

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 Downers Grove IL 60515 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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 Michael K. McCormick

Signature of Treasurer Michael K. McCormick [Electronically Filed] Date 07 / 27 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="193349.35"/>	<input type="text" value="193349.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="193349.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18085.37"/>	<input type="text" value="18085.37"/>
(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="211434.72"/>	<input type="text" value="211434.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="211434.72"/>	<input type="text" value="211434.72"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	9137.21	9137.21
(ii) Unitemized .....	8948.16	8948.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18085.37	18085.37
(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) .....	18085.37	18085.37
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))..... ▶	18085.37	18085.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18085.37	18085.37

**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 .....	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.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	18085.37	18085.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18085.37	18085.37
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 OF 89
	<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. Craig Anderson**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 07 / 2015**  
**Transaction ID : 8426F95A67ED4C488BC4**  
 Amount of Each Receipt this Period  
**20.84**

**B. Craig Anderson**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2015**  
**Transaction ID : FF230445ECBA448083D2**  
 Amount of Each Receipt this Period  
**20.84**

**C. Craig Anderson**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 04 / 2015**  
**Transaction ID : 77CB0E34FC37411FAA19**  
 Amount of Each Receipt this Period  
**20.84**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>62.52</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 89
	<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. Craig Anderson**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.92**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 0225E282E64940139C66**  
 Amount of Each Receipt this Period  
**20.84**

**B. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **507.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : C927E11C54344147AD43**  
 Amount of Each Receipt this Period  
**39.00**

**C. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **507.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 61B2CB4E0B4F465E95C1**  
 Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>98.84</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 89
	<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. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 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 ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 0FD71CF10F6D4431AB49**  
 Amount of Each Receipt this Period  
 39.00

**B. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 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 ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : 1D9C183ABBA04D5A8CE5**  
 Amount of Each Receipt this Period  
 39.00

**C. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 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 ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : 9BA8B0424A864FB7A8A6**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 89  
(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. Marc Asselmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Brentwood Ct  
City State Zip Code  
Glen Ellyn IL 60137-6365  
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 ▼  
**507.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2015**  
**Transaction ID : C3903584906143A0BDC3**  
Amount of Each Receipt this Period  
**39.00**

**B. Marc Asselmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Brentwood Ct  
City State Zip Code  
Glen Ellyn IL 60137-6365  
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 ▼  
**507.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**  
**Transaction ID : 25BDD86E25C4BE28062**  
Amount of Each Receipt this Period  
**39.00**

**C. Marc Asselmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Brentwood Ct  
City State Zip Code  
Glen Ellyn IL 60137-6365  
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 ▼  
**507.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 18 / 2015**  
**Transaction ID : A75A7ACBEBFC4FFB953D**  
Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 89  
(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. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 2B3AE2E51FBE4C39B48F**  
 Amount of Each Receipt this Period  
 39.00

**B. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 904D76532E124525BBE1**  
 Amount of Each Receipt this Period  
 39.00

**C. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 4BD8A733562E4726ABB4**  
 Amount of Each Receipt this Period  
 39.00

**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 89
	<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. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : ECD4CA203331458BB7A4**  
 Amount of Each Receipt this Period  
 39.00

**B. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : A0EE1DD65FAA4857AF64**  
 Amount of Each Receipt this Period  
 39.00

**C. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 97968FDDE1E64C7BAE22**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 89
	<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. James Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1673 Imperial Cir  
City Naperville State IL Zip Code 60563-0132  
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 ▼ 507.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015  
**Transaction ID : 14596BA6BB2045D28176**  
Amount of Each Receipt this Period  
39.00

**B. James Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1673 Imperial Cir  
City Naperville State IL Zip Code 60563-0132  
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 ▼ 507.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 18 / 2015  
**Transaction ID : DE8B01AAF62A460D920C**  
Amount of Each Receipt this Period  
39.00

**C. David Dungan**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015  
**Transaction ID : 69E9AF5F9D9746D3B1C0**  
Amount of Each Receipt this Period  
20.00

**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 13 OF 89
	<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. David Dungan**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Palamino Pl

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

**Transaction ID : CB868E9744AB40DAA9A3**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 211 Palamino Pl

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

**Transaction ID : 64F3FC93E2EB4405930C**

Amount of Each Receipt this Period  
20.00

**C. Michael Fitzgerald**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2015

**Transaction ID : 11EBBCA4886F494F9899**

Amount of Each Receipt this Period  
39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael Fitzgerald</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2015 <b>Transaction ID : 812C06910D2C4FDC8CC9</b>		
Mailing Address 1207 Sanctuary Ln			Amount of Each Receipt this Period 39.00		
City Naperville	State IL	Zip Code 60540-1936			
FEC ID number of contributing federal political committee. C					
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 ▼ 507.00			

Full Name (Last, First, Middle Initial) <b>B. Michael Fitzgerald</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 09 / 2015 <b>Transaction ID : 6141E730790542C38944</b>		
Mailing Address 1207 Sanctuary Ln			Amount of Each Receipt this Period 39.00		
City Naperville	State IL	Zip Code 60540-1936			
FEC ID number of contributing federal political committee. C					
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 ▼ 507.00			

