



**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="2016"/>	<input type="text" value="226660.63"/>	<input type="text" value="226660.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="203066.11"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2452.14"/>	<input type="text" value="17257.62"/>
(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="205518.25"/>	<input type="text" value="243918.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2665.97"/>	<input type="text" value="41065.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="202852.28"/>	<input type="text" value="202852.28"/>
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: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 07 / 31 / 2016

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).....	2396.30	9189.92
(ii) Unitemized .....	55.84	8067.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2452.14	17257.62
(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) .....	2452.14	17257.62
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))..... ▶	2452.14	17257.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2452.14	17257.62

**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	19500.00
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 .....	2665.97	21565.97
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)) ..	2665.97	41065.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2665.97	41065.97

**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) .....	2452.14	17257.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2452.14	17257.62
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:	PAGE 6 OF 32
(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. 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 208.40

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 997C06F2E292456AADAC**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**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 546.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : 275DEE756C274DEDB827**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**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 546.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 09E9A0A48E044B288816**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<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 **546.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : DC8DAD88E0DF4B148D93**  
Amount of Each Receipt this Period **39.00**  
 Memo Item

**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 **546.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : E7126847C36A4D91B8E6**  
Amount of Each Receipt this Period **39.00**  
 Memo Item

**C. 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 **280.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 4CDB0B2EC3F04FF3970B**  
Amount of Each Receipt this Period **20.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **98.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<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**

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

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 ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 22 / 2016**

**Transaction ID : 72EA8765A8EB4C22A7D7**

Amount of Each Receipt this Period  
**20.00**

Memo Item

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 ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2016**

**Transaction ID : E9376AC4264848A98B9F**

Amount of Each Receipt this Period  
**39.00**

Memo Item

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 ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 22 / 2016**

**Transaction ID : D7EB9EE6710548208853**

Amount of Each Receipt this Period  
**39.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **98.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<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. 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 **700.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 5E42B4F12BF648299D66**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**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 **700.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 8FD8FBF540264211B305**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**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 **546.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 7B7A3F0C29DB4D4FA2A6**  
 Amount of Each Receipt this Period **39.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>139.00</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 10 OF 32
	<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. 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 ▼  
546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016

**Transaction ID : 7091DD36BF1648AD81BF**

Amount of Each Receipt this Period  
 39.00

Memo Item

**B. Glenn Grobe**  
Full Name (Last, First, Middle Initial)

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 ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016

**Transaction ID : 10C1B06EB49F4C27B9E2**

Amount of Each Receipt this Period  
 15.00

Memo Item

**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 ▼  
1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : F7A1F18F33B447A5AB69**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	154.00
<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 11 OF 32  
(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. 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 ▼ 1400.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 98BAF07E6F1F4045A439**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**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 ▼ 294.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : C23DD41066404D4A89A2**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**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 ▼ 294.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : CE938A6C25E2420A8AC9**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**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 12 OF 32
	<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. 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 **583.38**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : FEC61FAD3A1A47689671**  
 Amount of Each Receipt this Period **41.67**  
 Memo Item

**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 **583.38**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : E75DCF2066A6450BA1CD**  
 Amount of Each Receipt this Period **41.67**  
 Memo Item

**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 **546.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 0F4A9E40C7B14AA1A124**  
 Amount of Each Receipt this Period **39.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<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. 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 ▼  
546.00

Date of Receipt  
07 / 22 / 2016  
**Transaction ID : 00AF773A60B54FE7A845**

Amount of Each Receipt this Period  
39.00

Memo Item

**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 ▼  
546.00

Date of Receipt  
07 / 01 / 2016  
**Transaction ID : 33508C9BB2DA4F59969A**

Amount of Each Receipt this Period  
39.00

Memo Item

**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 ▼  
546.00

Date of Receipt  
07 / 22 / 2016  
**Transaction ID : B211EB56214D420AAD60**

Amount of Each Receipt this Period  
39.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<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 **280.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 60BBFDBC5CF146508A56**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**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 **280.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 1C38D2871D9046AF8C13**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**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 **280.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 1220AC0B49104BE9BA30**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<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. 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 ▼ 280.00

Date of Receipt 07 / 22 / 2016  
Transaction ID : 309B02E173F1463990D8

Amount of Each Receipt this Period 20.00

Memo Item

**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 ▼ 291.62

Date of Receipt 07 / 01 / 2016  
Transaction ID : 221A215930DD4E1580E2

Amount of Each Receipt this Period 20.83

Memo Item

**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 ▼ 291.62

Date of Receipt 07 / 22 / 2016  
Transaction ID : 0B535FDA62AC457EB138

Amount of Each Receipt this Period 20.83

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.66

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

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

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

FOR LINE NUMBER: PAGE 16 OF 32  
(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**

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

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 ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2016**

**Transaction ID : 5E559D23251D45418B28**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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 ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 22 / 2016**

**Transaction ID : 5F3436B2AEAE455090BB**

Amount of Each Receipt this Period  
**25.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Ernest Lizek**

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 ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2016**

**Transaction ID : EF9A148595714064A512**

Amount of Each Receipt this Period  
**39.00**

Memo Item

**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 17 OF 32
	<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. 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 **546.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 675A56C7EE9C44A480F6**  
 Amount of Each Receipt this Period **39.00**  
 Memo Item

**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 **269.22**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : EAC7B70FFBA74A0E9483**  
 Amount of Each Receipt this Period **19.23**  
 Memo Item

**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 **269.22**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 8A8EF039B2B741CD959A**  
 Amount of Each Receipt this Period **19.23**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>77.46</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: (check only one)	PAGE 18 OF 32
	<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. 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 ▼  
280.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2016  
**Transaction ID : A859522B24134714945A**

