

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 2010

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

Signature of Treasurer Electronically Filed by Mary Goldsher Date 09 20 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

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

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		40637.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	56199.80									
(c) Total Receipts (from Line 19) .....	2860.96	19873.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	59060.76	60510.76								
7. Total Disbursements (from Line 31) .....	0.00	1450.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59060.76	59060.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2636.04	11424.74
(ii) Unitemized .....	224.92	8448.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2860.96	19873.18
(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) .....	2860.96	19873.18
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2860.96	19873.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2860.96	19873.18

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	30.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	20.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	20.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	1450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	1450.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2860.96	19873.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2860.96	19853.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	30.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Anderson	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 3 Briar Ln	<b>Transaction ID:</b> 6107B05E5A32B5C2C4B
	City State Zip Code West Chicago IL 60185-3033	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 354.28	

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Anderson	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 3 Briar Ln	<b>Transaction ID:</b> 4A71EC994BD1A20177A
	City State Zip Code West Chicago IL 60185-3033	Amount of Each Receipt this Period 20.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 354.28	

<b>C.</b>	Full Name (Last, First, Middle Initial) Erik Baier	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 949 S Euclid Ave	<b>Transaction ID:</b> 67435866041354EEC25
	City State Zip Code Elmhurst IL 60126-5104	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 340.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 33
	(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"/> 15
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Erik Baier	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 949 S Euclid Ave	<b>Transaction ID:</b> 05DAF3042F771935AA8
	City State Zip Code Elmhurst IL 60126-5104	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Connolly	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 15242 Saint Andrews Dr	<b>Transaction ID:</b> C4E38C27FFBB39F040F
	City State Zip Code Orland Park IL 60462-4165	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Connolly	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 15242 Saint Andrews Dr	<b>Transaction ID:</b> 0F7B0394559B31C6E98
	City State Zip Code Orland Park IL 60462-4165	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 340.00	

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 211 Palamino PI

City State Zip Code  
Wheaton IL 60189-2046

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 10 / 2010  
**Transaction ID:** 78F0667C9454B78B71F

Amount of Each Receipt this Period 20.00

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

Mailing Address 211 Palamino PI

City State Zip Code  
Wheaton IL 60189-2046

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 24 / 2010  
**Transaction ID:** B6E13CE5E988C09AD1B

Amount of Each Receipt this Period 20.00

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

Mailing Address 1105 Adelia St

City State Zip Code  
Downers Grove IL 60516-2830

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 10 / 2010  
**Transaction ID:** 6B7A906432324373C82

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 10 / 33
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NAME OF COMMITTEE (In Full)  
DuPage Medical Group LTD PAC

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 326.91

Date of Receipt 08 / 24 / 2010

**Transaction ID:** A4E632FACCC3E999647

Amount of Each Receipt this Period 19.23

**B.** Full Name (Last, First, Middle Initial)  
Mary Goldsher

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 10 / 2010

**Transaction ID:** 700C15E5301577C9E39

Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Goldsher

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 24 / 2010

**Transaction ID:** 9DAABCB77DB39E7D5C6

Amount of Each Receipt this Period 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) L. Douglas Graham	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 15224 Summit Ave. Ste. 107	<b>Transaction ID:</b> A61825E1AF643F9A04C
	City State Zip Code Oakbrook Terrace IL 60181	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      714.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) L. Douglas Graham	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 15224 Summit Ave. Ste. 107	<b>Transaction ID:</b> 53E9E0A2DDDD7745601
	City State Zip Code Oakbrook Terrace IL 60181	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      714.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Glenn Grobe	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 719 Mesa Dr	<b>Transaction ID:</b> 0AD2493D5501819E890
	City State Zip Code Naperville IL 60565-5312	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General      Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼      255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	99.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 33  
(check only one)

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

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

**A.**

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 24 / 2010  
**Transaction ID:** B83B59E7A67EB760A67  
 Amount of Each Receipt this Period 15.00

**B.**

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 10 / 2010  
**Transaction ID:** 347EB7A4A9F219EBB32  
 Amount of Each Receipt this Period 100.00

