

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

Downers Grove IL 60515

Check if different than previously reported. (ACC)

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 11 04 2008 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 10 01 2008 through 10 15 2008

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

Type or Print Name of Treasurer Mary Goldsher

Signature of Treasurer Electronically Filed by Mary Goldsher Date 10 23 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		8503.52
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	20179.52									
(c) Total Receipts (from Line 19)	1538.24	15214.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21717.76	23717.76								
7. Total Disbursements (from Line 31)	3500.00	5500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18217.76	18217.76								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	1411.58	9539.40
(i) Itemized (use Schedule A)		
(ii) Unitemized	126.66	5674.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1538.24	15214.24
(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)	1538.24	15214.24
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))	1538.24	15214.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1538.24	15214.24

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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.....	2500.00	4500.00
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))..	3500.00	5500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	5500.00

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	1538.24	15214.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1538.24	15214.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<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) Craig Anderson		Date of Receipt
	Mailing Address 3 Briar Ln		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	West Chicago	IL	60185-3033
	FEC ID number of contributing federal political committee.		Transaction ID: a0e1c9a11dddc1a8219
		Amount of Each Receipt this Period	<input type="text" value="20.84"/>
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 ▼	<input type="text" value="229.24"/>

B.	Full Name (Last, First, Middle Initial) Craig Anderson		Date of Receipt
	Mailing Address 3 Briar Ln		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	West Chicago	IL	60185-3033
	FEC ID number of contributing federal political committee.		Transaction ID: 9d3d61f16a785908935
		Amount of Each Receipt this Period	<input type="text" value="20.84"/>
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 ▼	<input type="text" value="229.24"/>

C.	Full Name (Last, First, Middle Initial) Erik Baier		Date of Receipt
	Mailing Address 949 Euclid Avenue		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elmhurst	IL	60126-5104
	FEC ID number of contributing federal political committee.		Transaction ID: 0dd355ea2f9089bbb8f
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="400.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="61.68"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
10 / 07 / 2008

Transaction ID: e800424f63f35c60c7d

Amount of Each Receipt this Period 20.00

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

Mailing Address 6225 Blue Spruce Ct

City State Zip Code
Long Grove 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 ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
10 / 01 / 2008

Transaction ID: 0db407b71ce0428eebd

Amount of Each Receipt this Period 20.00

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

Mailing Address 6225 Blue Spruce Ct

City State Zip Code
Long Grove 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 ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
10 / 07 / 2008

Transaction ID: d33af323678387e771b

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26
(check only one)

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

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

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

A.

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

Mailing Address 57 Muirfield Circle

City State Zip Code
Wheaton IL 60187-2737

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: 2372acd4b413299f8e7

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 57 Muirfield Circle

City State Zip Code
Wheaton IL 60187-2737

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: e3485416b9f8657b068

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2008

Transaction ID: c1fd12643d7b7296c9b

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Terry Donat

Mailing Address 561 Riford Road

City State Zip Code
Glen Ellyn IL 60137-4236

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2008

Transaction ID: dffd738aa6f0ec7949f

Amount of Each Receipt this Period
20.00

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

Mailing Address 211 Palamino PI

City State Zip Code
Wheaton IL 60187-1046

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2008

Transaction ID: 656afebd2de9da516e6

Amount of Each Receipt this Period
20.00

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

Mailing Address 211 Palamino PI

City State Zip Code
Wheaton IL 60187-1046

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2008

Transaction ID: e3b519c1373b5d37a63

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<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) Thomas Gallagher	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 1105 Adolia Street	Transaction ID: 6eb7700304259d816fa
	City Downers Grove State IL Zip Code 60516-2830	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60	

B.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 1105 Adolia Street	Transaction ID: 0b408d2e684372784ab
	City Downers Grove State IL Zip Code 60516-2830	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60	

C.	Full Name (Last, First, Middle Initial) Mary Goldsher	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 536 Mayfair Lane	Transaction ID: a5222f7a145be97e2b7
	City Naperville State IL Zip Code 60565-5387	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

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 11 / 26
	<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)
Mary Goldsher

Mailing Address 536 Mayfair Lane

City Naperville State IL Zip Code 60565-5387

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 ▼ 400.00

Date of Receipt: 10 / 07 / 2008
Transaction ID: b2c5a77f7b580e4925a
 Amount of Each Receipt this Period: 20.00

B.

