

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
DuPage Medical Group LTD PAC

ADDRESS (number and street) 1100 West 31ST Street  
Suite 300  
 Check if different than previously reported. (ACC)  
Downers Grove IL 60515

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mary Goldsher

Signature of Treasurer Electronically Filed by Mary Goldsher Date 10 20 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		40637.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	59060.76									
(c) Total Receipts (from Line 19) .....	3435.50	23308.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	62496.26	63946.26								
7. Total Disbursements (from Line 31) .....	4800.00	6250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	57696.26	57696.26								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	3004.04	14428.78
(ii) Unitemized .....	431.46	8879.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3435.50	23308.68
(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) .....	3435.50	23308.68
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 Transfer (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)) .....	3435.50	23308.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3435.50	23308.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4800.00	6200.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	20.00
(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	20.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	4800.00	6250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4800.00	6250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	3435.50	23308.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3435.50	23288.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	30.00

**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 7 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Anderson		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address 3 Briar Ln		<b>Transaction ID:</b> DFC8BFBCF6995DFE171		
	City West Chicago	State IL	Zip Code 60185-3033	Amount of Each Receipt this Period 20.84	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.96			

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Anderson		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 3 Briar Ln		<b>Transaction ID:</b> D4E9DFF8AB571B7283A		
	City West Chicago	State IL	Zip Code 60185-3033	Amount of Each Receipt this Period 20.84	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.96			

<b>C.</b>	Full Name (Last, First, Middle Initial) Erik Baier		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address 949 S Euclid Ave		<b>Transaction ID:</b> 07440F6973C5EF82C5D		
	City Elmhurst	State IL	Zip Code 60126-5104	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Chief Operating Officer			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	61.68
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Erik Baier	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 949 S Euclid Ave	<b>Transaction ID:</b> 31FC7DB2782A6EDDD94
	City State Zip Code Elmhurst IL 60126-5104	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Connolly	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 15242 Saint Andrews Dr	<b>Transaction ID:</b> 2EE1A094D048E2D6123
	City State Zip Code Orland Park IL 60462-4165	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Connolly	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 15242 Saint Andrews Dr	<b>Transaction ID:</b> A95DF0B6AEBB9F1D70D
	City State Zip Code Orland Park IL 60462-4165	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

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



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

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

FOR LINE NUMBER: PAGE 9 / 35  
(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 (Last, First, Middle Initial)  
David Dungan

Mailing Address 211 Palamino PI

City State Zip Code  
Wheaton IL 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** 04269EA133CB45FC10D

Amount of Each Receipt this Period  
20.00

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

Mailing Address 211 Palamino PI

City State Zip Code  
Wheaton IL 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** 13E82E8E59130BF0D51

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1105 Adelia St

City State Zip Code  
Downers Grove IL 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 426.91

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** 6C3813FE93FC173D004

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**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: <span style="float: right;">PAGE 10 / 35</span>
(check only one)	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 1105 Adelia St	<b>Transaction ID:</b> 678CC1EF533EE3C6D14
	City State Zip Code Downers Grove IL 60516-2830	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 426.91	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Giardina	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 832 Abbey Dr	<b>Transaction ID:</b> FEC75ABE29CDD28CD19
	City State Zip Code Glen Ellyn IL 60137-6130	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Goldsher	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 536 Mayfair Ln	<b>Transaction ID:</b> F39125234E82F36BF65
	City State Zip Code Naperville IL 60565-5387	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Executive Director Admin. Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>108.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Goldsher		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 536 Mayfair Ln		<b>Transaction ID:</b> 06A3F96280A1ADFDBBB		
	City Naperville	State IL	Zip Code 60565-5387	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Executive Director Admin. Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address 15224 Summit Ave. Ste. 107		<b>Transaction ID:</b> 1EBC277B10011561165		
	City Oakbrook Terrace	State IL	Zip Code 60181	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 798.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 15224 Summit Ave. Ste. 107		<b>Transaction ID:</b> 5705842B437EAEC2F67		
	City Oakbrook Terrace	State IL	Zip Code 60181	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 798.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	104.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 35  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Glenn Grobe

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 10 / 2010  
**Transaction ID:** 640BFEEDC0584214975  
 Amount of Each Receipt this Period: 15.00

**B.**

Full Name (Last, First, Middle Initial)  
Glenn Grobe

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** DD11BD57F3C0A839587  
 Amount of Each Receipt this Period: 15.00

**C.**

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 09 / 10 / 2010  
**Transaction ID:** B550E9A7F2781BE5942  
 Amount of Each Receipt this Period: 100.00