**C.**

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 08 / 24 / 2010  
**Transaction ID:** 41E5013B2F328CF446C  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 215.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 33  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 640 S Washington St Ste 268		<b>Transaction ID:</b> 6D98955A3F13FE9E158
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 357.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt MM / DD / YYYY 08 / 24 / 2010
Mailing Address 640 S Washington St Ste 268		<b>Transaction ID:</b> B89B6F56FABDFFE734E
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 357.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 640 S Washington St Ste 268		<b>Transaction ID:</b> A8F3DEE753F42696FC4
City Naperville	State Zip Code IL 60540-6694	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 340.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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: PAGE 14 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 340.00

Date of Receipt 08 / 24 / 2010  
**Transaction ID:** E04B2A8019142D89FF6  
 Amount of Each Receipt this Period 20.00

**B.** 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 ▼ 708.39

Date of Receipt 08 / 10 / 2010  
**Transaction ID:** 925A3ED8205B5A9ADE7  
 Amount of Each Receipt this Period 41.67

**C.** 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 ▼ 708.39

Date of Receipt 08 / 24 / 2010  
**Transaction ID:** 38E926CFE68BF2AEBE2  
 Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 103.34

**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 15 / 33
	<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.**

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

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 ▼ 340.00

Date of Receipt 08 / 10 / 2010

**Transaction ID:** F211EBD8BABE79EFBA1

Amount of Each Receipt this Period 20.00

**B.**

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

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 ▼ 340.00

Date of Receipt 08 / 24 / 2010

**Transaction ID:** 58C8A28FA6AFA4BD7F3

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
David Labotka

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 354.11

Date of Receipt 08 / 10 / 2010

**Transaction ID:** C226AE663E66F9FD44D

Amount of Each Receipt this Period 20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.83

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 16 / 33
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Labotka		Date of Receipt
	Mailing Address 1312 S Ridge Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Willowbrook	IL	60527-1896
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 43C1533D73265F7FA76
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.83
		<input type="text"/> 354.11	

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd Lavigne		Date of Receipt
	Mailing Address 2034 W Walton St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chicago	IL	60622-4960
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 258AF22407412AEAA75
Name of Employer DuPage Medical Group, Ltd.		Occupation Senior Director of IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 680.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Lavigne		Date of Receipt
	Mailing Address 2034 W Walton St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chicago	IL	60622-4960
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C94DEDCAEB57CC410F3
Name of Employer DuPage Medical Group, Ltd.		Occupation Senior Director of IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 680.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 100.83
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 17 / 33</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Aaron Lazar	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 1564 Abbotsford Dr	<b>Transaction ID:</b> ABDD908A7A8D54BF071
	City Naperville State IL Zip Code 60563-2088	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Aaron Lazar	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 1564 Abbotsford Dr	<b>Transaction ID:</b> 6E897091EA3827FE417
	City Naperville State IL Zip Code 60563-2088	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Lieberman	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 819 E Hillside Rd	<b>Transaction ID:</b> B7410F5DB211DA3FECB
	City Naperville State IL Zip Code 60540-6806	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>71.00</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 18 / 33
	<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.**

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

Mailing Address 819 E Hillside Rd

City Naperville State IL Zip Code 60540-6806

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 ▼ 357.00

Date of Receipt 08 / 24 / 2010

**Transaction ID:** 8A4730FDEC299D6006A

Amount of Each Receipt this Period 21.00

**B.**

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

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 ▼ 326.91

Date of Receipt 08 / 10 / 2010

**Transaction ID:** 47502C0EAA8CE495E1F

Amount of Each Receipt this Period 19.23

**C.**

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

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 ▼ 326.91

Date of Receipt 08 / 24 / 2010

**Transaction ID:** C0AAF607FAE3C14C8F

Amount of Each Receipt this Period 19.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► 59.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Merrick	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 540 Hill Ave	<b>Transaction ID:</b> 347C8A7C9D314190E6F
	City State Zip Code Glen Ellyn IL 60137-5032	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Merrick	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 540 Hill Ave	<b>Transaction ID:</b> 2226F496E0009B31904
	City State Zip Code Glen Ellyn IL 60137-5032	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) M. Paul Meyer	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 1801 S Highland Ave	<b>Transaction ID:</b> DEB7007C02094EE5C95
	City State Zip Code Lombard IL 60148-4932	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 708.39	

<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: PAGE 20 / 33  
(check only one)

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

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

**A.**

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

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 ▼ 708.39

Date of Receipt 08 / 24 / 2010  
**Transaction ID: 86C80CF291BBB1256BE**

Amount of Each Receipt this Period 41.67

**B.**

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 08 / 10 / 2010  
**Transaction ID: 712E468B43012E15A03**