Full Name (Last, First, Middle Initial) <b>C. Michael Fitzgerald</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2015 <b>Transaction ID : 0B81D1E59D014A5A9ABF</b>		
Mailing Address 1207 Sanctuary Ln			Amount of Each Receipt this Period 39.00		
City Naperville	State IL	Zip Code 60540-1936			
FEC ID number of contributing federal political committee. C					
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 ▼ 507.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 89
	<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**

Full Name (Last, First, Middle Initial)  
**A. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 07 / 2015**

**Transaction ID : FB7A4597E526467D9441**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2015**

**Transaction ID : FCD65F7485EE439F8457**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : C459F98D6965430D950D**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.00**

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

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

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

FOR LINE NUMBER: PAGE 16 OF 89  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 0A12F126B53C4F10B37C**

Amount of Each Receipt this Period  
**39.00**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 26 / 2015**

**Transaction ID : 1B27C96789454788BB6C**

Amount of Each Receipt this Period  
**50.00**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 31B18BB42E5D49E08636**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **139.00**

**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 OF 89  
(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**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**04 / 02 / 2015**

**Transaction ID : 9419D5718FD740669E07**

Amount of Each Receipt this Period  
**50.00**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**04 / 09 / 2015**

**Transaction ID : E3CFF095730C4D599B24**

Amount of Each Receipt this Period  
**50.00**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**04 / 24 / 2015**

**Transaction ID : EE6D16C946BF4C50AC03**

Amount of Each Receipt this Period  
**50.00**

**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 18 OF 89
	<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. Thomas Gallagher**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : 23F45186879344428A76**  
 Amount of Each Receipt this Period  
 50.00

**B. Thomas Gallagher**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 0C322D813C3C4A408C97**  
 Amount of Each Receipt this Period  
 50.00

**c. Thomas Gallagher**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 99860F09DA6B42ADBBC5**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 89
	<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. Thomas Gallagher**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : E96B04A7C3284B7BB3C5**  
 Amount of Each Receipt this Period 50.00

**B. Martin Gallo**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : 5E821A9ED0C042C68B13**  
 Amount of Each Receipt this Period 39.00

**c. Martin Gallo**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 04 / 02 / 2015  
**Transaction ID : 143C6A8703D445F0BDF5**  
 Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.00  
**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 20 OF 89  
(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**

Full Name (Last, First, Middle Initial)  
**A. Martin Gallo**

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 09 / 2015**

**Transaction ID : 4A00D719AE924C3B9551**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Martin Gallo**

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 24 / 2015**

**Transaction ID : 05615C2832424E339253**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**C. Martin Gallo**

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 07 / 2015**

**Transaction ID : 60AC9346FC574884B367**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 89
	<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. Martin Gallo**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
**05 / 21 / 2015**

**Transaction ID : 1E552D66F84F4CAD92A3**

Amount of Each Receipt this Period  
**39.00**

**B. Martin Gallo**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
**06 / 04 / 2015**

**Transaction ID : 3F3E8CC0AB0B4EF0A63B**

Amount of Each Receipt this Period  
**39.00**

**C. Martin Gallo**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
**06 / 18 / 2015**

**Transaction ID : F35963BAD7894DB4AF11**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... **117.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 89
	<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. L. Douglas Graham**  
Full Name (Last, First, Middle Initial)

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, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
02 / 26 / 2015  
**Transaction ID : 3FA7C4BED6BA482788B9**

Amount of Each Receipt this Period  
42.00

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

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, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : 2F4AC8A858174FAB833B**

Amount of Each Receipt this Period  
42.00

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

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, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
04 / 02 / 2015  
**Transaction ID : 3CE0C44C135649BB9DE0**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.00

**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 89
	<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. L. Douglas Graham**  
 Full Name (Last, First, Middle Initial)  
 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, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 1D04BA680C42401BB3D8**  
 Amount of Each Receipt this Period  
 42.00

**B. L. Douglas Graham**  
 Full Name (Last, First, Middle Initial)  
 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, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : FB0098A9A7CE4E758140**  
 Amount of Each Receipt this Period  
 42.00

**C. L. Douglas Graham**  
 Full Name (Last, First, Middle Initial)  
 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, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : AAFCD4CF0AE346DFB9FA**  
 Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 89
	<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. L. Douglas Graham**  
 Full Name (Last, First, Middle Initial)  
 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, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : DBCDFBA6B264433484A3**  
 Amount of Each Receipt this Period  
 42.00

**B. L. Douglas Graham**  
 Full Name (Last, First, Middle Initial)  
 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, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 8B182C6462964364A33D**  
 Amount of Each Receipt this Period  
 42.00

**C. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City State Zip Code  
 Palos Hills IL 60465-2200  
 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 ▼  
 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2015  
**Transaction ID : C08040472F384089B5C9**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 89
	<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. Linda Gruener**  
Full Name (Last, First, Middle Initial)

Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

**Transaction ID : 138F5D33EEE74A0EAB16**

Amount of Each Receipt this Period  
100.00

**B. Linda Gruener**  
Full Name (Last, First, Middle Initial)

Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : 77C4C73B134E48ADBC88**

Amount of Each Receipt this Period  
100.00

**C. Linda Gruener**  
Full Name (Last, First, Middle Initial)

Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : BA494477BBBA498097EA**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 278C04AB9233423C8C70**  
 Amount of Each Receipt this Period  
 100.00

**B. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 950952BC66684AB38542**  
 Amount of Each Receipt this Period  
 100.00

**C. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : 61CBADA79AD54CC0BEBF**  
 Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 89
<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. Linda Gruener**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

**Transaction ID : D4550198CD0945D7B858**

Amount of Each Receipt this Period  
100.00

**B. Linda Gruener**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : 87BAF88F873B45BCBED7**

Amount of Each Receipt this Period  
100.00

**C. Linda Gruener**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : 54E9E40A6C4E499A8DE2**

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : D53CF10CDC9B4C7EAC72**  
 Amount of Each Receipt this Period  
 100.00

**B. Naira Hashmi**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : 4EADAB30973B4587BAB1**  
 Amount of Each Receipt this Period  
 21.00

**C. Naira Hashmi**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 8B6C918AF85D4667A5EE**  
 Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 142.00  
**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 89
	<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. Naira Hashmi**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 50AAC9619EFA48DC8289**  
 Amount of Each Receipt this Period  
 21.00

**B. Naira Hashmi**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 54920AFC61D3498DA8EA**  
 Amount of Each Receipt this Period  
 21.00

**C. Maleeha Hashmi-Basha**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 9F750BDCD55E46F0802F**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 89
	<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. Maleeha Hashmi-Basha**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : 50CFCE3DBA99476C8970**

Amount of Each Receipt this Period  
 20.00

**B. Maleeha Hashmi-Basha**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : 4452E3808090430B939B**

Amount of Each Receipt this Period  
 20.00

**C. James Hermann**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : 0FEB96BF38084EB18F63**

Amount of Each Receipt this Period  
 41.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 89
	<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. James Hermann**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.71**

Date of Receipt  
**03 / 12 / 2015**  
**Transaction ID : D34D7F257526400AB505**

Amount of Each Receipt this Period  
**41.67**

**B. James Hermann**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.71**

Date of Receipt  
**04 / 02 / 2015**  
**Transaction ID : D724AB93340B4D949D3E**

Amount of Each Receipt this Period  
**41.67**

**C. James Hermann**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.71**

Date of Receipt  
**04 / 09 / 2015**  
**Transaction ID : 752B724659D048D49445**

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 32 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James Hermann**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015

**Transaction ID : AF2B7B776F2A4CFD814A**

Amount of Each Receipt this Period  
 41.67

**B. James Hermann**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : 643416007FA84B65BACA**

Amount of Each Receipt this Period  
 41.67

**C. James Hermann**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : 1F30046EB80B41D0B794**

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: (check only one)	PAGE 33 OF 89
	<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. James Hermann**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 541.71

Date of Receipt 06 / 04 / 2015  
**Transaction ID : 9598AC6A3D454696B7DE**  
Amount of Each Receipt this Period 41.67

**B. James Hermann**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 541.71

Date of Receipt 06 / 18 / 2015  
**Transaction ID : 0484E451527E4138B4A4**  
Amount of Each Receipt this Period 41.67

**C. Te-Shao Hsu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1155 N Dearborn St Apt. 804  
City Chicago State IL Zip Code 60610-6539  
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 ▼ 507.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : E66220CBA7AD497CA36A**  
Amount of Each Receipt this Period 39.00

**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 34 OF 89
	<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. Te-Shao Hsu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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 ▼  
507.00

Date of Receipt  
04 / 02 / 2015  
**Transaction ID : A53EDC2A2CEA44CBBA5**

Amount of Each Receipt this Period  
39.00

**B. Te-Shao Hsu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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 ▼  
507.00

Date of Receipt  
04 / 09 / 2015  
**Transaction ID : D4B97D61B89B417996F6**

Amount of Each Receipt this Period  
39.00

**C. Te-Shao Hsu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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 ▼  
507.00

Date of Receipt  
04 / 24 / 2015  
**Transaction ID : B7510B183CFA455EA0E0**

Amount of Each Receipt this Period  
39.00

**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 35 OF 89
	<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. Te-Shao Hsu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St  
 Apt. 804  
 City Chicago State IL Zip Code 60610-6539  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : 5B630FAF58D34EBBCC15**  
 Amount of Each Receipt this Period  
 39.00

**B. Te-Shao Hsu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St  
 Apt. 804  
 City Chicago State IL Zip Code 60610-6539  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 8FB73E4B2C69447194F0**  
 Amount of Each Receipt this Period  
 39.00