Amount of Each Receipt this Period  
20.00

Memo Item

**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 ▼  
280.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2016  
**Transaction ID : 3CF5AD3E8ED1447C86A3**

Amount of Each Receipt this Period  
20.00

Memo Item

**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 ▼  
546.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2016  
**Transaction ID : 59029B2889F74DCB93E6**

Amount of Each Receipt this Period  
39.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<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. 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 **546.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : FAACB96E02944018BA56**  
 Amount of Each Receipt this Period **39.00**  
 Memo Item

**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 **280.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : E408812BD4684465833F**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**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 **280.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : A4597CF268974A839107**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **79.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
	<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. 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 **350.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 4C21096CBEF2467695B0**  
Amount of Each Receipt this Period **25.00**  
 Memo Item

**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 **350.00**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 88D6C432A29F4C3AB7E1**  
Amount of Each Receipt this Period **25.00**  
 Memo Item

**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 **294.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 462A868097D6444686E3**  
Amount of Each Receipt this Period **21.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<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**

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 ▼ 294.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 2F5B34450D754CDCB66F**

Amount of Each Receipt this Period 21.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ 350.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : DD73F803045940A4893E**

Amount of Each Receipt this Period 25.00

Memo Item

Full Name (Last, First, Middle Initial)  
**c. 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 ▼ 350.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 89C3788376D741A3B444**

Amount of Each Receipt this Period 25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
	<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. 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 ▼ 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : 9C823B07F81B412D8DC7**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

**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 ▼ 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2016  
**Transaction ID : 6F965EC0C8EF48319C16**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

**C. 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 ▼ 294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : 5307ED0A8BA448E5B543**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item

<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: (check only one)	PAGE 23 OF 32
	<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 294.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 2328DB9ECD074B00B8E8**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**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 280.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : 49AA1E6F9B694FB7A5A2**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 280.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 2DA4E58DAEA04FF68879**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 32
	<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. 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 ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : 866D61FC5A3A4DC88686**

Amount of Each Receipt this Period  

19.23
-------

 Memo Item

**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 ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2016

**Transaction ID : 5005C6FF28AD46DDBD4F**

Amount of Each Receipt this Period  

19.23
-------

 Memo Item

**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 ▼  
323.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : E05EDCD70E684A129EA2**

Amount of Each Receipt this Period  

23.08
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.54
<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 32
	<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. 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 **323.12**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : F7BAC55971C949778997**  
 Amount of Each Receipt this Period **23.08**  
 Memo Item

**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 **538.44**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 3CEDF422A7DB444DB431**  
 Amount of Each Receipt this Period **38.46**  
 Memo Item

**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 **538.44**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 3615E52D07C24D56B185**  
 Amount of Each Receipt this Period **38.46**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100.00</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 26 OF 32
	<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. 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 ▼ 280.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : 0A3DE549E27745C0AFF0**

Amount of Each Receipt this Period 20.00

Memo Item

**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 ▼ 280.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 145817AAB6CB451C9086**

Amount of Each Receipt this Period 20.00

Memo Item

**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 ▼ 269.22

Date of Receipt 07 / 01 / 2016  
**Transaction ID : D01FAF908599423CB158**

Amount of Each Receipt this Period 19.23

Memo Item

**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 27 OF 32
	<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. 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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : 9113CBD5F4324C10B8BE**

Amount of Each Receipt this Period  
19.23

Memo Item

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
546.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2016

**Transaction ID : DD3C7D18E9EE48BE8FCE**

Amount of Each Receipt this Period  
39.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
546.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : 6090787F547D4F47A76F**

Amount of Each Receipt this Period  
39.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.23
<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 28 OF 32
	<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. 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 **583.38**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 41A3A5E1A8BB4D898533**  
Amount of Each Receipt this Period **41.67**  
 Memo Item

**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 **583.38**

Date of Receipt **07 / 22 / 2016**  
**Transaction ID : 789642CDA7F84770B3B2**  
Amount of Each Receipt this Period **41.67**  
 Memo Item

**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 **546.00**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : 5F4E7D1676F9410BB205**  
Amount of Each Receipt this Period **39.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 32
	(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. 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 ▼ 546.00

Date of Receipt 07 / 22 / 2016  
Transaction ID : 3583FF52A5584068AFCD

Amount of Each Receipt this Period 39.00

Memo Item

**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 ▼ 546.00

Date of Receipt 07 / 01 / 2016  
Transaction ID : 6A8B37AA1A00494EA822

Amount of Each Receipt this Period 39.00

Memo Item

**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 ▼ 546.00

Date of Receipt 07 / 22 / 2016  
Transaction ID : 6165CCC4CE874D00B41A

Amount of Each Receipt this Period 39.00

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 30 OF 32  
(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. 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 ▼ 280.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : E41ACE30DC5A4A3498B0**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 ▼ 280.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 270F322C40D545DCBAD4**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 ▼ 280.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : 86CBAD552FDB46E9AB74**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 32
	<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. 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 ▼ 280.00

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 810AF03451B9400C9CAF**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 ▼ 291.62

Date of Receipt 07 / 01 / 2016  
**Transaction ID : 8E689D94AC91486CA004**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**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 ▼ 291.62

Date of Receipt 07 / 22 / 2016  
**Transaction ID : 4F45B57A51654188A2BC**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61.66
<b>TOTAL</b> This Period (last page this line number only).....	2396.30

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Citizens to Elect Patricia R. Bellock**

Mailing Address PO Box 55

City Hinsdale State IL Zip Code 60522-0055

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : E56C807CCAC6D0FCABA**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Meson Sabika Restaurant**

Mailing Address 1025 Aurora Ave.

City Naperville State IL Zip Code 60540

Purpose of Disbursement  
Food Costs - PAC Member Dinner

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : V3DAC4F2793652AFA05E**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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