Amount of Each Receipt this Period 45.00

**C.**

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 08 / 24 / 2010  
**Transaction ID: 02C466997867DDC15B3**

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 131.67

**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 21 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Nelson	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 3753 King Williams Ct	<b>Transaction ID:</b> 181602A5EE024EA8B86
	City State Zip Code Saint Charles IL 60174-7806	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Nelson	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 3753 King Williams Ct	<b>Transaction ID:</b> 37CA1E46AD1B8A87F4A
	City State Zip Code Saint Charles IL 60174-7806	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ravi Nemivant	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 561 Hevern Dr	<b>Transaction ID:</b> 8D6A783DDC9316559D1
	City State Zip Code Wheaton IL 60189-7396	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	65.00
<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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 22 / 33
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ravi Nemivant	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 561 Hevern Dr	<b>Transaction ID:</b> A98919507D086D88CEE
	City State Zip Code Wheaton IL 60189-7396	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Don Nichols	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 515 W Park Ave	<b>Transaction ID:</b> 87C8330329F6A30EBA1
	City State Zip Code Wheaton IL 60189-6354	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Don Nichols	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 515 W Park Ave	<b>Transaction ID:</b> 5A70285315F4FE7DCCD
	City State Zip Code Wheaton IL 60189-6354	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	65.00
<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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 23 / 33
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian O'Leary	Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 0
	Mailing Address 401 59th St	<b>Transaction ID:</b> E6851AB865045A82ECA
	City Downers Grove State IL Zip Code 60516-1440	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 357.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian O'Leary	Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0
	Mailing Address 401 59th St	<b>Transaction ID:</b> BC0FE82B7F31D84A88F
	City Downers Grove State IL Zip Code 60516-1440	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 357.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Oakley	Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 1 0
	Mailing Address 605 S Grant St	<b>Transaction ID:</b> B20F0AADA1A30CFABA9
	City Hinsdale State IL Zip Code 60521-4453	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	67.00
<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 24 / 33  
(check only one)

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

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

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

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 ▼ 425.00

Date of Receipt 08 / 24 / 2010  
**Transaction ID:** 1108B8A2CF52206DE12  
 Amount of Each Receipt this Period 25.00

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

Mailing Address 16957 Burr Oak Dr

City Homer Glen State IL Zip Code 60491-6946

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 10 / 2010  
**Transaction ID:** 085D90DB5E0CF7938EE  
 Amount of Each Receipt this Period 20.00

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

Mailing Address 16957 Burr Oak Dr

City Homer Glen State IL Zip Code 60491-6946

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 24 / 2010  
**Transaction ID:** F644EAEADD605ECFF11  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

**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 25 / 33

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stephen Pierson  
Mailing Address 1800 N Main St

City State Zip Code  
Wheaton IL 60187-3112

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 357.00

Date of Receipt

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

Transaction ID: EF64A340FBCD1A732E2

Amount of Each Receipt this Period  
21.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Pierson  
Mailing Address 1800 N Main St

City State Zip Code  
Wheaton IL 60187-3112

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 357.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 1 0

Transaction ID: 9C3A4B5387B7A46DB77

Amount of Each Receipt this Period  
21.00

**C.**

Full Name (Last, First, Middle Initial)  
John Porcelli  
Mailing Address 1237 N Chicago Ave

City State Zip Code  
Arlington Heights IL 60004-4430

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

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

Transaction ID: 12D58286BBDE41FDEF5

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 26 / 33
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Porcelli		Date of Receipt
	Mailing Address 1237 N Chicago Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2010
	City	State	Zip Code
	Arlington Heights	IL	60004-4430
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 8D465A2F222B8CD752E
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 20.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Soujanya Pulluru		Date of Receipt
	Mailing Address 3908 Littlestone Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 10 / 2010
	City	State	Zip Code
	Naperville	IL	60564-5915
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> D137CE4DB6AF0434BD8
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 708.39	<input type="text"/> 41.67

