

**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="2011"/>	<input type="text" value="54509.87"/>	<input type="text" value="54509.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78305.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="26135.95"/>	<input type="text" value="49936.47"/>
(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="104441.34"/>	<input type="text" value="104446.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="7005.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="97441.34"/>	<input type="text" value="97441.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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)

Write or Type Committee Name

DuPage Medical Group LTD PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25975.95	37720.57
(ii) Unitemized	160.00	12215.90
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26135.95	49936.47
(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)	26135.95	49936.47
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))..... ▶	26135.95	49936.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26135.95	49936.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	5.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	5.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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	4500.00	4500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7000.00	7005.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	7005.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	26135.95	49936.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26135.95	49936.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	5.00
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	5.00

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 287
(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. Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
07 / 08 / 2011
Transaction ID : 24E7D93211A68242861

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
B. Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
07 / 08 / 2011
Transaction ID : 2D0AF72BCD7ED4948BE

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
C. Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
07 / 25 / 2011
Transaction ID : F6DD50F7880B5B049B5

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.52

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 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Craig Anderson		Date of Receipt 08 / 09 / 2011 Transaction ID : 1CB4253D996B0C0CFF8
Mailing Address 3 Briar Ln		Amount of Each Receipt this Period 20.84
City West Chicago	State IL	Zip Code 60185-3033
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 541.84	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Craig Anderson		Date of Receipt 08 / 19 / 2011 Transaction ID : 61CCDAC6C5416C0F69F
Mailing Address 3 Briar Ln		Amount of Each Receipt this Period 20.84
City West Chicago	State IL	Zip Code 60185-3033
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 541.84	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Craig Anderson		Date of Receipt 09 / 08 / 2011 Transaction ID : BB9314F6D2B81E47C0B
Mailing Address 3 Briar Ln		Amount of Each Receipt this Period 20.84
City West Chicago	State IL	Zip Code 60185-3033
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 541.84	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 4032861F5188DD139B0

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
B. Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : A9A94A2718823C4A2B0

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
C. Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 5DE6968755F14C5C483

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.52

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

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

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

FOR LINE NUMBER: PAGE 9 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Craig Anderson

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 ▼ **541.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : 9A5B193942EAA568968

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
B. Craig Anderson

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 ▼ **541.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 28E5B5D3402CC6F117A

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
C. Craig Anderson

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 ▼ **541.84**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011

Transaction ID : CE30BEAA3348567C30B

Amount of Each Receipt this Period
20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ **62.52**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
12 / 09 / 2011
Transaction ID : F99C2C26481AADB8A66

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
B. Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
541.84

Date of Receipt
12 / 30 / 2011
Transaction ID : 3A729002E8195215E39

Amount of Each Receipt this Period
20.84

Full Name (Last, First, Middle Initial)
C. Marc Asselmeier

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
07 / 08 / 2011
Transaction ID : 8802245D6CD431B4A5E

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.68

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 11 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Marc Asselmeier

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011

Transaction ID : AC5B73E6951661BD4E9

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Marc Asselmeier

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2011

Transaction ID : 34052CA4D4591739E9E

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Marc Asselmeier

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2011

Transaction ID : EC185B6C43D309A8982

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 287
	<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. Marc Asselmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Brentwood Ct
 City State Zip Code
 Glen Ellyn IL 60137-6365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : ECEB19805A9581FDAA7
 Amount of Each Receipt this Period
 39.00

B. Marc Asselmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Brentwood Ct
 City State Zip Code
 Glen Ellyn IL 60137-6365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 00E9EBB513D64E5CE4A
 Amount of Each Receipt this Period
 39.00

C. Marc Asselmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Brentwood Ct
 City State Zip Code
 Glen Ellyn IL 60137-6365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 026802EF03B50596D9C
 Amount of Each Receipt this Period
 39.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 287
(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. Marc Asselmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Brentwood Ct
 City State Zip Code
 Glen Ellyn IL 60137-6365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 55899F3A836FA2E1B1C
 Amount of Each Receipt this Period
 39.00

B. Marc Asselmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Brentwood Ct
 City State Zip Code
 Glen Ellyn IL 60137-6365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : B98DECA05AE51DCE79D
 Amount of Each Receipt this Period
 39.00

C. Marc Asselmeier
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Brentwood Ct
 City State Zip Code
 Glen Ellyn IL 60137-6365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 52E508B93AC3A6C2BCF
 Amount of Each Receipt this Period
 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 287
	<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. Marc Asselmeier
Full Name (Last, First, Middle Initial)

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
11 / 18 / 2011
Transaction ID : 12CBB7FF98CA059138B

Amount of Each Receipt this Period
39.00

B. Marc Asselmeier
Full Name (Last, First, Middle Initial)

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
11 / 28 / 2011
Transaction ID : 022BB99EA98D883D230

Amount of Each Receipt this Period
39.00

C. Marc Asselmeier
Full Name (Last, First, Middle Initial)

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 1574FDC3E2159C6AFEA

Amount of Each Receipt this Period
39.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Marc Asselmeier

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011
Transaction ID : 0B6899A3AF76D08453F

Amount of Each Receipt this Period
39.00

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

Mailing Address 1673 Imperial Cir

City State Zip Code
Naperville IL 60563-0132

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 ▼
1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011
Transaction ID : 6FB810FE3BDF27AB2A9

Amount of Each Receipt this Period
39.00

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

Mailing Address 1673 Imperial Cir

City State Zip Code
Naperville IL 60563-0132

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 ▼
1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011
Transaction ID : 77E38ED5B0413292A68

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 287
	<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 ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : 1176AC4BD0DB450E4B1

Amount of Each Receipt this Period
 39.00

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

Mailing Address 1673 Imperial Cir

City Naperville State IL Zip Code 60563-0132

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011

Transaction ID : 063DA39DACA4E2ECB31

Amount of Each Receipt this Period
 39.00

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

Mailing Address 1673 Imperial Cir

City Naperville State IL Zip Code 60563-0132

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011

Transaction ID : B57EE976ABF60AACF1F

Amount of Each Receipt this Period
 39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 287
	<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 ▼ 1014.00

Date of Receipt
 09 / 08 / 2011
Transaction ID : F7997C9C3482772658C

Amount of Each Receipt this Period
 39.00

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

Mailing Address 1673 Imperial Cir

City Naperville State IL Zip Code 60563-0132

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 09 / 19 / 2011
Transaction ID : 5EB154AD4A3ACE65F56

Amount of Each Receipt this Period
 39.00

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

Mailing Address 1673 Imperial Cir

City Naperville State IL Zip Code 60563-0132

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 10 / 03 / 2011
Transaction ID : 81C53873E07A115CF49

Amount of Each Receipt this Period
 39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 287
	<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 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 ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 06F72C86D49BFB0E478
 Amount of Each Receipt this Period
 39.00

B. James Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1673 Imperial Cir
 City Naperville State IL Zip Code 60563-0132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 6F9A2EDE5FFC1DD6048
 Amount of Each Receipt this Period
 39.00

C. James Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1673 Imperial Cir
 City Naperville State IL Zip Code 60563-0132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 8178275EF2EED59AC6F
 Amount of Each Receipt this Period
 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 287
	<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

Full Name (Last, First, Middle Initial) A. James Collins		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 1673 Imperial Cir		Transaction ID : D17E5B2328484929E79
City Naperville	State IL	Zip Code 60563-0132
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.00	
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 ▼ 1014.00	

Full Name (Last, First, Middle Initial) B. James Collins		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 1673 Imperial Cir		Transaction ID : FD258F71B48BF2FF64E
City Naperville	State IL	Zip Code 60563-0132
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.00	
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 ▼ 1014.00	