**C. Te-Shao Hsu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St  
 Apt. 804  
 City Chicago State IL Zip Code 60610-6539  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 30025FF7333941BCA31C**  
 Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Te-Shao Hsu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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 ▼  
507.00

Date of Receipt  
06 / 18 / 2015  
**Transaction ID : 37AFCBE59D8B4EDE916B**

Amount of Each Receipt this Period  
39.00

**B. Robert Hurst**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
03 / 12 / 2015  
**Transaction ID : DBB6FC7A1E3B4A1AAFD**

Amount of Each Receipt this Period  
39.00

**C. Robert Hurst**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
04 / 02 / 2015  
**Transaction ID : 6C76C9AADF8E445CB554**

Amount of Each Receipt this Period  
39.00

**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 37 OF 89
	<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. Robert Hurst**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **04 / 09 / 2015**

**Transaction ID : 63C168A4385C4EBA92C1**

Amount of Each Receipt this Period **39.00**

**B. Robert Hurst**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **04 / 24 / 2015**

**Transaction ID : 0855BDF1C3D344BA8193**

Amount of Each Receipt this Period **39.00**

**C. Robert Hurst**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **05 / 07 / 2015**

**Transaction ID : 3766BC22C0AD4B9F9429**

Amount of Each Receipt this Period **39.00**

**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 38 OF 89
	<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. Robert Hurst**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : C681DEA835C6457FA364**

Amount of Each Receipt this Period  

39.00
-------

**B. Robert Hurst**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : 770A0FFD2E334130B74C**

Amount of Each Receipt this Period  

39.00
-------

**C. Robert Hurst**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

**Transaction ID : 913F2133EE9845E8A6E8**

Amount of Each Receipt this Period  

39.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>117.00</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: (check only one)	PAGE 39 OF 89
	<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. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2015**  
**Transaction ID : 9C4FF143799345518764**  
 Amount of Each Receipt this Period  
**20.00**

**B. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 04 / 2015**  
**Transaction ID : 1253D60DD06E4A118C86**  
 Amount of Each Receipt this Period  
**20.00**

**C. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**  
**Transaction ID : C3D03502922F43B1A6D4**  
 Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>60.00</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: (check only one)	PAGE 40 OF 89
	<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. Richard Krouse**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : 93A839AAC0B84109A355**

Amount of Each Receipt this Period  
 20.00

**B. Richard Krouse**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : F948F13DC4024D0893FF**

Amount of Each Receipt this Period  
 20.00

**C. Richard Krouse**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : EA1F2792030246038B7C**

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 41 OF 89
	<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. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : A20C0A30FDD540B18888**  
 Amount of Each Receipt this Period  
 20.83

**B. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 8AF8B4F0356345A58E4D**  
 Amount of Each Receipt this Period  
 20.83

**C. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : BA770E6934F7432F95A3**  
 Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.49
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 89
	<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. David Labotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt  
**06 / 18 / 2015**

**Transaction ID : CF184402D2934F37BC23**

Amount of Each Receipt this Period  
**20.83**

**B. Aaron Lazar**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**04 / 24 / 2015**

**Transaction ID : D0BF47FE80C847FBBA14**

Amount of Each Receipt this Period  
**25.00**

**C. Aaron Lazar**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**05 / 07 / 2015**

**Transaction ID : 20C7F83D0FCC4ED1ADA9**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **70.83**

**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 89
	<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. Aaron Lazar**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 01BD2E4A77DF41CC8B58**  
 Amount of Each Receipt this Period  
 25.00

**B. Aaron Lazar**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 2CCBAF8D7A3A41C79FA2**  
 Amount of Each Receipt this Period  
 25.00

**C. Aaron Lazar**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 61F2B08625034385975B**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Mailing Address 385 Maple St

City State Zip Code  
Glen Ellyn IL 60137-3811

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 ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2015  
**Transaction ID : 069E4B0B4437492685CC**

Amount of Each Receipt this Period  
20.00

**B. Thomas Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 385 Maple St

City State Zip Code  
Glen Ellyn IL 60137-3811

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 ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2015  
**Transaction ID : 759A600A47334940A554**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 385 Maple St

City State Zip Code  
Glen Ellyn IL 60137-3811

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 ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2015  
**Transaction ID : 23F7DAAD25F1483AB773**

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 45 OF 89
	<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. Ernest Lizek**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 00F037C1967F41488B6A**  
 Amount of Each Receipt this Period  
 39.00

**B. Ernest Lizek**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 85E39A27C8E644AB9135**  
 Amount of Each Receipt this Period  
 39.00

**C. Ernest Lizek**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 25C1198D61644D3CB1D4**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 89  
(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. Ernest Lizek**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : 6B8526CE9BF54DDCA1B0**  
 Amount of Each Receipt this Period  
 39.00

**B. Ernest Lizek**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : D72C1FBD5D3E4ED89FDD**  
 Amount of Each Receipt this Period  
 39.00

