

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00435982** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **06** / **2018** in the State of

5. Covering Period **10** / **18** / **2018** through **11** / **26** / **2018**

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

Signature of Treasurer *Tobie, Henry, , ,* [Electronically Filed] Date **12** / **06** / **2018**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2018"/>	<input type="text" value="200031.97"/>	<input type="text" value="200031.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="216241.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3501.03"/>	<input type="text" value="24737.13"/>
(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="219742.10"/>	<input type="text" value="224769.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5003.00"/>	<input type="text" value="10030.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="214739.10"/>	<input type="text" value="214739.10"/>
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

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).....	3481.03	17334.66
(ii) Unitemized	20.00	7402.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3501.03	24737.13
(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)	3501.03	24737.13
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)).....▶	3501.03	24737.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3501.03	24737.13

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	3.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
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).....	5000.00	5000.00
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)) ..	5003.00	10030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5003.00	10030.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	3501.03	24737.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3501.03	24737.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3.00	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)	3.00	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 6 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Anderson, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Briar Ln
 City West Chicago State IL Zip Code 60185-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt 10 / 26 / 2018
Transaction ID : A7C009A9EC794BA59A88
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Anderson, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Briar Ln
 City West Chicago State IL Zip Code 60185-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt 11 / 09 / 2018
Transaction ID : 948C171607474A798A2A
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Anderson, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Briar Ln
 City West Chicago State IL Zip Code 60185-3033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.64

Date of Receipt 11 / 16 / 2018
Transaction ID : 2B41094AB2E7465F988E
 Amount of Each Receipt this Period 20.84
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.52
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 45
	<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. 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 ▼ 819.00

Date of Receipt **10 / 26 / 2018**
Transaction ID : CCB5C61342F64860B10E
 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 ▼ 819.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : B9ABD0CD83B84DA1AC02
 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 ▼ 819.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : 4ED006ED1A024E1F8954
 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 45
	<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 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2018
Transaction ID : E4615F6DB66548979A22
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2018
Transaction ID : CF15C68D48104323AC78
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : D633850236D74108B1A9
 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 9 OF 45
	<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. 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 ▼ 525.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9981A6E7127E4BACB223
 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 ▼ 525.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 507735590646466DA148
 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 ▼ 525.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 8DFD0ACAF4442B8A498
 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 10 OF 45
	<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. 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 Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 6022A415B6044BF69B22
 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 Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 230B3B71A4F04FC8A781
 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 Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 11 / 16 / 2018
Transaction ID : E86FD24C0700450CA668
 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 11 OF 45
	<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. 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 ▼ 1050.00

Date of Receipt **10 / 26 / 2018**
Transaction ID : 7A6E97AE00274F4D9AB8
 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 ▼ 1050.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : D984BCCA37FA44EAA71C
 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 ▼ 1050.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : 53C24CE79F4A4415A664
 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 12 OF 45
	<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. Gallo, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt **10 / 26 / 2018**
Transaction ID : EEB73C267187454B8559
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Gallo, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : 37877413DA654005AAF5
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Gallo, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : D3642902F4DE410D826F
 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 13 OF 45
	<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. 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 ▼ 315.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 2DFEB2BFE7634C6A9F48
 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 ▼ 315.00

Date of Receipt 11 / 09 / 2018
Transaction ID : ADD9A39269C444F9A327
 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 ▼ 315.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 6233D9089399442A83A4
 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 14 OF 45
	<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 ▼ 2100.00

Date of Receipt **10 / 26 / 2018**
Transaction ID : 3433BD8E39F348259354
 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 ▼ 2100.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : F4BFB5F3FA4E4FCEAA29
 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 ▼ 2100.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : 97970CCCF52540EAB982
 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 15 OF 45
	<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. 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 ▼ 441.00

Date of Receipt 10 / 26 / 2018

Transaction ID : 9D2CC85D210F43CF9C1F

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 ▼ 441.00

Date of Receipt 11 / 09 / 2018

Transaction ID : 6890C20FE0A84480B26A

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 ▼ 441.00

Date of Receipt 11 / 16 / 2018

Transaction ID : 3F934D24E60D4380BF26

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 16 OF 45
	<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. 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 ▼ 875.07