Full Name (Last, First, Middle Initial) C. James Collins		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 1673 Imperial Cir		Transaction ID : 24A09541B7254254100
City Naperville	State IL	Zip Code 60563-0132
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.00	
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 ▼ 1014.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 287
	<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. Mary Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 15242 Saint Andrews Dr
City Orland Park State IL Zip Code 60462-4165
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **520.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 08 / 2011
Transaction ID : 3A0E9C416800A92F147
Amount of Each Receipt this Period
20.00

B. Mary Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 15242 Saint Andrews Dr
City Orland Park State IL Zip Code 60462-4165
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **520.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 08 / 2011
Transaction ID : 9B97105A0CBF4105118
Amount of Each Receipt this Period
20.00

C. Mary Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 15242 Saint Andrews Dr
City Orland Park State IL Zip Code 60462-4165
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **520.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 25 / 2011
Transaction ID : 62153B765FCE00611D2
Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 287
	<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. Mary Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 15242 Saint Andrews Dr
City Orland Park State IL Zip Code 60462-4165
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **520.00**

Date of Receipt **11 / 04 / 2011**
Transaction ID : 2C2175CAC5788735DF6
Amount of Each Receipt this Period **20.00**

B. Mary Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 15242 Saint Andrews Dr
City Orland Park State IL Zip Code 60462-4165
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **520.00**

Date of Receipt **11 / 18 / 2011**
Transaction ID : C9B87458D5775604389
Amount of Each Receipt this Period **20.00**

C. Mary Connolly
Full Name (Last, First, Middle Initial)
Mailing Address 15242 Saint Andrews Dr
City Orland Park State IL Zip Code 60462-4165
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **520.00**

Date of Receipt **11 / 28 / 2011**
Transaction ID : DE6E89AC57E8238F4E4
Amount of Each Receipt this Period **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 287
	<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. Mary Connolly		Date of Receipt
Mailing Address 15242 Saint Andrews Dr		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City State Zip Code Orland Park IL 60462-4165		Transaction ID : EB7BAB54E5886129890
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) B. Mary Connolly		Date of Receipt
Mailing Address 15242 Saint Andrews Dr		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City State Zip Code Orland Park IL 60462-4165		Transaction ID : 5B67F7503693A61C5E9
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) C. David Dungan		Date of Receipt
Mailing Address 211 Palamino Pl		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City State Zip Code Wheaton IL 60189-2046		Transaction ID : 764B6007E3CAFF392D6
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : E781354D42A1119960C

Amount of Each Receipt this Period
20.00

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

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : A6C700ED31B306ED63A

Amount of Each Receipt this Period
20.00

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : 81A6F7C70E7AD3776CE

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 211 Palamino Pl

City State Zip Code
Wheaton IL 60189-2046

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 795501B830A74E387B5

Amount of Each Receipt this Period
20.00

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

Mailing Address 211 Palamino Pl

City State Zip Code
Wheaton IL 60189-2046

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 7B73917E5E5300B4D4B

Amount of Each Receipt this Period
20.00

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

Mailing Address 211 Palamino Pl

City State Zip Code
Wheaton IL 60189-2046

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 40F398C0746A4273448

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 27 OF 287
(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. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : D10FF1EA9088F8342E6
 Amount of Each Receipt this Period
 20.00

B. David Dungan
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Palamino Pl
 City Wheaton State IL Zip Code 60189-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 67F83753901CB5CA102
 Amount of Each Receipt this Period
 20.00

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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : FEB2F46C1E013AC8DB2
 Amount of Each Receipt this Period
 20.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 287
(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. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : DB5686C986F5ABA8CF3
 Amount of Each Receipt this Period
 20.00

B. David Dungan
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Palamino Pl
 City Wheaton State IL Zip Code 60189-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 42F2D1D95A4DAEE2A52
 Amount of Each Receipt this Period
 20.00

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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2A1AF66420852CE3D75
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 30 / 2011**

Transaction ID : 9C008C9017219945BBF

Amount of Each Receipt this Period **200.00**

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt **07 / 08 / 2011**

Transaction ID : 900C0B94974C86973B1

Amount of Each Receipt this Period **39.00**

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt **07 / 08 / 2011**

Transaction ID : 3AFE3015A69DC0418F5

Amount of Each Receipt this Period **39.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 287
	<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. Michael Fitzgerald
Full Name (Last, First, Middle Initial)

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : AC3290E4ABCB9DCF2B8

Amount of Each Receipt this Period
 39.00

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011

Transaction ID : 62AACAF31818850AF22

Amount of Each Receipt this Period
 39.00

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011

Transaction ID : D13999C7EB0FFCEC9BF

Amount of Each Receipt this Period
 39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Michael Fitzgerald			Date of Receipt MM / DD / YYYY 09 / 08 / 2011 Transaction ID : 4C1DA6A28AF73F068E7		
Mailing Address 1207 Sanctuary Ln			Amount of Each Receipt this Period 39.00		
City Naperville	State IL	Zip Code 60540-1936			
FEC ID number of contributing federal political committee. C					
Name of Employer DuPage Medical Group		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1014.00			

Full Name (Last, First, Middle Initial) B. Michael Fitzgerald			Date of Receipt MM / DD / YYYY 09 / 19 / 2011 Transaction ID : 49C8BED953049C50F7E		
Mailing Address 1207 Sanctuary Ln			Amount of Each Receipt this Period 39.00		
City Naperville	State IL	Zip Code 60540-1936			
FEC ID number of contributing federal political committee. C					
Name of Employer DuPage Medical Group		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1014.00			

Full Name (Last, First, Middle Initial) C. Michael Fitzgerald			Date of Receipt MM / DD / YYYY 10 / 03 / 2011 Transaction ID : 6C3DCA535FA760AF7BD		
Mailing Address 1207 Sanctuary Ln			Amount of Each Receipt this Period 39.00		
City Naperville	State IL	Zip Code 60540-1936			
FEC ID number of contributing federal political committee. C					
Name of Employer DuPage Medical Group		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1014.00			

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

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

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

FOR LINE NUMBER: PAGE 32 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : **AE0F31234D55EA57861**

Amount of Each Receipt this Period
39.00

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : **B3D63C07A97974F4481**

Amount of Each Receipt this Period
39.00

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011

Transaction ID : **4D89D6D5F5C3E15FA8F**

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011

Transaction ID : 49FB007C2F766065D86

Amount of Each Receipt this Period
39.00

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 77EC55B98F20812B4CD

Amount of Each Receipt this Period
39.00

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

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : EBBB0FB3ADDD0C8390D

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)
A. Juan Flores

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : B3CC646147775A512EA

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Juan Flores

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 9A9DF2F13C293B67CC9

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Juan Flores

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : 84A910007EAD1247028

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 287
	<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. Juan Flores
Full Name (Last, First, Middle Initial)
Mailing Address 65223 New Castle Rd.
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
08 / 09 / 2011
Transaction ID : 404381880C91D7EDA11
Amount of Each Receipt this Period 25.00

B. Juan Flores
Full Name (Last, First, Middle Initial)
Mailing Address 65223 New Castle Rd.
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
08 / 19 / 2011
Transaction ID : 5A0419AE7E3C1CC022F
Amount of Each Receipt this Period 25.00

C. Juan Flores
Full Name (Last, First, Middle Initial)
Mailing Address 65223 New Castle Rd.
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
09 / 08 / 2011
Transaction ID : C3432998A4F97CBC567
Amount of Each Receipt this Period 25.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Juan Flores

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
09 / 19 / 2011
Transaction ID : 272C77E9198E37CDAE0

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Juan Flores

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
10 / 03 / 2011
Transaction ID : 71A2E79BCA46764CE07

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Juan Flores

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
10 / 19 / 2011
Transaction ID : 8DFEE097E33029B13E0