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

Mailing Address 15224 Summit Ave. Ste. 107

City Oakbrook Terrace State IL Zip Code 60181

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 ▼ 840.00

Date of Receipt: 10 / 01 / 2008
Transaction ID: c13019998b7a9606f01
 Amount of Each Receipt this Period: 42.00

C.

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

Mailing Address 15224 Summit Ave. Ste. 107

City Oakbrook Terrace State IL Zip Code 60181

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 ▼ 840.00

Date of Receipt: 10 / 07 / 2008
Transaction ID: 9f22aaaae259db11fd3d
 Amount of Each Receipt this Period: 42.00

SUBTOTAL of Receipts This Page (optional) ► 104.00

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 12 / 26
(check only one)

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

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

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

A.

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 1 / 2 0 0 8

Transaction ID: 1a8162ea878de53724c

Amount of Each Receipt this Period
 100.00

B.

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 7 / 2 0 0 8

Transaction ID: 624368b53c2d998b1a4

Amount of Each Receipt this Period
 100.00

C.

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

Mailing Address 1962 Hampton Avenue

City Wheaton State IL Zip Code 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 ▼ 833.40

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 1 / 2 0 0 8

Transaction ID: 8735992de4d13417806

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional) ► **241.67**

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 13 / 26
	<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) James Hermann	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 1962 Hampton Avenue	Transaction ID: 9a78efdc0ad7ddf8a0b
	City State Zip Code Wheaton IL 60187-1020	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.40	

B.	Full Name (Last, First, Middle Initial) Richard Krouse	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 4720 Lee Avenue	Transaction ID: 95845100239b4e66dc9
	City State Zip Code Downers Grove IL 60515-3319	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Richard Krouse	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 4720 Lee Avenue	Transaction ID: 8948d31ab70bf3c941b
	City State Zip Code Downers Grove IL 60515-3319	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	81.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<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) Todd Lavigne	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 2034 W Walton St	Transaction ID: 45f2162f0b4cbe27130
	City State Zip Code Chicago IL 60622-4960	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00	

B.	Full Name (Last, First, Middle Initial) Todd Lavigne	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 2034 W Walton St	Transaction ID: 482a5c41fe8ed962234
	City State Zip Code Chicago IL 60622-4960	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 560.00	

C.	Full Name (Last, First, Middle Initial) Nicholas Mataragas	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 6105 Timber Ridge Ct	Transaction ID: 7b001e004a52db8c8c3
	City State Zip Code Indian Head Park IL 60525-3759	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.14	

SUBTOTAL of Receipts This Page (optional)	99.23
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 15 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Nicholas Mataragas	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 6105 Timber Ridge Ct	Transaction ID: f082c40e2ff8ca1e77b
	City State Zip Code Indian Head Park IL 60525-3759	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.14	

B.	Full Name (Last, First, Middle Initial) Paul Merrick	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 540 Hill Ave	Transaction ID: 0188ab02ff8f0b9b47b
	City State Zip Code Glen Ellyn IL 60137-5032	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Paul Merrick	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 540 Hill Ave	Transaction ID: a75826bba07ddbe7b1c
	City State Zip Code Glen Ellyn IL 60137-5032	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	59.23
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 01 / 2008

Transaction ID: ca69bee877150842b08

Amount of Each Receipt this Period 45.00

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 07 / 2008

Transaction ID: 251f9bf7ec75f3067b3

Amount of Each Receipt this Period 45.00

C. 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 ▼ 400.00

Date of Receipt 10 / 01 / 2008

Transaction ID: 7d44f711abbf711d370

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 26
(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
							17

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

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

A.