Date of Receipt 10 / 26 / 2018
Transaction ID : CBE56A3B55F946938599
 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 ▼ 875.07

Date of Receipt 11 / 09 / 2018
Transaction ID : 23458E58D9FC4BEB8761
 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 ▼ 875.07

Date of Receipt 11 / 16 / 2018
Transaction ID : 274428FA555A42DD8341
 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 17 OF 45
	<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. 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 ▼ 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2018
Transaction ID : 69CA82C7D4174FE0BC0A
 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 ▼ 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2018
Transaction ID : 57E056B3A9F54E01A404
 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 ▼ 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2018
Transaction ID : 4130E6AB7B834EE19232
 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 18 OF 45
	<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 ▼ 420.00

Date of Receipt 10 / 26 / 2018
Transaction ID : A9AA95FBD0044929A00E
 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 ▼ 420.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 2115F4C64DFA4CD28AF5
 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 ▼ 420.00

Date of Receipt 11 / 16 / 2018
Transaction ID : B3529E81A5084807900F
 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 19 OF 45
	<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. Kipfer, Hal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 Prairie Ln
 City Lemont State IL Zip Code 60439-8612
 FEC ID number of contributing federal political committee. **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 / 26 / 2018
Transaction ID : 0E7EFE97ACB648D98DD4
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kipfer, Hal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 Prairie Ln
 City Lemont State IL Zip Code 60439-8612
 FEC ID number of contributing federal political committee. **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 / 09 / 2018
Transaction ID : 610150356A4F4062DF0
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Kipfer, Hal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 Prairie Ln
 City Lemont State IL Zip Code 60439-8612
 FEC ID number of contributing federal political committee. **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 / 16 / 2018
Transaction ID : 1222240142EF4EB99963
 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 20 OF 45
	<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. 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 ▼ 420.00

Date of Receipt 10 / 26 / 2018
Transaction ID : A8066DBAC0EA4D1688A2
 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 ▼ 420.00

Date of Receipt 11 / 09 / 2018
Transaction ID : E92B639DFD804F40A058
 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 ▼ 420.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 13F98B0A210F477E87A8
 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 21 OF 45
	<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. Lazar, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1564 Abbotsford Dr
 City Naperville State IL Zip Code 60563-2088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 26 / 2018**
Transaction ID : 14987EE6B19944628062
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Lazar, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1564 Abbotsford Dr
 City Naperville State IL Zip Code 60563-2088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 09 / 2018**
Transaction ID : 8BB72B24B9314DF18C16
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Lazar, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1564 Abbotsford Dr
 City Naperville State IL Zip Code 60563-2088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (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 / 16 / 2018**
Transaction ID : 14DE19E0C8F5416F9B59
 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 22 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. 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 ▼ 819.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 87DC11A035594E87A1E7
 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 ▼ 819.00

Date of Receipt 11 / 09 / 2018
Transaction ID : E7990A3FCD43401E9C00
 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 ▼ 819.00

Date of Receipt 11 / 16 / 2018
Transaction ID : FD8AAF7E3C0945B8AC76
 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 23 OF 45
	<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. 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 ▼ 210.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 3F50756AA6C3432581A9
 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 ▼ 420.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 6264004C6D1344259D4C
 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 ▼ 420.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 4A1078CB6A69437498C4
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
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 45
	<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. 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 ▼ 420.00

Date of Receipt 11 / 16 / 2018
Transaction ID : A56067AD4ABF46D940F
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Meyer, M. Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 S Highland Ave
 City Lombard State IL Zip Code 60148-4932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 26 / 2018
Transaction ID : E88BE849F94040EC88D2
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Meyer, M. Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 S Highland Ave
 City Lombard State IL Zip Code 60148-4932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 11 / 09 / 2018
Transaction ID : C04A32CED450422B9A8E
 Amount of Each Receipt this Period 39.00
 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 25 OF 45
	<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. Meyer, M. Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 S Highland Ave
 City Lombard State IL Zip Code 60148-4932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 40C0B32703764A56B37D
 Amount of Each Receipt this Period 39.00
 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 ▼ 400.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 544C182F06194D20AC05
 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 ▼ 400.00