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 287
	<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. Juan Flores		Date of Receipt
Mailing Address 65223 New Castle Rd.		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AD410AB6F79A7AA822A
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) B. Juan Flores		Date of Receipt
Mailing Address 65223 New Castle Rd.		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 328A20EFA9D84B89A18
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) C. Juan Flores		Date of Receipt
Mailing Address 65223 New Castle Rd.		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : B36A89B0D81FED0BA23
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="650.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 287
	<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. Juan Flores
Full Name (Last, First, Middle Initial)
Mailing Address 65223 New Castle Rd.
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
12 / 09 / 2011
Transaction ID : DBE53550B2952D97A62
Amount of Each Receipt this Period 25.00

B. Juan Flores
Full Name (Last, First, Middle Initial)
Mailing Address 65223 New Castle Rd.
City Naperville State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt
12 / 30 / 2011
Transaction ID : 2C56B547155E4BBA0CC
Amount of Each Receipt this Period 25.00

c. Thomas Gallagher
Full Name (Last, First, Middle Initial)
Mailing Address 1105 Adelia St
City Downers Grove State IL Zip Code 60516-2830
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
07 / 08 / 2011
Transaction ID : DE26DB9AF7891683F35
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 287
	<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. 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 **1300.00**

Date of Receipt **07 / 08 / 2011**
Transaction ID : B4E65BF7E9BA2AE2734
 Amount of Each Receipt this Period **50.00**

B. Thomas Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Adelia St
 City Downers Grove State IL Zip Code 60516-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **07 / 25 / 2011**
Transaction ID : 4B0E5FA9A417779944F
 Amount of Each Receipt this Period **50.00**

C. Thomas Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Adelia St
 City Downers Grove State IL Zip Code 60516-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **08 / 09 / 2011**
Transaction ID : 0D478369EBA49044322
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Adelia St
 City Downers Grove State IL Zip Code 60516-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **08 / 19 / 2011**
Transaction ID : EC55F838A3F262B81A6
 Amount of Each Receipt this Period **50.00**

B. Thomas Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Adelia St
 City Downers Grove State IL Zip Code 60516-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **09 / 08 / 2011**
Transaction ID : 23A8BE37D8264C88B08
 Amount of Each Receipt this Period **50.00**

C. Thomas Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Adelia St
 City Downers Grove State IL Zip Code 60516-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : 1EF5ED5EF2E2DBCC33D
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 287
	<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. 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 ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : DEF7A643B0C3867B555

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : 9005C379FC550E22E03

Amount of Each Receipt this Period
 50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : DE706805E2CDC50E7E6

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 42 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : **6877FB57C36A05EA55B**

Amount of Each Receipt this Period
50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011

Transaction ID : **9B38B5C7620FFF878F2**

Amount of Each Receipt this Period
50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : **E09DF8B46D9255CB834**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 287
	<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. 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 74A675E617E28EB8112
 Amount of Each Receipt this Period
 50.00

B. Martin Gallo
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 4343CB6790C93651E25
 Amount of Each Receipt this Period
 39.00

c. Martin Gallo
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : D771CF8684CCEE58B
 Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional).....▶	128.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 287
(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. 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 ▼ 1014.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : AC948E0C5A9A3DC1389
 Amount of Each Receipt this Period
 39.00

B. Martin Gallo
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 626797455612C26998C
 Amount of Each Receipt this Period
 39.00

C. Martin Gallo
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 07974D7BBF29AC28D77
 Amount of Each Receipt this Period
 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 287
	<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. 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 ▼ 1014.00

Date of Receipt
 09 / 08 / 2011
Transaction ID : 2D464D22B20DCC2E3A
 Amount of Each Receipt this Period
 39.00

B. Martin Gallo
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 09 / 19 / 2011
Transaction ID : 8B31056BD4D352E6B3A
 Amount of Each Receipt this Period
 39.00

C. Martin Gallo
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Allen Ct
 City Clarendon Hills State IL Zip Code 60514-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 10 / 03 / 2011
Transaction ID : E55BB08D87F85C58922
 Amount of Each Receipt this Period
 39.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
10 / 19 / 2011
Transaction ID : 4369F35DB5B811AFE89

Amount of Each Receipt this Period
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
11 / 04 / 2011
Transaction ID : E489F3BC831EF0C31FD

Amount of Each Receipt this Period
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
11 / 18 / 2011
Transaction ID : E6B91117D254A0AD793

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 287
	<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

Full Name (Last, First, Middle Initial) A. Martin Gallo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 118 Allen Ct		Transaction ID : E36C9DEAA8A3A1C0A98
City Clarendon Hills	State IL	Zip Code 60514-1466
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.00	
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 ▼ 1014.00	

Full Name (Last, First, Middle Initial) B. Martin Gallo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 118 Allen Ct		Transaction ID : 8E5518DEF3F0D00D6C6
City Clarendon Hills	State IL	Zip Code 60514-1466
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.00	
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 ▼ 1014.00	

Full Name (Last, First, Middle Initial) C. Martin Gallo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2011
Mailing Address 118 Allen Ct		Transaction ID : 5BB3B91B999E237A999
City Clarendon Hills	State IL	Zip Code 60514-1466
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 39.00	
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 ▼ 1014.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 287
	<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. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 83D0D70BE50EA9B065C
 Amount of Each Receipt this Period
 38.46

B. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 0B8C4EF671B5491FDC3
 Amount of Each Receipt this Period
 38.46

C. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 3350ED375C7CAF5DCC1
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 49 OF 287
(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. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : BD4F87D7E7743BAE1C0
 Amount of Each Receipt this Period
 38.46

B. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 03E34D7F62E2514C930
 Amount of Each Receipt this Period
 38.46

C. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 9A1CB1F3819457644C6
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.38
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 50 OF 287
(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. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 584E3BCF4E776B619AB
 Amount of Each Receipt this Period
 38.46

B. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 6CE9A8C794C72AF99D9
 Amount of Each Receipt this Period
 38.46

C. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 1C9CE34A31E80CE0EEB
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.38
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 51 OF 287
(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. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 88E9C763019866A2B75
 Amount of Each Receipt this Period
 38.46

B. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 6BDF2DEB8237C5AD939
 Amount of Each Receipt this Period
 38.46

C. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : D2E34D664474E2DC25B
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.38
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 52 OF 287
	<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. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 4CFA355834D24C97B0D
 Amount of Each Receipt this Period
 38.46

B. John Giardina
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Abbey Dr
 City State Zip Code
 Glen Ellyn IL 60137-6130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 1537DC410E47F0EAEA7
 Amount of Each Receipt this Period
 38.46

C. Stewart Gibbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 N Clinton St #301
 City State Zip Code
 Chicago IL 60661-1198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 09640DB75D1A6E7CE6A
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 287
	<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. Mary Goldsher
 Full Name (Last, First, Middle Initial)
 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 Chief Operating Officer Primary Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 115ACB5805BA943735F
 Amount of Each Receipt this Period
 20.00

B. Mary Goldsher
 Full Name (Last, First, Middle Initial)
 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 Chief Operating Officer Primary Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 78F207A9EB221265822
 Amount of Each Receipt this Period
 20.00

c. Mary Goldsher
 Full Name (Last, First, Middle Initial)
 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 Chief Operating Officer Primary Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : D7618A85CD186DA8492
 Amount of Each Receipt this Period
 20.00

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

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

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

FOR LINE NUMBER: PAGE 54 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 Chief Operating Officer Primary Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **08 / 09 / 2011**

Transaction ID : 729AB7DFD43DDDE87B6

Amount of Each Receipt this Period **20.00**

Full Name (Last, First, Middle Initial)
B. 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 Chief Operating Officer Primary Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **08 / 19 / 2011**

Transaction ID : C942522DE40C50995E6

Amount of Each Receipt this Period **20.00**

Full Name (Last, First, Middle Initial)
c. 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 Chief Operating Officer Primary Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **09 / 08 / 2011**