**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: PAGE 13 / 35  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address 8207 Gruener Ct		<b>Transaction ID:</b> 8FFF3DA9435F83F3A6C
City Palos Hills	State Zip Code IL 60465-2200	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

**B.**

Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 640 S Washington St Ste 268		<b>Transaction ID:</b> 99D67585FBDB4AEAFE8
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 21.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

**C.**

Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address 640 S Washington St Ste 268		<b>Transaction ID:</b> 1A9453269F09FD348A5
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 21.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

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

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

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

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

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

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.**

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

Mailing Address 640 S Washington St  
Ste 268

City State Zip Code  
Naperville IL 60540-6694

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
380.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: 4DF08CED5E3C7722064

Amount of Each Receipt this Period

20.00

**B.**

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

Mailing Address 640 S Washington St  
Ste 268

City State Zip Code  
Naperville IL 60540-6694

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
380.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: BC709C03A13F93D7312

Amount of Each Receipt this Period

20.00

**C.**

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

Mailing Address 1962 Hampton Dr

City State Zip Code  
Wheaton IL 60189-2020

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
791.73

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: EF2B20D9192109C21F1

Amount of Each Receipt this Period

41.67

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

81.67

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 35
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt
	Mailing Address 1962 Hampton Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Wheaton	IL	60189-2020
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 65AFCAC96E11F23C691
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.67
		<input type="text"/> 791.73	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Krouse		Date of Receipt
	Mailing Address 4720 Lee Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Downers Grove	IL	60515-3319
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: A38F1061A9F89896266
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 380.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Krouse		Date of Receipt
	Mailing Address 4720 Lee Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Downers Grove	IL	60515-3319
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 13D76F3AAE7CBB019E1
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 380.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 81.67
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 395.77

Date of Receipt 09 / 10 / 2010

**Transaction ID:** C677DE54AF24512995D

Amount of Each Receipt this Period 20.83

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

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 395.77

Date of Receipt 09 / 20 / 2010

**Transaction ID:** A21C9DD964AF96BE1FA

Amount of Each Receipt this Period 20.83

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

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 10 / 2010

**Transaction ID:** 71EAFF591453A34F4B4

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 81.66

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 35  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Todd Lavigne

Mailing Address 2034 W Walton St

City State Zip Code  
Chicago IL 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** 049B930EBD55C60ABCC

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 1564 Abbotsford Dr

City State Zip Code  
Naperville IL 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

**Transaction ID:** 9DFA9C3B99E01CB132E

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 1564 Abbotsford Dr

City State Zip Code  
Naperville IL 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** E21CD6995564846CF1A

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 18 / 35

(check only one)

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

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.**

Full Name (Last, First, Middle Initial)  
Steve Lieberman

Mailing Address 819 E Hillside Rd

City State Zip Code  
Naperville IL 60540-6806

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 399.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: 3FC2F260B5B8BD063F0

Amount of Each Receipt this Period  
21.00

**B.**

Full Name (Last, First, Middle Initial)  
Steve Lieberman

Mailing Address 819 E Hillside Rd

City State Zip Code  
Naperville IL 60540-6806

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 399.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 7FD4E4869D6EF8A749A

Amount of Each Receipt this Period  
21.00

**C.**

Full Name (Last, First, Middle Initial)  
Nicholas Mataragas

Mailing Address 6105 Timber Ridge Ct

City State Zip Code  
Indian Head Park IL 60525-3759

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.37

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: 26BF2126E9301133D43

Amount of Each Receipt this Period  
19.23

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

61.23

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 35  
(check only one)

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

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.** Full Name (Last, First, Middle Initial)  
Nicholas Mataragas

Mailing Address 6105 Timber Ridge Ct

City State Zip Code  
Indian Head Park IL 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** 69D052043E7DD02B239

Amount of Each Receipt this Period  
19.23

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

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** 6EEA57090AF8F139B0E

Amount of Each Receipt this Period  
20.00

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

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** 3074C42256F87CC85AB

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **59.23**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) M. Paul Meyer	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 1801 S Highland Ave	<b>Transaction ID:</b> 93ED7438A28DC5C8153
	City State Zip Code Lombard IL 60148-4932	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 791.73	

<b>B.</b>	Full Name (Last, First, Middle Initial) M. Paul Meyer	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 1801 S Highland Ave	<b>Transaction ID:</b> B5D2E2AD033D6C8503A
	City State Zip Code Lombard IL 60148-4932	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 791.73	