**C. Ernest Lizek**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : DF7210AB78DA4012AA3E**  
 Amount of Each Receipt this Period  
 39.00

**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 47 OF 89
	<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. Ernest Lizek**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **507.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 223794E7F4B14EB59937**  
 Amount of Each Receipt this Period  
**39.00**

**B. Ernest Lizek**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **507.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 85065D4ABAD54F9BAAB4**  
 Amount of Each Receipt this Period  
**39.00**

**C. Nicholas Mataragas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6105 Timber Ridge Ct  
 City Indian Head Park State IL Zip Code 60525-3759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **249.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 48A6E04F0E434FB5A346**  
 Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>97.23</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 48 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : 434F375CF58B4D0CA9A1**

Amount of Each Receipt this Period  
**19.23**

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

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 15AB814B07944672B686**

Amount of Each Receipt this Period  
**19.23**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2015**

**Transaction ID : 02394F6C2E6042DDA69E**

Amount of Each Receipt this Period  
**20.00**

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



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

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

FOR LINE NUMBER: PAGE 49 OF 89  
(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. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : D06284F08B5D430F830D**  
 Amount of Each Receipt this Period  
 20.00

**B. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 828F772DE2704DC3B790**  
 Amount of Each Receipt this Period  
 20.00

**C. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City State Zip Code  
 Lombard IL 60148-4932  
 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 ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 73362FD144B943659ECA**  
 Amount of Each Receipt this Period  
 39.00

**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 50 OF 89
	<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. M. Paul Meyer**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **04 / 02 / 2015**

**Transaction ID : F52E744BD8A54584AFDB**

Amount of Each Receipt this Period **39.00**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **04 / 09 / 2015**

**Transaction ID : 86992C04C77C40C3AC49**

Amount of Each Receipt this Period **39.00**

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

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **04 / 24 / 2015**

**Transaction ID : 0713FC581F8045C2A354**

Amount of Each Receipt this Period **39.00**

**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 51 OF 89
	<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. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : FFE793380F204A54B5B7**  
 Amount of Each Receipt this Period  
 39.00

**B. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 4733C8EE685F4D5EABC0**  
 Amount of Each Receipt this Period  
 39.00

**C. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 0CB31587D58B4560ADC2**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 89  
(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**

Full Name (Last, First, Middle Initial)  
**A. M. Paul Meyer**

Mailing Address 1801 S Highland Ave

City State Zip Code  
Lombard IL 60148-4932

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 ▼  
**507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : D728512F4A7B4B59AF75**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Yoko Momoyama**

Mailing Address PO Box 7144

City State Zip Code  
Villa Park IL 60181-7144

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 ▼  
**507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 9B740305E94F45039224**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**C. Yoko Momoyama**

Mailing Address PO Box 7144

City State Zip Code  
Villa Park IL 60181-7144

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 ▼  
**507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 02 / 2015**

**Transaction ID : 3B90530902814503ADD6**

Amount of Each Receipt this Period  
**39.00**

**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 53 OF 89
	<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. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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 ▼ **507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 09 / 2015**

**Transaction ID : 15D457F3AD784390850D**

Amount of Each Receipt this Period  
**39.00**

**B. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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 ▼ **507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 24 / 2015**

**Transaction ID : 5AC9BE8BB53F45A286CB**

Amount of Each Receipt this Period  
**39.00**

**C. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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 ▼ **507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 07 / 2015**

**Transaction ID : ABA99687C0C54C0083FF**

Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>117.00</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: (check only one)	PAGE 54 OF 89
	<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. Yoko Momoyama**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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 ▼  
507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 75598C9716C645A9A8BC**

Amount of Each Receipt this Period  
 39.00

**B. Yoko Momoyama**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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 ▼  
507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 1B92AE8077E6487E84C9**

Amount of Each Receipt this Period  
 39.00

**C. Yoko Momoyama**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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 ▼  
507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 5E6E5215838B43218D30**

Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 89
	<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. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **05 / 21 / 2015**  
**Transaction ID : EC3117DABED54F12A913**  
 Amount of Each Receipt this Period **20.00**

**B. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 04 / 2015**  
**Transaction ID : 4C82A028882042698775**  
 Amount of Each Receipt this Period **20.00**

**C. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 18 / 2015**  
**Transaction ID : 3CFDF5A1F3C44193B1FF**  
 Amount of Each Receipt this Period **20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>60.00</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: (check only one)	PAGE 56 OF 89
	<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. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt **04 / 24 / 2015**  
**Transaction ID : 4D6394DE46EF4CE5950A**  
Amount of Each Receipt this Period 25.00

**B. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 07 / 2015**  
**Transaction ID : 54F41E3FB9E044F38001**  
Amount of Each Receipt this Period 25.00

**C. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt **05 / 21 / 2015**  
**Transaction ID : 3B6AAD810DAA4641A246**  
Amount of Each Receipt this Period 25.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 89
	<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. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 04 / 2015**  
**Transaction ID : C9F7A690345B41E3A770**  
Amount of Each Receipt this Period **25.00**