<b>C.</b>	Full Name (Last, First, Middle Initial) Soujanya Pulluru		Date of Receipt
	Mailing Address 3908 Littlestone Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 24 / 2010
	City	State	Zip Code
	Naperville	IL	60564-5915
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 558EC9A15AF5CA17533
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 708.39	<input type="text"/> 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 103.34
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 25164 Churchill Lane	<b>Transaction ID:</b> F928470F4C36B530E97
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 327.25	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 25164 Churchill Lane	<b>Transaction ID:</b> BCBDD40C49C02EDDFE5
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 327.25	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Schmitz	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 743 Godair Cir	<b>Transaction ID:</b> 2DFFE1A879247CF1C1D
	City State Zip Code Hinsdale IL 60521-8104	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	58.50
<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 / 33

(check only one)

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

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

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

**A.**

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

Mailing Address 743 Godair Cir

City State Zip Code  
Hinsdale IL 60521-8104

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: BF6EDFD943845500722

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 397 Carleton Ave

City State Zip Code  
Glen Ellyn IL 60137-5235

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 15 / 2010

Transaction ID: 835E06AA3E5A1F426BC

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 326.91

Date of Receipt

M M / D D / Y Y Y Y  
08 / 10 / 2010

Transaction ID: 4D06DDD0A069A9846B5

Amount of Each Receipt this Period  
19.23

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

539.23

**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: <span style="float: right;">PAGE 29 / 33</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Grant Sievertsen	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 1304 Midwest Club Pkwy	<b>Transaction ID:</b> 1CAC1773B0F4E4C9A37
	City State Zip Code Oak Brook IL 60523-2519	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

<b>B.</b>	Full Name (Last, First, Middle Initial) Amy Stoeffler	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 532 Deerpath Rd	<b>Transaction ID:</b> 067E59A14359F01F910
	City State Zip Code Glen Ellyn IL 60137-4102	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	

<b>C.</b>	Full Name (Last, First, Middle Initial) Amy Stoeffler	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 532 Deerpath Rd	<b>Transaction ID:</b> 8530A490857EF61C03F
	City State Zip Code Glen Ellyn IL 60137-4102	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>102.57</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 30 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 10 / 2010

**Transaction ID:** 12A86C8FDB9FBE8F89C

Amount of Each Receipt this Period 19.23

**B.**

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 24 / 2010

**Transaction ID:** 64B70765DEBECC538B7

Amount of Each Receipt this Period 19.23

**C.**

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

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 708.39

Date of Receipt 08 / 10 / 2010

**Transaction ID:** 0F82CBE8F0A0F33751D

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.13

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Towers	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 412 S Columbia St	<b>Transaction ID:</b> B68DD7586A3BA840CFA
	City Naperville State IL Zip Code 60540-5418	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rebecca Tung	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 175 E Delaware Pl Apt 4911	<b>Transaction ID:</b> EF2E323A7B1BAE6A608
	City Chicago State IL Zip Code 60611-7715	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca Tung	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 175 E Delaware Pl Apt 4911	<b>Transaction ID:</b> D064E0E8D6D344B9D76
	City Chicago State IL Zip Code 60611-7715	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>81.67</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 32 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Caroline Wolfe		Date of Receipt
	Mailing Address 132 E Fremont Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 10 / 2010
	City	State	Zip Code
	Elmhurst	IL	60126-2324
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 57EA2D766D1F8BF4703
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 20.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Caroline Wolfe		Date of Receipt
	Mailing Address 132 E Fremont Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 24 / 2010
	City	State	Zip Code
	Elmhurst	IL	60126-2324
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 5EFBC9C486B3AAF2C2A
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 20.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Eva Wyrma		Date of Receipt
	Mailing Address 25346 Canterbury Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 10 / 2010
	City	State	Zip Code
	Glen Ellyn	IL	60137
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 14231AED12CCF3A3CA9
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	<input type="text"/> 20.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Eva Wyrma	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 25346 Canterbury Court	<b>Transaction ID:</b> 1135E2B702617C8CB99
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 340.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Yu	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 1601 S Highland Ave	<b>Transaction ID:</b> 1F5DE8C5FF97AC5F720
	City State Zip Code Lombard IL 60148-4928	Amount of Each Receipt this Period 20.83
	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 354.11	

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew Yu	Date of Receipt MM / DD / YYYY 08 / 24 / 2010
	Mailing Address 1601 S Highland Ave	<b>Transaction ID:</b> 47F0EA2A35AACDA30A1
	City State Zip Code Lombard IL 60148-4928	Amount of Each Receipt this Period 20.83
	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 354.11	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	61.66
<b>TOTAL</b> This Period (last page this line number only) .....	2636.04