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Monson	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 612 Beaver Ct	<b>Transaction ID:</b> 879A1A010CADD272964
	City State Zip Code Naperville IL 60563-9782	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 855.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>128.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 35
	<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	

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.**

Full Name (Last, First, Middle Initial)  
Keith Monson

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt 09 / 20 / 2010

**Transaction ID:** 7E2FACB7B49B7A41C60

Amount of Each Receipt this Period 45.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Murphy

Mailing Address 315 S Chandler Ave

City Elmhurst State IL Zip Code 60126-3559

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010

**Transaction ID:** 41AD75325AA4D5DF78B

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Nelson

Mailing Address 3753 King Williams Ct

City Saint Charles State IL Zip Code 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 10 / 2010

**Transaction ID:** 3A4867DC92B14FA4FB5

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 315.00

**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 22 / 35  
(check only one)

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

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.**

Full Name (Last, First, Middle Initial)  
Mark Nelson

Mailing Address 3753 King Williams Ct

City State Zip Code  
Saint Charles IL 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** D5E26D43D167750795B

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 561 Hevern Dr

City State Zip Code  
Wheaton IL 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** 6DE018B1108F3BB924F

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 561 Hevern Dr

City State Zip Code  
Wheaton IL 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** C88AA5AE4A951D378B1

Amount of Each Receipt this Period  
25.00

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 23 / 35
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NAME OF COMMITTEE (In Full)  
DuPage Medical Group LTD PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Don Nichols		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 515 W Park Ave		<b>Transaction ID:</b> C55D10202382DA18DB4
	City Wheaton	State IL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Don Nichols		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 515 W Park Ave		<b>Transaction ID:</b> 16A666ADCA29149FFE2
	City Wheaton	State IL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian O'Leary		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 401 59th St		<b>Transaction ID:</b> 361F68150D511E48391
	City Downers Grove	State IL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 399.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 35
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian O'Leary	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 401 59th St	<b>Transaction ID:</b> D5B455722D7A4AEE8CD
	City Downers Grove State IL Zip Code 60516-1440	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Oakley	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 605 S Grant St	<b>Transaction ID:</b> 4AAAC45B23D15C701B5
	City Hinsdale State IL Zip Code 60521-4453	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Oakley	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 605 S Grant St	<b>Transaction ID:</b> D45B0FFBA6D95933887
	City Hinsdale State IL Zip Code 60521-4453	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	71.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 35  
(check only one)

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

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.**

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code  
Homer Glen IL 60491-6946

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 10 / 2010

Transaction ID: E6E45568BE84D63A1A6

Amount of Each Receipt this Period: 20.00

**B.**

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code  
Homer Glen IL 60491-6946

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 20 / 2010

Transaction ID: A91E5DD6460CED35C26

Amount of Each Receipt this Period: 20.00

**C.**

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

Mailing Address 1800 N Main St

City State Zip Code  
Wheaton IL 60187-3112

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt: 09 / 10 / 2010

Transaction ID: F97C8741380A163B76A

Amount of Each Receipt this Period: 21.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **61.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 35

(check only one)

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

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.**

Full Name (Last, First, Middle Initial)

Stephen Pierson

Mailing Address 1800 N Main St

City State Zip Code  
Wheaton IL 60187-3112

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 399.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: D3A7B5CBFF342E86FEF

Amount of Each Receipt this Period  
21.00

**B.**

Full Name (Last, First, Middle Initial)

John Porcelli

Mailing Address 1237 N Chicago Ave

City State Zip Code  
Arlington Heights IL 60004-4430

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: BC793086933954A763F

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)

John Porcelli

Mailing Address 1237 N Chicago Ave

City State Zip Code  
Arlington Heights IL 60004-4430

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 94843EBB0BCABF7D03C

Amount of Each Receipt this Period  
20.00

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

61.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Soujanya Pulluru		Date of Receipt
	Mailing Address 3908 Littlestone Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Naperville	IL	60564-5915
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> B1494604BC28B0EDE81
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 791.73	<input type="text"/> 41.67

<b>B.</b>	Full Name (Last, First, Middle Initial) Soujanya Pulluru		Date of Receipt
	Mailing Address 3908 Littlestone Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Naperville	IL	60564-5915
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7DB88DE5950EAC3A995
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 791.73	<input type="text"/> 41.67

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Ruzek		Date of Receipt
	Mailing Address 25164 Churchill Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Glen Ellyn	IL	60137
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 60679952053E203B4AA
Name of Employer DuPage Medical Group, Ltd.		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 365.75	<input type="text"/> 19.25