**B. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 18 / 2015**  
**Transaction ID : 004875D943094A33B899**  
Amount of Each Receipt this Period **25.00**

**C. Brian O'Leary**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **273.00**

Date of Receipt **05 / 07 / 2015**  
**Transaction ID : 6C0432729539419C9E55**  
Amount of Each Receipt this Period **21.00**

**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: (check only one)	PAGE 58 OF 89
	<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**

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

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : 311CD012C16D4CEBB2E4**

Amount of Each Receipt this Period  
21.00

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

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : 9A96B77E39EA42D493F4**

Amount of Each Receipt this Period  
21.00

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

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : D5ACC7782E904ECBBD0F**

Amount of Each Receipt this Period  
21.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 89
	<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. James Oakley**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **04 / 24 / 2015**

**Transaction ID : 22C5D6C21C044E019D37**

Amount of Each Receipt this Period **25.00**

**B. James Oakley**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **05 / 07 / 2015**

**Transaction ID : 5E4BD135190E4E1BA3C8**

Amount of Each Receipt this Period **25.00**

**C. James Oakley**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **05 / 21 / 2015**

**Transaction ID : B68034A397E74BC7B5D1**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 89
	<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. James Oakley**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 04 / 2015**

**Transaction ID : FEF6511DE5D54AB29648**

Amount of Each Receipt this Period **25.00**

**B. James Oakley**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 18 / 2015**

**Transaction ID : A38F1C03DC174E3C8E01**

Amount of Each Receipt this Period **25.00**

**C. Mathew Philip**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **03 / 12 / 2015**

**Transaction ID : 6A04CEE7EE194879947F**

Amount of Each Receipt this Period **39.00**

**SUBTOTAL** of Receipts This Page (optional)..... **89.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 89
	<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. Mathew Philip**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
04 / 02 / 2015  
**Transaction ID : 4E268E9BFDA94ADAA790**

Amount of Each Receipt this Period  
39.00

**B. Mathew Philip**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
04 / 09 / 2015  
**Transaction ID : B307277FE3E04936978E**

Amount of Each Receipt this Period  
39.00

**C. Mathew Philip**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
04 / 24 / 2015  
**Transaction ID : 5CE1BDD8B9824C26AC14**

Amount of Each Receipt this Period  
39.00

**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 62 OF 89
	<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. Mathew Philip**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
05 / 07 / 2015  
**Transaction ID : 317C0412E70B472A8F22**

Amount of Each Receipt this Period  
39.00

**B. Mathew Philip**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
05 / 21 / 2015  
**Transaction ID : CB7A1BBBC97E449C8587**

Amount of Each Receipt this Period  
39.00

**C. Mathew Philip**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
06 / 04 / 2015  
**Transaction ID : CA1A136078D34B50BDA7**

Amount of Each Receipt this Period  
39.00

**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 63 OF 89
	<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**

Full Name (Last, First, Middle Initial)  
**A. Mathew Philip**

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
06 / 18 / 2015  
**Transaction ID : 7249349B833F4EA09792**

Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**B. Stephen Pierson**

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
05 / 07 / 2015  
**Transaction ID : 3199A9B169E0468EBAD6**

Amount of Each Receipt this Period  
21.00

Full Name (Last, First, Middle Initial)  
**C. Stephen Pierson**

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
05 / 21 / 2015  
**Transaction ID : 639D68521F674CC6A4AF**

Amount of Each Receipt this Period  
21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 89
	<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. Stephen Pierson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N Main St  
City Wheaton State IL Zip Code 60187-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 273.00

Date of Receipt 06 / 04 / 2015  
**Transaction ID : A1DE57103DB240CF901B**  
Amount of Each Receipt this Period 21.00

**B. Stephen Pierson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N Main St  
City Wheaton State IL Zip Code 60187-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 273.00

Date of Receipt 06 / 18 / 2015  
**Transaction ID : 78A3CC9391AE47C3916B**  
Amount of Each Receipt this Period 21.00

**C. John Porcelli**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 21 / 2015  
**Transaction ID : 56F8C577C8034CC6B50D**  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 89
	<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. John Porcelli**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : 6D10AB22831345D3BAF8**

Amount of Each Receipt this Period  
 20.00

**B. John Porcelli**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : FF05D1AA3594413AA6D0**

Amount of Each Receipt this Period  
 20.00

**C. Raghu Pulluru**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : 650EE69E347D4DD787F0**

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 66 OF 89  
(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. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : E62768E61D6C452997B7**  
 Amount of Each Receipt this Period  
 19.23

**B. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : C8B4906A3BFA4DB5B393**  
 Amount of Each Receipt this Period  
 19.23

**C. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : 5A911C4E265B41028408**  
 Amount of Each Receipt this Period  
 23.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.54  
**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 67 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : 8628C1BB989F4375BE1F**  
 Amount of Each Receipt this Period  
**23.08**