Transaction ID : C90A5504608BB2C79D3

Amount of Each Receipt this Period **20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 287
	<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. Mary Goldsher
Full Name (Last, First, Middle Initial)

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 Chief Operating Officer Primary Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **09 / 19 / 2011**

Transaction ID : C9591E61F41A778FA9

Amount of Each Receipt this Period **20.00**

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

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 Chief Operating Officer Primary Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **10 / 03 / 2011**

Transaction ID : 985E87524C0EA0C5687

Amount of Each Receipt this Period **20.00**

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

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 Chief Operating Officer Primary Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **10 / 19 / 2011**

Transaction ID : A2F900364ADCA360460

Amount of Each Receipt this Period **20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 287
	<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. Mary Goldsher			Date of Receipt
Mailing Address 536 Mayfair Ln			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60565-5387	Transaction ID : BBE1C3965A92001429E
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
			<input type="text" value="20.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Chief Operating Officer Primary Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) B. Mary Goldsher			Date of Receipt
Mailing Address 536 Mayfair Ln			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60565-5387	Transaction ID : B080C2B99DA1AF2F7C7
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
			<input type="text" value="20.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Chief Operating Officer Primary Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) c. Mary Goldsher			Date of Receipt
Mailing Address 536 Mayfair Ln			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60565-5387	Transaction ID : F19498248681798BD27
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
			<input type="text" value="20.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Chief Operating Officer Primary Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="520.00"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 287
	<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. Mary Goldsher
Full Name (Last, First, Middle Initial)

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 Chief Operating Officer Primary Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 09 / 2011**

Transaction ID : 28D3B56E871F7147CCF

Amount of Each Receipt this Period **20.00**

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

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 Chief Operating Officer Primary Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 30 / 2011**

Transaction ID : 9ACF9DEA4D55313A9D4

Amount of Each Receipt this Period **20.00**

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

Mailing Address 15224 Summit Ave. Ste. 107

City Oakbrook Terrace State IL Zip Code 60181

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1092.00**

Date of Receipt **07 / 08 / 2011**

Transaction ID : 0721AC5285C6DA1B3CC

Amount of Each Receipt this Period **42.00**

SUBTOTAL of Receipts This Page (optional)..... **82.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 287
<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. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : B0D4B319148E25B99AE
 Amount of Each Receipt this Period
 42.00

B. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : C6B279253537F18B5A3
 Amount of Each Receipt this Period
 42.00

C. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 78C48B21B1531B6C4E5
 Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional).....	126.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 287
	<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. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 216CC78B22DCB2A9835
 Amount of Each Receipt this Period
 42.00

B. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 59A2D9BF6F71373D3C6
 Amount of Each Receipt this Period
 42.00

C. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 45EC0B84882D0C8EF5F
 Amount of Each Receipt this Period
 42.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. L. Douglas Graham
Mailing Address 15224 Summit Ave.
Ste. 107
City State Zip Code
Oakbrook Terrace IL 60181
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1092.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011
Transaction ID : 05B3ADB4701CA0F7167
Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
B. L. Douglas Graham
Mailing Address 15224 Summit Ave.
Ste. 107
City State Zip Code
Oakbrook Terrace IL 60181
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1092.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011
Transaction ID : EF5FC3C7A4D2E6AE10A
Amount of Each Receipt this Period
42.00

Full Name (Last, First, Middle Initial)
C. L. Douglas Graham
Mailing Address 15224 Summit Ave.
Ste. 107
City State Zip Code
Oakbrook Terrace IL 60181
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1092.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011
Transaction ID : 2DD615197091FE73A6C
Amount of Each Receipt this Period
42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1092.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 45DDF8C19F0D1D0642E
 Amount of Each Receipt this Period
 42.00

B. Glenn Grobe
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Mesa Dr
 City State Zip Code
 Naperville IL 60565-5312
 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 ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : ED725260C29E0869583
 Amount of Each Receipt this Period
 15.00

C. Glenn Grobe
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Mesa Dr
 City State Zip Code
 Naperville IL 60565-5312
 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 ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : BC96C50EAF324715D33
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....	72.00
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 63 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : **B62F7FDF5E516CB7BA7**

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : **FB2016116889F8877B5**

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : **64B2C5D6554498F023B**

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 64 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 85EAEFC6CE98A10A6E7

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : CBBCFB4611CFFED8EA0

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 72948C98FC0D2E7D975

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 287
	<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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **390.00**

Date of Receipt
10 / 19 / 2011
Transaction ID : 86C001DEC224765B40C

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **390.00**

Date of Receipt
11 / 04 / 2011
Transaction ID : 4C766F70B6D05B94614

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **390.00**

Date of Receipt
11 / 18 / 2011
Transaction ID : 42A5B0E94C286694E11

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 66 OF 287
	<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. 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 ▼ **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 28 / 2011

Transaction ID : 494E1B4566EACA67491

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 475EA9C0A46093EA216

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 6082D4A26A4BEF6DDD2

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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 67 OF 287
	<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. 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 **2600.00**

Date of Receipt
 07 / 08 / 2011
Transaction ID : 26D173BD8D57AA9D09A
 Amount of Each Receipt this Period
 100.00

B. Linda Gruener
 Full Name (Last, First, Middle Initial)
 Mailing Address 8207 Gruener Ct
 City Palos Hills State IL Zip Code 60465-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2600.00**

Date of Receipt
 07 / 08 / 2011
Transaction ID : 1F24DFE09B6BD66996C
 Amount of Each Receipt this Period
 100.00

C. Linda Gruener
 Full Name (Last, First, Middle Initial)
 Mailing Address 8207 Gruener Ct
 City Palos Hills State IL Zip Code 60465-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2600.00**

Date of Receipt
 07 / 25 / 2011
Transaction ID : 168B418B893C84299B9
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....	300.00
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 68 OF 287
	(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

Full Name (Last, First, Middle Initial) A. Linda Gruener		Date of Receipt
Mailing Address 8207 Gruener Ct		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Palos Hills	IL	60465-2200
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2600.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Transaction ID : 96FE4C0F72DB8B69116		

Full Name (Last, First, Middle Initial) B. Linda Gruener		Date of Receipt
Mailing Address 8207 Gruener Ct		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code
Palos Hills	IL	60465-2200
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2600.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Transaction ID : 24BB88A5AB633EBE331		

Full Name (Last, First, Middle Initial) C. Linda Gruener		Date of Receipt
Mailing Address 8207 Gruener Ct		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Palos Hills	IL	60465-2200
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2600.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Transaction ID : 5701EB22C597D798523		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 287
	<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. 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 **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 89ABA88134C30398433
 Amount of Each Receipt this Period
 100.00

B. Linda Gruener
 Full Name (Last, First, Middle Initial)
 Mailing Address 8207 Gruener Ct
 City Palos Hills State IL Zip Code 60465-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : CBCF75C596763493C9C
 Amount of Each Receipt this Period
 100.00

C. Linda Gruener
 Full Name (Last, First, Middle Initial)
 Mailing Address 8207 Gruener Ct
 City Palos Hills State IL Zip Code 60465-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : C841C02256E71767BD5
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....	300.00
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 70 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : 4F2C3202CD0EA680C1B

Amount of Each Receipt this Period
 100.00

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011

Transaction ID : 02BC79C7E8465D6738C

Amount of Each Receipt this Period
 100.00

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011

Transaction ID : 5BA2AA94D1959AB1E0F

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 71 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : DEBCF0A37F33F507CD1

Amount of Each Receipt this Period
 100.00

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : 064E66AE204812E97A5

Amount of Each Receipt this Period
 100.00

C. Naira Hashmi
Full Name (Last, First, Middle Initial)

Mailing Address 640 S Washington St Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 68D95764F9F6CA06769

Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 287
	<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. Naira Hashmi		Date of Receipt MM / DD / YYYY 07 / 08 / 2011 Transaction ID : 75C85F5A8D8077A054C
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State Zip Code IL 60540-6694	
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 ▼ 546.00	

Full Name (Last, First, Middle Initial) B. Naira Hashmi		Date of Receipt MM / DD / YYYY 07 / 25 / 2011 Transaction ID : CDD2123A1DECB1121F0
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State Zip Code IL 60540-6694	
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 ▼ 546.00	

Full Name (Last, First, Middle Initial) C. Naira Hashmi		Date of Receipt MM / DD / YYYY 08 / 09 / 2011 Transaction ID : 1AFD4D3A3753D359ABC
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State Zip Code IL 60540-6694	
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 ▼ 546.00	

SUBTOTAL of Receipts This Page (optional).....▶	63.00
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 73 OF 287
	<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. Naira Hashmi		Date of Receipt MM / DD / YYYY 08 / 19 / 2011 Transaction ID : 2215B56D78A39B94EB5
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	
Zip Code 60540-6694		Aggregate Year-to-Date ▼ 546.00
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) ▼

Full Name (Last, First, Middle Initial) B. Naira Hashmi		Date of Receipt MM / DD / YYYY 09 / 08 / 2011 Transaction ID : 3237955B6A7DECD6AB0
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	
Zip Code 60540-6694		Aggregate Year-to-Date ▼ 546.00
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) ▼

Full Name (Last, First, Middle Initial) C. Naira Hashmi		Date of Receipt MM / DD / YYYY 09 / 19 / 2011 Transaction ID : 90DAD5DA5C35BB22A58
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	
Zip Code 60540-6694		Aggregate Year-to-Date ▼ 546.00
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) ▼

SUBTOTAL of Receipts This Page (optional).....	63.00
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 74 OF 287
	<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. 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 ▼ 546.00

Date of Receipt
10 / 03 / 2011
Transaction ID : **063F64EAAD2201E45E0**

Amount of Each Receipt this Period
21.00

B. Naira Hashmi
Full Name (Last, First, Middle Initial)

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt
10 / 19 / 2011
Transaction ID : **EC23B7452E3B54A8C87**

Amount of Each Receipt this Period
21.00

C. Naira Hashmi
Full Name (Last, First, Middle Initial)

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 546.00

Date of Receipt
11 / 04 / 2011
Transaction ID : **FE5FC6C85AC6EAF2D5D**

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00

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 75 OF 287
	<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. 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 ▼
546.00

Date of Receipt
11 / 18 / 2011
Transaction ID : 09B63B0CC84AF8C4ADC

Amount of Each Receipt this Period
21.00

B. Naira Hashmi
Full Name (Last, First, Middle Initial)

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt
11 / 28 / 2011
Transaction ID : 414086ED1012791BA5C

Amount of Each Receipt this Period
21.00

C. Naira Hashmi
Full Name (Last, First, Middle Initial)

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt
12 / 09 / 2011
Transaction ID : B5C033E3697709ACC51

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00

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 80 OF 287
	<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. Maleeha Hashmi-Basha		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : D2598A4BB72954118C7
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" value="20.00"/>
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) B. Maleeha Hashmi-Basha		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 8DD77736BA71C5B4C1
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" value="20.00"/>
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) C. Maleeha Hashmi-Basha		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C6674A2C733BAA7BA65
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" value="20.00"/>
	<input type="text" value="520.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : F2157D334BC07210575

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. 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 ▼
1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 7D435C930D39A18A331

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
C. 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 ▼
1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : 7892221F25D6BF1CC6C

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 287
	<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. 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 **1083.42**

Date of Receipt **08 / 09 / 2011**
Transaction ID : AC82CDA7F21248DEE84
 Amount of Each Receipt this Period **41.67**

B. James Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1962 Hampton Dr
 City Wheaton State IL Zip Code 60189-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1083.42**

Date of Receipt **08 / 19 / 2011**
Transaction ID : 54FF0C87D457C242BE4
 Amount of Each Receipt this Period **41.67**

C. James Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1962 Hampton Dr
 City Wheaton State IL Zip Code 60189-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1083.42**

Date of Receipt **09 / 08 / 2011**
Transaction ID : 741ADB640C4B91AF11D
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. James Hermann		Date of Receipt										
Mailing Address 1962 Hampton Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>19</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		19		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
09		19		2011								
City Wheaton	State IL	Zip Code 60189-2020										
FEC ID number of contributing federal political committee. C		Transaction ID : 5A02C724155DB774CA8										
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period										
Occupation Physician		41.67										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	1083.42											

Full Name (Last, First, Middle Initial) B. James Hermann		Date of Receipt										
Mailing Address 1962 Hampton Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>03</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		03		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10		03		2011								
City Wheaton	State IL	Zip Code 60189-2020										
FEC ID number of contributing federal political committee. C		Transaction ID : 98183241691DF507493										
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period										
Occupation Physician		41.67										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	1083.42											

Full Name (Last, First, Middle Initial) C. James Hermann		Date of Receipt										
Mailing Address 1962 Hampton Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>19</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		19		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10		19		2011								
City Wheaton	State IL	Zip Code 60189-2020										
FEC ID number of contributing federal political committee. C		Transaction ID : 861EFEE876BE94079B3										
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period										
Occupation Physician		41.67										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	1083.42											

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : 846F7D021C23FEADB3F
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="41.67"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1083.42"/>		

Full Name (Last, First, Middle Initial) B. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : D0B15CC2BF7B7847566
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="41.67"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1083.42"/>		

Full Name (Last, First, Middle Initial) C. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : F9DDCBCF69BF2FF4EC7
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="41.67"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1083.42"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1962 Hampton Dr

City State Zip Code
Wheaton IL 60189-2020

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 ▼
1083.42

Date of Receipt
12 / 09 / 2011
Transaction ID : 4FE43E478B7A1D71FEB

Amount of Each Receipt this Period
41.67

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

Mailing Address 1962 Hampton Dr

City State Zip Code
Wheaton IL 60189-2020

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 ▼
1083.42

Date of Receipt
12 / 30 / 2011
Transaction ID : 3F6D50ACBCF4BE6EF04

Amount of Each Receipt this Period
41.67

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

Mailing Address 1155 N Dearborn St
Apt. 804

City State Zip Code
Chicago IL 60610-6539

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 ▼
1014.00

Date of Receipt
07 / 08 / 2011
Transaction ID : 98DEAC1E439BE80682E

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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 **1014.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 63E26010C5E6FD901A7
 Amount of Each Receipt this Period
39.00

B. Te-Shao Hsu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1155 N Dearborn St
 Apt. 804
 City Chicago State IL Zip Code 60610-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1014.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 4FA77FB27291936D883
 Amount of Each Receipt this Period
39.00

C. Te-Shao Hsu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1155 N Dearborn St
 Apt. 804
 City Chicago State IL Zip Code 60610-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1014.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : D5DBAF7198F8AFEE4EF
 Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
08 / 19 / 2011
Transaction ID : 1F386F9D6837DBD0E46

Amount of Each Receipt this Period
39.00

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
09 / 08 / 2011
Transaction ID : CD1E29C2EFA18B412E9

Amount of Each Receipt this Period
39.00

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
09 / 19 / 2011
Transaction ID : 62C3165499ADA4A69D1

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 287
	<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. 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 ▼ 1014.00

Date of Receipt
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 10 / 03 / 2011
Transaction ID : A05E72B79DD541A948C
 Amount of Each Receipt this Period
 39.00

B. Te-Shao Hsu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1155 N Dearborn St
 Apt. 804
 City Chicago State IL Zip Code 60610-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 9386162AFE49330CB01
 Amount of Each Receipt this Period
 39.00