Date of Receipt 11 / 09 / 2018
Transaction ID : AE40047231864508A23F
 Amount of Each Receipt this Period 20.00
 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 26 OF 45
	<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. 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 ▼ 400.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 8963558041414D2B8E60
 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 ▼ 525.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 10967F0E59BF4966AE5F
 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 ▼ 525.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 87CC7A68DE8149109478
 Amount of Each Receipt this Period 25.00
 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 27 OF 45
	<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 ▼ 525.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 95965BA479FC4F94B422
 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 ▼ 441.00

Date of Receipt 10 / 26 / 2018
Transaction ID : BE056150407843C1B3BF
 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 ▼ 441.00

Date of Receipt 11 / 09 / 2018
Transaction ID : E9DE010F6FE24C768469
 Amount of Each Receipt this Period 21.00
 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 28 OF 45
	<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. 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 ▼ 441.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 1D61CE5B1ADA4AD981F8
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Oakley, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 S Grant St
 City Hinsdale State IL Zip Code 60521-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician/Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 0B9A29C643F34AFC9D59
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Oakley, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 S Grant St
 City Hinsdale State IL Zip Code 60521-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician/Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 147A56F1BCDE400AA7BB
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 71.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<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. Oakley, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 S Grant St
 City Hinsdale State IL Zip Code 60521-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician/Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : 3CE28B0E9ADE420BA061
 Amount of Each Receipt this Period 25.00
 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 ▼ 819.00

Date of Receipt **10 / 26 / 2018**
Transaction ID : 4717539C6EC3406E9AA5
 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 ▼ 819.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : D13B1F4A9B574A83ACE4
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 103.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 45
	<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 ▼ 819.00

Date of Receipt
 11 / 16 / 2018
Transaction ID : 6FCDF52AAD242289010
 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 ▼ 420.00

Date of Receipt
 10 / 26 / 2018
Transaction ID : 2217A79899B44A2CBB21
 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 ▼ 420.00

Date of Receipt
 11 / 09 / 2018
Transaction ID : 2142B77E7CA14EA0B9BF
 Amount of Each Receipt this Period 20.00
 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 31 OF 45
	<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 ▼ 420.00

Date of Receipt 11 / 16 / 2018
Transaction ID : C1086D06D9054B5789BF
 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 ▼ 403.83

Date of Receipt 10 / 26 / 2018
Transaction ID : C672067FA0BF415F8CF1
 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 ▼ 403.83

Date of Receipt 11 / 09 / 2018
Transaction ID : 96E809AACCEC44683936C
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	58.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 45
	<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 ▼ 403.83

Date of Receipt **11 / 16 / 2018**
Transaction ID : 4DF2724E323A4536ABCB
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Pulluru, Soujanya, , ,
 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 ▼ 461.60

Date of Receipt **10 / 26 / 2018**
Transaction ID : FEC8C546176340B4A634
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Pulluru, Soujanya, , ,
 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 ▼ 461.60

Date of Receipt **11 / 09 / 2018**
Transaction ID : FD2C61DDD51B4B878249
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 45
	<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, Soujanya, , ,
 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 ▼ 461.60

Date of Receipt 11 / 16 / 2018
Transaction ID : CDA229868AF1471EAFC4
 Amount of Each Receipt this Period 23.08
 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 ▼ 807.66

Date of Receipt 10 / 26 / 2018
Transaction ID : EE1AA10343534E5E8952
 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 ▼ 807.66

Date of Receipt 11 / 09 / 2018
Transaction ID : 93C927E4E24D45408E0E
 Amount of Each Receipt this Period 38.46
 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 34 OF 45
	<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. 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 ▼ 807.66

Date of Receipt 11 / 16 / 2018
Transaction ID : FD88749416314886B376
 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 ▼ 403.83

Date of Receipt 10 / 26 / 2018
Transaction ID : F8BEE30B76324E74A246
 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 ▼ 403.83