**B. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 095DE9FCAF784C9A8544**  
 Amount of Each Receipt this Period  
**23.08**

**C. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 31498B373B2445938CF1**  
 Amount of Each Receipt this Period  
**23.08**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>69.24</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 68 OF 89  
(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. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 602C75DF6BC049698CB0**  
 Amount of Each Receipt this Period  
 23.08

**B. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : B5E89BAE1BF54371A17A**  
 Amount of Each Receipt this Period  
 38.46

**C. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 1B7ED3E26C6649A29A9C**  
 Amount of Each Receipt this Period  
 38.46

**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 69 OF 89
	<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. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : EAA83BF106794A0F823F**  
 Amount of Each Receipt this Period  
 38.46

**B. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : 917C606C04D44600AD2E**  
 Amount of Each Receipt this Period  
 38.46

**C. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : F95F5EDA6446458881AF**  
 Amount of Each Receipt this Period  
 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 89
	<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. Kevin Regan**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : 5E0E67FD7E1A4D68BADF**

Amount of Each Receipt this Period  
 38.46

**B. Kevin Regan**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : 23CB7083EA5F480E9849**

Amount of Each Receipt this Period  
 38.46

**C. Kevin Regan**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : 1B9701E554214E6FBD98**

Amount of Each Receipt this Period  
 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	115.38
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 89
	<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. Steven Schmitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : 2729EC9AD4B64F58A1F2**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : DB05726356084C63AAAA**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015

**Transaction ID : 58FB1E28A4AD4DE0A107**

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 72 OF 89
	<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. Grant Sievertsen**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 5E918B9D25194821A3CA**  
 Amount of Each Receipt this Period  
 19.23

**B. Grant Sievertsen**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : E060DD1F14F14E018C94**  
 Amount of Each Receipt this Period  
 19.23

**C. Grant Sievertsen**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 865573202FBC42AABBAA**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 89
	<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. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 0B69869285214F8B9B7B**  
 Amount of Each Receipt this Period  
 39.00

**B. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 7859BDE5028D4B6AABE9**  
 Amount of Each Receipt this Period  
 39.00

**C. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 453762CEDB7046749417**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 89
	<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. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : 7D31F8FB311A466A82BE**  
 Amount of Each Receipt this Period  
 39.00

**B. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : F95794C1A91A494BAAA9**  
 Amount of Each Receipt this Period  
 39.00

**C. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 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 ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 137BDA2FDFB9416EA23B**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lenora Su**  
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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 ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : ED649BFC44FB4183BE1B**

Amount of Each Receipt this Period  
**39.00**

**B. Lenora Su**  
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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 ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**

**Transaction ID : 79FA824593C64B3CA3EB**

Amount of Each Receipt this Period  
**39.00**

**C. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 8C61872802884C20B1F7**

Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>117.00</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: (check only one)	PAGE 76 OF 89
	<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. Arnaldo Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 Wren Ct  
 City Bloomingtondale State IL Zip Code 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 ▼ 507.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : 6CB319D12BC74DE28BB3**  
 Amount of Each Receipt this Period  
 39.00

**B. Arnaldo Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 Wren Ct  
 City Bloomingtondale State IL Zip Code 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 ▼ 507.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 09A2301D43424DC79642**  
 Amount of Each Receipt this Period  
 39.00

**C. Arnaldo Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 Wren Ct  
 City Bloomingtondale State IL Zip Code 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 ▼ 507.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : BDD7056FBEB14E898A07**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 89
	<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. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)

Mailing Address 229 Wren Ct

City Bloomingtondale State IL Zip Code 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 ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 07 / 2015**

**Transaction ID : 22A24099CFE94EA79662**

Amount of Each Receipt this Period  
**39.00**

**B. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)

Mailing Address 229 Wren Ct

City Bloomingtondale State IL Zip Code 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 ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2015**

**Transaction ID : 8A9DC907EBD34379833E**

Amount of Each Receipt this Period  
**39.00**

**C. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)

Mailing Address 229 Wren Ct

City Bloomingtondale State IL Zip Code 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 ▼ **507.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : 7B7C3D122AAE48649CD6**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.00**

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

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

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

FOR LINE NUMBER: PAGE 78 OF 89  
(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**

Full Name (Last, First, Middle Initial)  
**A. Arnaldo Torres**

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 5F1E1D572F2945FBB5F9**

Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**B. Joseph Towers**

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2015  
**Transaction ID : 13753D592EB34831B406**

Amount of Each Receipt this Period  
41.67

Full Name (Last, First, Middle Initial)  
**C. Joseph Towers**

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 7D651886728F490495DF**

Amount of Each Receipt this Period  
41.67

**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:	PAGE 79 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
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 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 ▼ 541.71	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 02 / 2015  
**Transaction ID : F09BAF8B25A848A09FF9**

Amount of Each Receipt this Period  
41.67

**B. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
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 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 ▼ 541.71	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 09 / 2015  
**Transaction ID : 0505CA1736E2420EA71B**