C. Te-Shao Hsu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1155 N Dearborn St
 Apt. 804
 City Chicago State IL Zip Code 60610-6539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
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 11 / 04 / 2011
Transaction ID : E9D04A3407F80BCC65A
 Amount of Each Receipt this Period
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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 89 OF 287
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	<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 ▼ 1014.00

Date of Receipt
11 / 18 / 2011
Transaction ID : 02DADE2C5B1A672C1BB

Amount of Each Receipt this Period
39.00

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
11 / 28 / 2011
Transaction ID : 9222F3AB061C94A0751

Amount of Each Receipt this Period
39.00

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 0F42AB52638B2D62548

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 287
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. 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 ▼ 1014.00

Date of Receipt
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 12 / 30 / 2011
Transaction ID : 8CEDA25FA8C9416AD56
 Amount of Each Receipt this Period
 39.00

B. Robert Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 Richmond Ln
 City Bartlett State IL Zip Code 60103-8939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
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 07 / 08 / 2011
Transaction ID : A255D0C2C0A74A8DB26
 Amount of Each Receipt this Period
 39.00

C. Robert Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 Richmond Ln
 City Bartlett State IL Zip Code 60103-8939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
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 07 / 08 / 2011
Transaction ID : 5F2375FDDCD4B78F295
 Amount of Each Receipt this Period
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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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1348 Richmond Ln

City State Zip Code
Bartlett IL 60103-8939

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 ▼
1014.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2011
Transaction ID : 9BD5DA3A3E85AFD519B

Amount of Each Receipt this Period
39.00

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

Mailing Address 1348 Richmond Ln

City State Zip Code
Bartlett IL 60103-8939

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 ▼
1014.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2011
Transaction ID : 06944698E59A947B051

Amount of Each Receipt this Period
39.00

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

Mailing Address 1348 Richmond Ln

City State Zip Code
Bartlett IL 60103-8939

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 ▼
1014.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2011
Transaction ID : FF94DAF8823FA4E2A24

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 287
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Robert Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 Richmond Ln
 City Bartlett State IL Zip Code 60103-8939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
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 09 / 08 / 2011
Transaction ID : 6032EE87845717764D5
 Amount of Each Receipt this Period
 39.00

B. Robert Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 Richmond Ln
 City Bartlett State IL Zip Code 60103-8939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : B599EE3BB497010FED9
 Amount of Each Receipt this Period
 39.00

C. Robert Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 Richmond Ln
 City Bartlett State IL Zip Code 60103-8939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 5974E8EB83557CF5804
 Amount of Each Receipt this Period
 39.00

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

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

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

FOR LINE NUMBER: PAGE 93 OF 287
(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. Robert Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 Richmond Ln
 City State Zip Code
 Bartlett IL 60103-8939
 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 ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 929C1DD992C3B49D3A9
 Amount of Each Receipt this Period
 39.00

B. Robert Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 Richmond Ln
 City State Zip Code
 Bartlett IL 60103-8939
 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 ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : D50331FE6853C29814E
 Amount of Each Receipt this Period
 39.00

C. Robert Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 1348 Richmond Ln
 City State Zip Code
 Bartlett IL 60103-8939
 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 ▼
 1014.00

Date of Receipt
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 11 / 18 / 2011
Transaction ID : 91549637AD59E996794
 Amount of Each Receipt this Period
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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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1348 Richmond Ln

City State Zip Code
Bartlett IL 60103-8939

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 ▼
1014.00

Date of Receipt
11 / 28 / 2011
Transaction ID : D010A9E230BDAE3301A

Amount of Each Receipt this Period
39.00

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

Mailing Address 1348 Richmond Ln

City State Zip Code
Bartlett IL 60103-8939

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 ▼
1014.00

Date of Receipt
12 / 09 / 2011
Transaction ID : A63F1DC44DE431F0952

Amount of Each Receipt this Period
39.00

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

Mailing Address 1348 Richmond Ln

City State Zip Code
Bartlett IL 60103-8939

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 ▼
1014.00

Date of Receipt
12 / 30 / 2011
Transaction ID : 4AFB1DE7B4879237DFC

Amount of Each Receipt this Period
39.00

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

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

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

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

FOR LINE NUMBER: PAGE 95 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert Janowitz

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
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 07 / 08 / 2011

Transaction ID : B40B1C545F0F81E01DA

Amount of Each Receipt this Period
40.00

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

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : ED9CB94FB98E88A70DF

Amount of Each Receipt this Period
40.00

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

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
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 07 / 25 / 2011

Transaction ID : DB35E30CC73280ADFCE

Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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 96 OF 287
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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		<input type="checkbox"/> 17

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

A. Robert Janowitz
Full Name (Last, First, Middle Initial)

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
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 08 / 09 / 2011
Transaction ID : 131E754916CB07503B2

Amount of Each Receipt this Period
 40.00

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

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : B2EF36DE66B1E6C168A

Amount of Each Receipt this Period
 40.00

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

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
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 09 / 08 / 2011
Transaction ID : 9F84E33C889535AF64F

Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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 97 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert Janowitz

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
09 / 19 / 2011
Transaction ID : 4CCF04C0244BEBF7EC9

Amount of Each Receipt this Period
40.00

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

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
10 / 03 / 2011
Transaction ID : 93CF1F600FF3FD46F7C

Amount of Each Receipt this Period
40.00

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

Mailing Address 8401 Clynderven Rd

City Burr Ridge State IL Zip Code 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
10 / 19 / 2011
Transaction ID : A3542902016E0398723

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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 98 OF 287
(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14
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<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Robert Janowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Clynderven Rd
 City Burr Ridge State IL Zip Code 60527-6247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : AFF14B2804B715B7686
 Amount of Each Receipt this Period
 40.00

B. Robert Janowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Clynderven Rd
 City Burr Ridge State IL Zip Code 60527-6247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 3081BEC9C228A85C42D
 Amount of Each Receipt this Period
 40.00

C. Robert Janowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Clynderven Rd
 City Burr Ridge State IL Zip Code 60527-6247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 6CB54BBC8FF58187D77
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 99 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Janowitz
Full Name (Last, First, Middle Initial)

Mailing Address 8401 Clynderven Rd

City	State	Zip Code
Burr Ridge	IL	60527-6247

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 2CCD52F9EF7587060E1

Amount of Each Receipt this Period
40.00

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

Mailing Address 8401 Clynderven Rd

City	State	Zip Code
Burr Ridge	IL	60527-6247

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 ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : 25A3B217A3B23268736

Amount of Each Receipt this Period
40.00

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

Mailing Address 3016 Seiler Dr

City	State	Zip Code
Naperville	IL	60565-4374

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 ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2011

Transaction ID : 4059CFB6DF74FFC4828

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 100 OF 287
(check only one)	
<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. Robert Kemp

Mailing Address 3016 Seiler Dr

City	State	Zip Code
Naperville	IL	60565-4374

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 ▼ **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : FA12E8E4589772FDCD5

Amount of Each Receipt this Period
20.00

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

Mailing Address 3016 Seiler Dr

City	State	Zip Code
Naperville	IL	60565-4374

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 ▼ **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 5541F386E9B31EFAC79

Amount of Each Receipt this Period
20.00

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

Mailing Address 3016 Seiler Dr

City	State	Zip Code
Naperville	IL	60565-4374

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 ▼ **520.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : EACC17EC4917A51609F

Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Kemp
Full Name (Last, First, Middle Initial)

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
08 / 19 / 2011
Transaction ID : FA6A14CF860D2A992CD

Amount of Each Receipt this Period
20.00

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

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
09 / 08 / 2011
Transaction ID : 0E567FB316311FBC6D6

Amount of Each Receipt this Period
20.00

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

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
09 / 19 / 2011
Transaction ID : 3066C8E070BE7273BBF