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 102.59
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 35  
(check only one)

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

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

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

Mailing Address 25164 Churchill Lane

City State Zip Code  
Glen Ellyn IL 60137

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

Name of Employer DuPage Medical Group, Ltd. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.75

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** EEA7B752E4FF7A496FB

Amount of Each Receipt this Period: 19.25

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

Mailing Address 743 Godair Cir

City State Zip Code  
Hinsdale IL 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 10 / 2010  
**Transaction ID:** C32888E5B9C472B4EE9

Amount of Each Receipt this Period: 20.00

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

Mailing Address 743 Godair Cir

City State Zip Code  
Hinsdale IL 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 20 / 2010  
**Transaction ID:** B208059AC9BDD0DF218

Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 59.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 29 / 35
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Grant Sievertsen	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 1304 Midwest Club Pkwy	<b>Transaction ID:</b> EA018D848D2E010FA5F
	City State Zip Code Oak Brook IL 60523-2519	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.37	

<b>B.</b>	Full Name (Last, First, Middle Initial) Grant Sievertsen	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 1304 Midwest Club Pkwy	<b>Transaction ID:</b> 83980DDB01660784C57
	City State Zip Code Oak Brook IL 60523-2519	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.37	

<b>C.</b>	Full Name (Last, First, Middle Initial) Amy Stoeffler	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 532 Deerpath Rd	<b>Transaction ID:</b> 6D0275F73E1139F4C56
	City State Zip Code Glen Ellyn IL 60137-4102	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 791.73	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.13
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 35

(check only one)

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

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

**A.**

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

Mailing Address 532 Deerpath Rd

City State Zip Code  
Glen Ellyn IL 60137-4102

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 791.73

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 3D81381EE8F39C0B4EC

Amount of Each Receipt this Period  
41.67

**B.**

Full Name (Last, First, Middle Initial)  
Alan Summers

Mailing Address 208 Millcreek Ln

City State Zip Code  
Naperville IL 60540-8294

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: D0F0F03EC91A358FA19

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 365.37

Date of Receipt

M M / D D / Y Y Y Y  
09 / 10 / 2010

Transaction ID: 6E5E6F0E53A478ADED7

Amount of Each Receipt this Period  
19.23

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

560.90

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 35  
(check only one)

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

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

**A.**

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** 012046CDFBB6CA9D053

Amount of Each Receipt this Period  
19.23

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Towers

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 791.73

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

**Transaction ID:** 7DA0FB75FA29BB7A033

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Towers

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 791.73

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** 5D3A0E9DCBF5064DB94

Amount of Each Receipt this Period  
41.67

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 35  
(check only one)

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

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.**

Full Name (Last, First, Middle Initial) Rebecca Tung		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 175 E Delaware Pl Apt 4911		<b>Transaction ID:</b> ECD4FB4656806FCD87
City Chicago	State Zip Code IL 60611-7715	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 398.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Rebecca Tung		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address 175 E Delaware Pl Apt 4911		<b>Transaction ID:</b> 72D283E6822C408D837
City Chicago	State Zip Code IL 60611-7715	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 29.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 398.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Caroline Wolfe		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 132 E Fremont Ave		<b>Transaction ID:</b> A5641BED312D0DA7E09
City Elmhurst	State Zip Code IL 60126-2324	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 380.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	78.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 35  
(check only one)

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

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.**

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

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 20 / 2010

**Transaction ID:** E5A5D0E16B659535485

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Eva Wyrma

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 10 / 2010

**Transaction ID:** 312129857E62A9F1831

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Eva Wyrma

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 20 / 2010

**Transaction ID:** 3FDCA1044E7343718B3

Amount of Each Receipt this Period 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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.**

Full Name (Last, First, Middle Initial) Andrew Yu		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 1601 S Highland Ave		<b>Transaction ID:</b> 44CA9D75B4BB49908E1
City Lombard	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 395.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Andrew Yu		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address 1601 S Highland Ave		<b>Transaction ID:</b> 5723DA12664F52B2098
City Lombard	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.83
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 395.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	41.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3004.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Kirk for Senate <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement 2010 General Election Candidate Name Mark Steven Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2B692DDFAFB364936FC Date of Disbursement 09 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2400.00
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Kirk for Senate <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement 2010 Special Election Candidate Name Mark Steven Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special	<b>Transaction ID:</b> E37100C55DADA03822C Date of Disbursement 09 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2400.00
	011 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4800.00

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

4800.00