Amount of Each Receipt this Period  
41.67

**C. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
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 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 ▼ 541.71	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2015  
**Transaction ID : C29F12D65C314BDDB0FF**

Amount of Each Receipt this Period  
41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.01
<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 80 OF 89  
(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. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : A6976D60C5304643A7DA**  
 Amount of Each Receipt this Period  
 41.67

**B. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 088D74E12FDC4860A447**  
 Amount of Each Receipt this Period  
 41.67

**C. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : AA6246A6A1D14EEF8A49**  
 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: (check only one)	PAGE 81 OF 89
	<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. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.71**

Date of Receipt **06 / 18 / 2015**  
**Transaction ID : 810B6F051BCF429F901D**  
 Amount of Each Receipt this Period **41.67**

**B. Feodor Ung**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **507.00**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : 5F1CB140860F48E8A2FC**  
 Amount of Each Receipt this Period **39.00**

**C. Feodor Ung**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **507.00**

Date of Receipt **04 / 02 / 2015**  
**Transaction ID : 9074A45C1AAB46BCBDEA**  
 Amount of Each Receipt this Period **39.00**

**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 82 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Feodor Ung**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015

**Transaction ID : 9265A4B77A474853A2F5**

Amount of Each Receipt this Period  
39.00

**B. Feodor Ung**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2015

**Transaction ID : BB77DF439AC540E8B333**

Amount of Each Receipt this Period  
39.00

**C. Feodor Ung**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : 17212C9E768E4FB59CF2**

Amount of Each Receipt this Period  
39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 89
	<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. Feodor Ung**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
05 / 21 / 2015  
**Transaction ID : 55E426D3426E4363B66F**

Amount of Each Receipt this Period  
39.00

**B. Feodor Ung**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
06 / 04 / 2015  
**Transaction ID : 3D62BF15A866482BBAC3**

Amount of Each Receipt this Period  
39.00

**C. Feodor Ung**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
06 / 18 / 2015  
**Transaction ID : F2FC830C9BB64FBC811D**

Amount of Each Receipt this Period  
39.00

**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 84 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 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 ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 57B5D52D3A164D41B5D7**  
 Amount of Each Receipt this Period  
 39.00

**B. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 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 ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : E80F97DA52D6415A8689**  
 Amount of Each Receipt this Period  
 39.00

**C. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 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 ▼  
 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2015  
**Transaction ID : 2165C60BF6F44BA8A910**  
 Amount of Each Receipt this Period  
 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Van Vallina**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **507.00**

Date of Receipt **04 / 24 / 2015**  
**Transaction ID : EC52B7664C534B83A0AE**  
Amount of Each Receipt this Period **39.00**

**B. Van Vallina**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **507.00**

Date of Receipt **05 / 07 / 2015**  
**Transaction ID : 5849CDF9B9B44D368FFA**  
Amount of Each Receipt this Period **39.00**

**C. Van Vallina**  
Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **507.00**

Date of Receipt **05 / 21 / 2015**  
**Transaction ID : 1522FB765F3946D7A403**  
Amount of Each Receipt this Period **39.00**

**SUBTOTAL** of Receipts This Page (optional)..... **117.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Van Vallina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Lorraine St  
City State Zip Code  
Glen Ellyn IL 60137-5326  
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 ▼  
**507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 04 / 2015**  
**Transaction ID : 52CC2FA5726C45AAB177**  
Amount of Each Receipt this Period  
**39.00**

**B. Van Vallina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Lorraine St  
City State Zip Code  
Glen Ellyn IL 60137-5326  
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 ▼  
**507.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 18 / 2015**  
**Transaction ID : 8B1DC78988404CB1AEC5**  
Amount of Each Receipt this Period  
**39.00**

**C. Jaime Villanueva**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1610 Midwest Club Pkwy  
City State Zip Code  
Oak Brook IL 60523-2522  
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 ▼  
**260.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2015**  
**Transaction ID : CAFCC0830E21E44E4974C**  
Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>98.00</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: (check only one)	PAGE 87 OF 89
	<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. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 0E5827BE90714B8D918C**  
 Amount of Each Receipt this Period  
 20.00

**B. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : 0C8A9C4FB9E347209104**  
 Amount of Each Receipt this Period  
 20.00

**C. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : BCC25F066E04492C8634**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 89
	<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. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : 7667D07D658E47B687E7**  
 Amount of Each Receipt this Period  
 20.00

**B. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : A3EAD75162DC40FAB063**  
 Amount of Each Receipt this Period  
 20.00

**C. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2015  
**Transaction ID : BB0E2FB54CAF47C89E45**  
 Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.83
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 89
	<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. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : 42EA8280DB0F4CD39766**  
 Amount of Each Receipt this Period  
 20.83

**B. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 04 / 2015  
**Transaction ID : B92CB8197BD14831B89F**  
 Amount of Each Receipt this Period  
 20.83

**C. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : CE02188474E84C6E8ACA**  
 Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.49
<b>TOTAL</b> This Period (last page this line number only).....	9137.21