Date of Receipt 11 / 09 / 2018
Transaction ID : FF65DB2A81494D22925C
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 45
	<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. 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 ▼ 403.83

Date of Receipt 11 / 16 / 2018
Transaction ID : 0A10A581688340DE9412
 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 ▼ 525.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 2E656F7DE8E442E6A597
 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 ▼ 525.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 5366DCAB65744BC58AFF
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.23
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 36 OF 45
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<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. 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 ▼ 525.00

Date of Receipt 11 / 16 / 2018
Transaction ID : B02D9DE28EA149A98227
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Torres, Arnaldo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Wren Ct
 City Bloomingdale State IL Zip Code 60108-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 86A9C9B496BD47C0BCB6
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Torres, Arnaldo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Wren Ct
 City Bloomingdale State IL Zip Code 60108-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 8801BED207ED4FE7AD53
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	103.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 45
	<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. Torres, Arnaldo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Wren Ct
 City Bloomington State IL Zip Code 60108-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 11 / 16 / 2018
Transaction ID : BE81E183B8FD46FBB038
 Amount of Each Receipt this Period 39.00
 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 ▼ 875.07

Date of Receipt 10 / 26 / 2018
Transaction ID : E0F848EC229945A1B712
 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 ▼ 875.07

Date of Receipt 11 / 09 / 2018
Transaction ID : D9E2E8D17D3548B39E36
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	122.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 45
	<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. 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 ▼ 875.07

Date of Receipt 11 / 16 / 2018
Transaction ID : 33604C6EE77A431896AB
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Ung, Feodor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 Wellner Rd
 City Naperville State IL Zip Code 60540-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 6305E86FECCC4E369631
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Ung, Feodor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 Wellner Rd
 City Naperville State IL Zip Code 60540-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 11 / 09 / 2018
Transaction ID : EFF7DDEB849F49518A2D
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	119.67
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 39 OF 45
	<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. Ung, Feodor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 Wellner Rd
 City Naperville State IL Zip Code 60540-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 62140AD3DA134FF7AD55
 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 ▼ 780.00

Date of Receipt 10 / 26 / 2018
Transaction ID : F803F61230D74E059214
 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 ▼ 780.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 5FCB18AE7D914A2A9E9D
 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 40 OF 45
	<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 ▼ 780.00

Date of Receipt **11 / 16 / 2018**
Transaction ID : BDE7642681D64CF2AB44
 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 ▼ 420.00

Date of Receipt **10 / 26 / 2018**
Transaction ID : 363D3242EF7C4BE98847
 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 ▼ 420.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : 0B113F44B33D4958AE42
 Amount of Each Receipt this Period 20.00
 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 41 OF 45
	<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 ▼ 420.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 946DE098370B4DD6A58E
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Wolfe, Caroline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 4807DA2B58494480A6C4
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Wolfe, Caroline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 8B20484142074A6A8368
 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 42 OF 45
	<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. Wolfe, Caroline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 6B69FA61153B4AFD81D0
 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 ▼ 525.00

Date of Receipt 10 / 26 / 2018
Transaction ID : B75870440241464A8F1D
 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 ▼ 525.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 4EDCFE90368046CDBB00
 Amount of Each Receipt this Period 25.00
 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 43 OF 45
	<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 ▼ 525.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 4C0A15E3E62B4B1BBA81
 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 ▼ 437.43

Date of Receipt 10 / 26 / 2018
Transaction ID : D5ED162ED01B475BBC21
 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 ▼ 437.43

Date of Receipt 11 / 09 / 2018
Transaction ID : B5019E1B82FB4C11BDDE
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.66
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: (check only one)	PAGE 44 OF 45
	<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. 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 ▼
437.43

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	16	/	2018

Transaction ID : FF68B3A52CC84E3495CC

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).....	3481.03

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)

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

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

A. Citizens for Chris Nybo

Full Name (Last, First, Middle Initial)

Mailing Address 444 S. MITCHELL AVENUE

City Elmhurst State IL Zip Code 60126

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 18 / 2018

FEC Identification Number: C

Transaction ID : 66CBCD0610

Amount of Each Disbursement this Period: 5000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00