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 287
	<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. Robert Kemp

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : 792E64D2D3EF82E37DD

Amount of Each Receipt this Period
20.00

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

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : DD010E9C75DF9551404

Amount of Each Receipt this Period
20.00

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

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : EF44F3F1F579B88EAA3

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Kemp
Full Name (Last, First, Middle Initial)

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 1F180177C961436E4E4

Amount of Each Receipt this Period
20.00

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

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011

Transaction ID : E5345C7294C78F01FBE

Amount of Each Receipt this Period
20.00

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

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 36A98CD4D511627E84E

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 287
	<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. Robert Kemp

Mailing Address 3016 Seiler Dr

City Naperville State IL Zip Code 60565-4374

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 30 / 2011**

Transaction ID : E4C3CE8A8FC76A26066

Amount of Each Receipt this Period **20.00**

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.42**

Date of Receipt **07 / 08 / 2011**

Transaction ID : C49C8A8FC9F56F72EA4

Amount of Each Receipt this Period **41.67**

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.42**

Date of Receipt **07 / 08 / 2011**

Transaction ID : 4EDEE796A0A3DB3159F

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 105 OF 287
	<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. Robert King
Full Name (Last, First, Middle Initial)

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : BF5985CCEC007FF1923

Amount of Each Receipt this Period
 41.67

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011

Transaction ID : DBABF9D8E9A047AF00B

Amount of Each Receipt this Period
 41.67

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011

Transaction ID : BA708F451D8591164EB

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 287
	<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. Robert King			Date of Receipt
Mailing Address 2796 Crestfield Ct			<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : 35E71126BE022E29C27
Naperville	IL	60565-3043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.67"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1083.42"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert King			Date of Receipt
Mailing Address 2796 Crestfield Ct			<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : A37EFC496749847F2ED
Naperville	IL	60565-3043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.67"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1083.42"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert King			Date of Receipt
Mailing Address 2796 Crestfield Ct			<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : 5A1C0F04CE44752A09C
Naperville	IL	60565-3043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.67"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1083.42"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 287
	<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. Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.42**

Date of Receipt
10 / 19 / 2011
Transaction ID : E02C1E224607428D501

Amount of Each Receipt this Period
41.67

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.42**

Date of Receipt
11 / 04 / 2011
Transaction ID : CD5E2C79220FB8B19F3

Amount of Each Receipt this Period
41.67

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.42**

Date of Receipt
11 / 18 / 2011
Transaction ID : 471EE1D571D648DD1A9

Amount of Each Receipt this Period
41.67

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 287
	<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. Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.42**

Date of Receipt **11 / 28 / 2011**

Transaction ID : 7CDA7333165C40D76D3

Amount of Each Receipt this Period **41.67**

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.42**

Date of Receipt **12 / 09 / 2011**

Transaction ID : 3445E045BCEAEAC43F6

Amount of Each Receipt this Period **41.67**

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.42**

Date of Receipt **12 / 30 / 2011**

Transaction ID : 8350D80C0315B1E3F57

Amount of Each Receipt this Period **41.67**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 41D76231A9DC5ED2654

Amount of Each Receipt this Period
20.00

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 25A7DDCD970FDBCA102

Amount of Each Receipt this Period
20.00

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : 7A6404991E652A63D56

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : 34CA7B8A21D5194DDAA

Amount of Each Receipt this Period
20.00

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 9A46491BE231F2535CC

Amount of Each Receipt this Period
20.00

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : B56875F0C6D046FCFEE

Amount of Each Receipt this Period
20.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
520.00

Date of Receipt
09 / 19 / 2011
Transaction ID : 4800BA01963AB6E6D8C

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
520.00

Date of Receipt
10 / 03 / 2011
Transaction ID : EB3A4A7C4F1ADA1D03B

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
520.00

Date of Receipt
10 / 19 / 2011
Transaction ID : 4C9428C21307495D10A

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 112 OF 287
(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. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 9ED839050158CD82959
 Amount of Each Receipt this Period
 20.00

B. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : C5F135879EF1345DA5F
 Amount of Each Receipt this Period
 20.00

C. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 24EC180D7ACAF47FF31
 Amount of Each Receipt this Period
 20.00

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

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

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

FOR LINE NUMBER: PAGE 113 OF 287
(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. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : A53B18275513D421D2F
 Amount of Each Receipt this Period
 20.00

B. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 9CE327F1CF2A7FD7A60
 Amount of Each Receipt this Period
 20.00

C. Norman Kumins
 Full Name (Last, First, Middle Initial)
 Mailing Address 677 Duane St
 City Glen Ellyn State IL Zip Code 60137-4611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 990D2D99CB3D5321D13
 Amount of Each Receipt this Period
 39.00

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

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

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

FOR LINE NUMBER: PAGE 114 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Norman Kumins

Mailing Address 677 Duane St

City State Zip Code
Glen Ellyn IL 60137-4611

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 ▼
1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : A56C133CD73843718FE

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Norman Kumins

Mailing Address 677 Duane St

City State Zip Code
Glen Ellyn IL 60137-4611

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 ▼
1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 675D70B75768F361877

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Norman Kumins

Mailing Address 677 Duane St

City State Zip Code
Glen Ellyn IL 60137-4611

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 ▼
1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : 7323805F1E3BF6338F5

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 287
	<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. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1014.00**

Date of Receipt **08 / 19 / 2011**
Transaction ID : 5C59D67209510B6A1AB
Amount of Each Receipt this Period **39.00**

B. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1014.00**

Date of Receipt **09 / 08 / 2011**
Transaction ID : BE77161DDA4F6B75D5B
Amount of Each Receipt this Period **39.00**

C. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1014.00**

Date of Receipt **09 / 19 / 2011**
Transaction ID : 0A6FD0364FBA16F2525
Amount of Each Receipt this Period **39.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 287
	<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. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1014.00**

Date of Receipt **10 / 03 / 2011**
Transaction ID : 2856584E2A6F68C75C4
Amount of Each Receipt this Period **39.00**

B. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1014.00**

Date of Receipt **10 / 19 / 2011**
Transaction ID : 6A4BC9AC547F83FD1EB
Amount of Each Receipt this Period **39.00**

C. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1014.00**

Date of Receipt **11 / 04 / 2011**
Transaction ID : F10BF1FC9957DF766D7
Amount of Each Receipt this Period **39.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Norman Kumins

Mailing Address 677 Duane St

City State Zip Code
Glen Ellyn IL 60137-4611

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 ▼
1014.00

Date of Receipt
11 / 18 / 2011
Transaction ID : 690C4B544CFB310AAF

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Norman Kumins

Mailing Address 677 Duane St

City State Zip Code
Glen Ellyn IL 60137-4611

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 ▼
1014.00

Date of Receipt
11 / 28 / 2011
Transaction ID : 4F86344369374265652

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Norman Kumins

Mailing Address 677 Duane St

City State Zip Code
Glen Ellyn IL 60137-4611

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 ▼
1014.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 9929CEAFE91563D3147

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 287
	<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. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1014.00**

Date of Receipt **12 / 30 / 2011**
Transaction ID : ADBD76DE4CB8FE7D377
Amount of Each Receipt this Period **39.00**

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 **541.58**

Date of Receipt **07 / 08 / 2011**
Transaction ID : 9D2BCC76CCF1789E29E
Amount of Each Receipt this Period **20.83**

C. David Labotka
Full Name (Last, First, Middle Initial)
Mailing Address 1312 S Ridge Rd
City Willowbrook State IL Zip Code 60527-1896
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **541.58**

Date of Receipt **07 / 08 / 2011**
Transaction ID : 8FF3CF798F1E2D1F760
Amount of Each Receipt this Period **20.83**

