
Transaction ID : 7910BD1C2CBA4F76BA61
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 11 / 19 / 2021
Transaction ID : 58E61D838B4B47DC9D34
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt 12 / 03 / 2021
Transaction ID : CFACB4E2DC6A40348E6D
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
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 103 OF 119
	<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. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.75

Date of Receipt **12 / 17 / 2021**
Transaction ID : 7FDE49CDA8A6427F8113
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : 9AA0926CF0CD4E39B3A9
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : 85CDDE3454624FE09296
 Amount of Each Receipt this Period 78.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	158.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 119
	<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. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 897.00

Date of Receipt: 08 / 27 / 2021
Transaction ID : 35010A3817B24E45BC49
 Amount of Each Receipt this Period: 39.00
 Memo Item

B. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 897.00

Date of Receipt: 09 / 20 / 2021
Transaction ID : 1BE4A5166C784AA78B65
 Amount of Each Receipt this Period: 39.00
 Memo Item

C. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd., Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼: 897.00

Date of Receipt: 09 / 30 / 2021
Transaction ID : 41B3DEA3297B41EBAD1E
 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 105 OF 119
	<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. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd. Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt: 10 / 08 / 2021
Transaction ID : 28B704A3A5404187A194
 Amount of Each Receipt this Period: 39.00
 Memo Item

B. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd. Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt: 10 / 22 / 2021
Transaction ID : ADF27B36FED44044B1FB
 Amount of Each Receipt this Period: 39.00
 Memo Item

C. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual): DuPage Medical Group, Ltd. Occupation (for Individual): Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt: 10 / 29 / 2021
Transaction ID : 7DDE46908E5F4E188DCB
 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 106 OF 119
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 12 / 2021
Transaction ID : F26ED3A9D39A480F8452
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 19 / 2021
Transaction ID : D440A0D73C4449839FED
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 2FA368A4D1E84D1A994E
 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 107 OF 119
	<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. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : 4350B8D76A6745E39622
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : 450D1E38444741BA9CF9
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : CD1F73D0794A49D9A441
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	99.00
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 108 OF 119
	<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. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 587E0B92F42B4FB7B558
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 7A997C9D03204756BFA8
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 954254FFAC5141B8A2BC
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2021
Transaction ID : E6EE12EC9F1E4952A5E2
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 5F786F8FA36C4E4996E0
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 10840BD9CABC4518AF9F
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 119
	<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. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 86CDF8580A76456A9D6E
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 2A7D74A9C95840638722
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 2B69B4C32C0E45F48805
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 119
	<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. Villanueva, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : 3B29233756A44BEE92CC
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **07 / 02 / 2021**
Transaction ID : 472DB4E2C4064C4CBA5C
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **08 / 18 / 2021**
Transaction ID : 8F7B12EF84954DB5B6CE
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
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 112 OF 119
	<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. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 27 / 2021
Transaction ID : B86A3DF723984946916B
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 5E692EC39D7C45BFB96D
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 395636B7072B472C9B4B
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 113 OF 119
	<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. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 1B6713F8C0FD478BBE15
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 004429B834E04DA6B3B8
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 10 / 29 / 2021
Transaction ID : 5BBF90811762402FB7CF
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 114 OF 119
<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. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 12 / 2021
Transaction ID : CC2FBC0A2AEC43258AB5
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 11 / 19 / 2021
Transaction ID : A5BC3F771FF6493081A0
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 2100CE3FDE7042DA993A
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 115 OF 119
	<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. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **12 / 17 / 2021**
Transaction ID : EEA7047666744648A330
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Yu, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Mitchell Cir
 City Wheaton State IL Zip Code 60189-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.75

Date of Receipt **07 / 02 / 2021**
Transaction ID : 88E869F19BA243499854
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Yu, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Mitchell Cir
 City Wheaton State IL Zip Code 60189-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.75

Date of Receipt **08 / 18 / 2021**
Transaction ID : 303B8419F9204FF48160
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	87.49
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 116 OF 119
<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. Yu, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Mitchell Cir
 City Wheaton State IL Zip Code 60189-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.75

Date of Receipt **08 / 27 / 2021**
Transaction ID : B296BEC1BAEB4FB2A605
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Yu, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Mitchell Cir
 City Wheaton State IL Zip Code 60189-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.75

Date of Receipt **09 / 20 / 2021**
Transaction ID : 0E2D8228E79C4C6BB3ED
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Yu, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Mitchell Cir
 City Wheaton State IL Zip Code 60189-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.75

Date of Receipt **09 / 30 / 2021**
Transaction ID : EA024B43DB8E4B0E82C6
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.49
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 117 OF 119
	<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. Yu, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Mitchell Cir

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Transaction ID : 961A1C6C00A842BAA0E9

Amount of Each Receipt this Period
20.83

Memo Item

B. Yu, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Mitchell Cir

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2021

Transaction ID : F4ACE9723D80448F9C20

Amount of Each Receipt this Period
20.83

Memo Item

C. Yu, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Mitchell Cir

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2021

Transaction ID : A20086F5394B43EBADA4

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.49
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 118 OF 119
	<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. Yu, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Mitchell Cir

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

Transaction ID : 71972CCDF28F40A1B9F9

Amount of Each Receipt this Period
20.83

Memo Item

B. Yu, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Mitchell Cir

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2021

Transaction ID : EA64EA6D9F0E46D39ECA

Amount of Each Receipt this Period
20.83

Memo Item

C. Yu, Andrew, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Mitchell Cir

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2021

Transaction ID : A79256A7E6F84F4EBFF7

Amount of Each Receipt this Period
20.83

Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.49
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 119 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yu, Andrew, , ,

Mailing Address 76 Mitchell Cir

City Wheaton State IL Zip Code 60189-5928

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

Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.75

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2021

Transaction ID : 5DE16145E4D04F3BB8DB

Amount of Each Receipt this Period
20.83

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20.83
TOTAL This Period (last page this line number only).....▶	11242.17