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

Mailing Address 3753 King William Court

City State Zip Code
Saint Charles IL 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 4d2e40cdd60bf00829a

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 561 Hevern Dr

City State Zip Code
Wheaton IL 60187-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 0e4649d349bf6c98214

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 401 59th Street

City State Zip Code
Downers Grove IL 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 ▼
420.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: de7cc354f8d9e983302

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional) ► **66.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 26

(check only one)

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

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

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

A.

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

Mailing Address 401 59th Street

City State Zip Code
Downers Grove IL 60516-1440

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 ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 4ffb759b333fdbb2909

Amount of Each Receipt this Period
21.00

B.

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

Mailing Address 605 S Grant St

City State Zip Code
Hinsdale IL 60521-4453

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

Name of Employer Occupation
DuPage Medical Group Physician/Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 9993d1c1b3abbf004ff

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 605 S Grant St

City State Zip Code
Hinsdale IL 60521-4453

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

Name of Employer Occupation
DuPage Medical Group Physician/Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 01e9ede17d49245f759

Amount of Each Receipt this Period
25.00

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: PAGE 19 / 26
(check only one)

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

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

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

A.

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 3babe7b790e59eb721c

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 22bb9b36fa1cc001e61

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 1237 N. Chicago

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: a032df079dea49f3d80

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 20 / 26
---	--	--------------

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)
John Porcelli

Mailing Address 1237 N. Chicago

City State Zip Code
Arlington Heights IL 60004

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y Y
10 / 07 / 2008

Transaction ID: d1995b5dfb5e07e52b4

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Susan Ruzek

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer DuPage Medical Group, Ltd. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.50

Date of Receipt M M / D D / Y Y Y Y Y
10 / 01 / 2008

Transaction ID: 0c286204742c08e0861

Amount of Each Receipt this Period 19.25

C.

Full Name (Last, First, Middle Initial)
Susan Ruzek

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer DuPage Medical Group, Ltd. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.50

Date of Receipt M M / D D / Y Y Y Y Y
10 / 07 / 2008

Transaction ID: 4622495c22cc78af28b

Amount of Each Receipt this Period 19.25

SUBTOTAL of Receipts This Page (optional) ► 58.50

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 21 / 26

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Steven Schmitz

Mailing Address 743 Godair Cir

City State Zip Code
Hinsdale IL 60521-8104

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

Name of Employer Occupation
DuPage Medical Group Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 488818dd7ae30debe53

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Steven Schmitz

Mailing Address 743 Godair Cir

City State Zip Code
Hinsdale IL 60521-8104

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

Name of Employer Occupation
DuPage Medical Group Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 1d31b8ee2c4928b5fed

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: 2927beca524d8c22405

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)

59.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 26
(check only one)

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

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

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

A.

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: bf1cca0567be1983661

Amount of Each Receipt this Period
19.23

B.

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

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: b4d52ade3c13de04cc3

Amount of Each Receipt this Period
20.84

C.

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

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 5f369e2249ba06bc700

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional) ► **60.91**

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 23 / 26
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Caroline Wolfe		Date of Receipt MM / DD / YYYY 10 / 01 / 2008
Mailing Address 132 E Fremont Ave		Transaction ID: 97f206453faebd832a3
City Elmhurst	State Zip Code IL 60126-2324	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Caroline Wolfe		Date of Receipt MM / DD / YYYY 10 / 07 / 2008
Mailing Address 132 E Fremont Ave		Transaction ID: ad886a12edb613122c6
City Elmhurst	State Zip Code IL 60126-2324	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	1411.58

**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 24 / 26

<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

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)
Friends of Dick Durbin Committee

Transaction ID: 64131cabeb32d5cc86c

Date of Disbursement

Mailing Address PO Box 1949

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

City Springfield State IL Zip Code 62705

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2008 General

011
Category/
Type

Candidate Name
Richard J. Durbin

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District:

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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 25 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Citizens to Elect Tom Cross

Transaction ID: 146113c418b6853446e

Date of Disbursement

Mailing Address 24047 W Lockport St, Ste 201

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

City Plainfield State IL Zip Code 60544

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00

Image# 28992911345

Form/Schedule: **F3X**

Transaction ID:
