

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2007 through 12 31 2007

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

Signature of Treasurer Electronically Filed by Mary Goldsher Date 01 29 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
DUPAGE Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	7									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td>14141.42</td></tr></table>	14141.42	<table border="1" style="width: 100%;"><tr><td>14141.42</td></tr></table>	14141.42								
14141.42												
14141.42												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td>14141.42</td></tr></table>	14141.42	<table border="1" style="width: 100%;"><tr><td>14141.42</td></tr></table>	14141.42								
14141.42												
14141.42												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td>5637.90</td></tr></table>	5637.90	<table border="1" style="width: 100%;"><tr><td>5637.90</td></tr></table>	5637.90								
5637.90												
5637.90												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td>8503.52</td></tr></table>	8503.52	<table border="1" style="width: 100%;"><tr><td>8503.52</td></tr></table>	8503.52								
8503.52												
8503.52												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	13050.35	13050.35
(i) Itemized (use Schedule A) .....	1091.07	1091.07
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14141.42	14141.42
(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) .....	14141.42	14141.42
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14141.42	14141.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14141.42	14141.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	37.90	37.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	37.90	37.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5600.00	5600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5637.90	5637.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5637.90	5637.90

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	14141.42	14141.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14141.42	14141.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37.90	37.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	37.90	37.90

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Tammy Airola

Mailing Address 15405 S Heritage Dr

City State Zip Code  
Plainfield IL 60544-2133

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

Name of Employer DuPage Medical Group Occupation Director of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2007  
Transaction ID: 686737d976c372fea7e  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Erik Baier

Mailing Address 949 Euclid Avenue

City State Zip Code  
Elmhurst IL 60126-5104

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2007  
Transaction ID: DUPAGE-6  
Amount of Each Receipt this Period 500.00

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

Mailing Address 6225 Blue Spruce Court

City State Zip Code  
Lake Zurich IL 60047-5160

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2007  
Transaction ID: DUPAGE-10  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark Daniels</p> <p>Mailing Address 57 Muirfield Circle</p> <p>City State Zip Code Wheaton IL 60187-2737</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2007</span></p> <p><b>Transaction ID:</b> DUPAGE-9</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) David Dehann</p> <p>Mailing Address 148 Twin Oaks Drive</p> <p>City State Zip Code Oak Brook IL 60523-1434</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2007</span></p> <p><b>Transaction ID:</b> DUPAGE-2</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Terry Donat</p> <p>Mailing Address 561 Riford Road</p> <p>City State Zip Code Glen Ellyn IL 60137-4236</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2007</span></p> <p><b>Transaction ID:</b> DUPAGE-7</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mark Fesenmyer  
 Mailing Address 807 East Benton Avenue  
 City Naperville State IL Zip Code 60540-4804  
 Date of Receipt MM / DD / YYYY  
08 / 27 / 2007  
**Transaction ID:** DUPAGE-14  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Fitzgerald  
 Mailing Address 1207 Sanctuary Ln  
 City Naperville State IL Zip Code 60540-1936  
 Date of Receipt MM / DD / YYYY  
10 / 29 / 2007  
**Transaction ID:** 72df00309837fe63860  
 Amount of Each Receipt this Period 2500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer DuPage Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Jody Freeman  
 Mailing Address 256 Van Damin  
 City Glen Ellyn State IL Zip Code 60137-5522  
 Date of Receipt MM / DD / YYYY  
08 / 29 / 2007  
**Transaction ID:** DUPAGE-15  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Giardina

Mailing Address 832 Abbey Drive

City State Zip Code  
Glen Ellyn IL 60137-6130

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2007

**Transaction ID:** DUPAGE-5

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Goldsher

Mailing Address 536 Mayfair Lane

City State Zip Code  
Naperville IL 60565-5387

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
DuPage Medical Group, Ltd. Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2007

**Transaction ID:** DUPAGE-8

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
L. Douglas Graham

Mailing Address 15224 Summit Ave.  
Ste. 107

City State Zip Code  
Oakbrook Terrace IL 60181

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
DuPage Medical Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 27 / 2007

**Transaction ID:** ee5ec1c68c21a12ba8b

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1042.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 10 / 18
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Gruener	Date of Receipt MM / DD / YYYY 11 / 29 / 2007
	Mailing Address 8207 Gruener Ct	<b>Transaction ID:</b> 5b8ebb492746b088f7b
	City Palos Hills State IL Zip Code 60465-2200	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Gruener	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 8207 Gruener Ct	<b>Transaction ID:</b> 606c6cce1cab767b6d3
	City Palos Hills State IL Zip Code 60465-2200	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Gruener	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 8207 Gruener Ct	<b>Transaction ID:</b> 20934507ae00bbb615e
	City Palos Hills State IL Zip Code 60465-2200	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 18  
(check only one)

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

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

**A.**

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

Mailing Address 1962 Hampton Avenue

City State Zip Code  
Wheaton IL 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
708.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** DUPAGE-18

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1962 Hampton Avenue

City State Zip Code  
Wheaton IL 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
708.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 01 / 2007

**Transaction ID:** 7aa4bd9c61bdb7d09f0

Amount of Each Receipt this Period  
41.67

**C.**

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

Mailing Address 1962 Hampton Avenue

City State Zip Code  
Wheaton IL 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
708.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 15 / 2007

**Transaction ID:** 0182b41188d5337a186

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **583.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 18  
(check only one)

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

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

**A.**

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

Mailing Address 1962 Hampton Avenue

City State Zip Code  
Wheaton IL 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

**Transaction ID:** 1ba4449ea65f53a02a1

Amount of Each Receipt this Period  
41.67

**B.**

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

Mailing Address 1962 Hampton Avenue

City State Zip Code  
Wheaton IL 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 0 7

**Transaction ID:** 444f98278c376792901

Amount of Each Receipt this Period  
41.67

**C.**

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

Mailing Address 1962 Hampton Avenue

City State Zip Code  
Wheaton IL 60187-1020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

**Transaction ID:** df2d67e3985df1d5f20

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.01**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 18  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard Krouse

Mailing Address 4720 Lee Avenue

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2007

**Transaction ID:** DUPAGE-11

Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 3753 King William Court

City Saint Charles State IL Zip Code 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2007

**Transaction ID:** DUPAGE-3

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian O'Leary

Mailing Address 401 59th Street

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 18 / 2007

**Transaction ID:** DUPAGE-12

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 18  
(check only one)

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

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

**A.**

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

Mailing Address 10957 Burr Oak Drive

City State Zip Code  
60491

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2007

**Transaction ID:** DUPAGE-13

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth Siegel

Mailing Address 397 Carleton Avenue

City State Zip Code  
Glen Ellyn IL 60137-5235

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

Name of Employer  
DuPage Medical Group, Ltd. Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2007

**Transaction ID:** DUPAGE-21

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen Sievertsen

Mailing Address 1304 Midwest Club

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer  
DuPage Medical Group, Ltd. Occupation  
Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

**Transaction ID:** DUPAGE-4

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alan Summers	Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 208 Millcreek Ln	<b>Transaction ID:</b> ab342c81a5b1968e9ad
	City Naperville State IL Zip Code 60540-8294	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Catherine Widger	Date of Receipt MM / DD / YYYY 12 / 27 / 2007
	Mailing Address 28 West 541 Pamela Court	<b>Transaction ID:</b> edf7b9570f5902af27b
	City West Chicago State IL Zip Code 60185	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eva Wyrma-Miller	Date of Receipt MM / DD / YYYY 07 / 18 / 2007
	Mailing Address 25346 Canterbury Court	<b>Transaction ID:</b> DUPAGE-1
	City Glen Ellyn State IL Zip Code 60137	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>13050.35</b>

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Carousel Flowers Mailing Address 527 S York Road City Elmhurst State IL Zip Code 60126 Purpose of Disbursement Flowers for Roskam Fundraiser Candidate Name Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	Transaction ID: VDUPAGE-VenDisb-5 Date of Disbursement 07 / 21 / 2007
	Amount of Each Disbursement this Period 87.25
	Category/Type 011
	In-Kind
<b>B.</b> Full Name (Last, First, Middle Initial) DuPage Medical Group, Ltd. Mailing Address 1100 W 31st Street Suite 300 City Downers Grove State IL Zip Code 60515-0000 Purpose of Disbursement Staff Cost for Roskam Fundraiser Candidate Name Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	Transaction ID: VDUPAGE-VenDisb-3 Date of Disbursement 07 / 21 / 2007
	Amount of Each Disbursement this Period 76.01
	Category/Type 011
	In-Kind
<b>C.</b> Full Name (Last, First, Middle Initial) Prairie Political Action Committee Mailing Address Post Office Box 2002 City Springfield State IL Zip Code 62705 Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 24102-3266717791557 Date of Disbursement 11 / 19 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	In-Kind

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

1163.26

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 18

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

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

A.	Full Name (Last, First, Middle Initial) Roskam for Congress Committee	Transaction ID: DUPAGE-DISB-1
	Mailing Address PO Box 713	Date of Disbursement 07 / 21 / 2007
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period 1644.45
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Peter Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 06	

B.	Full Name (Last, First, Middle Initial) Roskam for Congress Committee	Transaction ID: DUPAGE-DISB-2
	Mailing Address PO Box 713	Date of Disbursement 07 / 21 / 2007
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Peter Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 06	

C.	Full Name (Last, First, Middle Initial) True Cuisine	Transaction ID: VDUPAGE-VenDisb-4
	Mailing Address 420 Glenwood Avenue	Date of Disbursement 07 / 21 / 2007
	City Glen Ellyn State IL Zip Code 60187-0000	Amount of Each Disbursement this Period 492.29
	Purpose of Disbursement Food for Roskam Fundraiser	011 Category/ Type
	Candidate Name Peter Roskam	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 06	In-Kind

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4436.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5600.00</b>

Image# 28990132315

Form/Schedule: **F3X**

Transaction ID:

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