SUBTOTAL of Receipts This Page (optional)..... **80.66**
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: (check only one)	PAGE 119 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1312 S Ridge Rd

City Willowbrook	State IL	Zip Code 60527-1896
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2011

Transaction ID : 66DD41371D274E4B42B

Amount of Each Receipt this Period

20.83

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

Mailing Address 1312 S Ridge Rd

City Willowbrook	State IL	Zip Code 60527-1896
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2011

Transaction ID : 135EA9411568AE62E22

Amount of Each Receipt this Period

20.83

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

Mailing Address 1312 S Ridge Rd

City Willowbrook	State IL	Zip Code 60527-1896
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2011

Transaction ID : D575F2036C7B9E27F21

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional).....▶	62.49
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 120 OF 287
	<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

Full Name (Last, First, Middle Initial) A. David Labotka		Date of Receipt
Mailing Address 1312 S Ridge Rd		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Willowbrook	State IL	Zip Code 60527-1896
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A05D0A512B6A381C7A4
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.83"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="541.58"/>		

Full Name (Last, First, Middle Initial) B. David Labotka		Date of Receipt
Mailing Address 1312 S Ridge Rd		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Willowbrook	State IL	Zip Code 60527-1896
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 73C570BCCBC3881CF3F
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.83"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="541.58"/>		

Full Name (Last, First, Middle Initial) C. David Labotka		Date of Receipt
Mailing Address 1312 S Ridge Rd		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City Willowbrook	State IL	Zip Code 60527-1896
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C1ECCFB787453BE6A27
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.83"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="541.58"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="62.49"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 121 OF 287
(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. 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 ▼ 541.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 5983BD07BD7E920C495
 Amount of Each Receipt this Period
 20.83

B. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City Willowbrook State IL Zip Code 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : E40FCEC8573D9A3161E
 Amount of Each Receipt this Period
 20.83

C. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City Willowbrook State IL Zip Code 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
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 11 / 18 / 2011
Transaction ID : BA749E62C647A97C79B
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49
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 123 OF 287
	<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. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 07 / 08 / 2011
Transaction ID : 5DE6FCDF1721AEC9F9B
 Amount of Each Receipt this Period
 40.00

B. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 07 / 08 / 2011
Transaction ID : 551E5215F7552561593
 Amount of Each Receipt this Period
 40.00

C. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 07 / 25 / 2011
Transaction ID : B03F38E2D10BA4992EA
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 124 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 08 / 09 / 2011
Transaction ID : AE2469B166201B7E9A9
 Amount of Each Receipt this Period
 40.00

B. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 08 / 19 / 2011
Transaction ID : F024CF7793C2EABC639
 Amount of Each Receipt this Period
 40.00

C. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 09 / 08 / 2011
Transaction ID : FC6F385A4655E9B83FD
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 125 OF 287
	<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. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 721BADDA258616E8AB0
 Amount of Each Receipt this Period
 40.00

B. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : DA90FC6B6C9A3E5DC23
 Amount of Each Receipt this Period
 40.00

C. Todd Lavigne
 Full Name (Last, First, Middle Initial)
 Mailing Address 2034 W Walton St
 City Chicago State IL Zip Code 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
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 10 / 19 / 2011
Transaction ID : BBBCD7264AD5D0635B7
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 126 OF 287
<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. Todd Lavigne
Full Name (Last, First, Middle Initial)

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011

Transaction ID : C9192265A507359ACFC

Amount of Each Receipt this Period
 40.00

B. Todd Lavigne
Full Name (Last, First, Middle Initial)

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
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 11 / 18 / 2011

Transaction ID : F4B0E7306454FD81733

Amount of Each Receipt this Period
 40.00

C. Todd Lavigne
Full Name (Last, First, Middle Initial)

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011

Transaction ID : 890AD02356BE468F47B

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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 127 OF 287
	<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. Todd Lavigne
Full Name (Last, First, Middle Initial)

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 3BF8E99E7425E0CB8BA

Amount of Each Receipt this Period
 40.00

B. Todd Lavigne
Full Name (Last, First, Middle Initial)

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
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 12 / 30 / 2011
Transaction ID : C46877A13FB66A40FE1

Amount of Each Receipt this Period
 40.00

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

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
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Transaction ID : 8258A22B4D6FB128FB0

Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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 128 OF 287
	<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. Aaron Lazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 Abbotsford Dr
 City Naperville State IL Zip Code 60563-2088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
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 07 / 08 / 2011
Transaction ID : 95794F444FF0647D295
 Amount of Each Receipt this Period
25.00

B. Aaron Lazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 Abbotsford Dr
 City Naperville State IL Zip Code 60563-2088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : DE3562CE903D3369963
 Amount of Each Receipt this Period
25.00

C. Aaron Lazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 Abbotsford Dr
 City Naperville State IL Zip Code 60563-2088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : FDE5C45CE586108ADFB
 Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 129 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **650.00**

Date of Receipt
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08 / 19 / 2011

Transaction ID : F347109B3370444ED1

Amount of Each Receipt this Period
25.00

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : 7DA61C823B87E735C47

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **650.00**

Date of Receipt
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09 / 19 / 2011

Transaction ID : 20EE727BD00909E7927

Amount of Each Receipt this Period
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 130 OF 287
(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 ▼ **650.00**

Date of Receipt
10 / 03 / 2011
Transaction ID : 7C2D900BEFD9BC45ADA

Amount of Each Receipt this Period
25.00

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 ▼ **650.00**

Date of Receipt
10 / 19 / 2011
Transaction ID : D372AFF2998E91B8606

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **650.00**

Date of Receipt
11 / 04 / 2011
Transaction ID : 6AB6937CBA6CD524E37

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 131 OF 287
	(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

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 619CA12DAA6F6167490

Amount of Each Receipt this Period
25.00

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011

Transaction ID : 99AAFB78F97A179383D

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 5F6818A3D1A46CDF195

Amount of Each Receipt this Period
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 132 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 8E623531C5689845639

Amount of Each Receipt this Period
25.00

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

Mailing Address 385 Maple St

City Glen Ellyn State IL Zip Code 60137-3811

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 85019D8462A2CFF2CF4

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City Glen Ellyn State IL Zip Code 60137-3811

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 418C70272E2758163E6

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: (check only one)	PAGE 133 OF 287
	<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

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : 373A32A33EAA8DA93E3

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011

Transaction ID : 723A9269DEDDF231BC1

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011

Transaction ID : 7DA82E718EF39F4AD06

Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 287
	<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. Thomas Lee

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 12ED8D33B10BB79AC48

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : BD24292B8CDE9A28D48

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 616BB6F5B9CB8ED7E84

Amount of Each Receipt this Period
20.00

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

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

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

FOR LINE NUMBER: PAGE 135 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 / /
 10 / 19 / 2011
Transaction ID : 8C96D1296823BDEBBB8

Amount of Each Receipt this Period
 20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 / /
 11 / 04 / 2011
Transaction ID : D41B019DD4FB3C0B5D1

Amount of Each Receipt this Period
 20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 / /
 11 / 18 / 2011
Transaction ID : 31FC97354EC5412D04C

Amount of Each Receipt this Period
 20.00

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

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

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

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

FOR LINE NUMBER: PAGE 136 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 28 / 2011
Transaction ID : C787A99D0BE2E979BEF

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 09 / 2011
Transaction ID : 0D06DFB8CE3C83009C7

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2011
Transaction ID : 61569229F5488B43850

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 137 OF 287
(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. Steve Lieberman
 Full Name (Last, First, Middle Initial)
 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 ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 4C65E34D8173356895F
 Amount of Each Receipt this Period
 21.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : C90C70A41A8539C11D2
 Amount of Each Receipt this Period
 21.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 487C64BFEDCDBD28CFF2
 Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
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 138 OF 287
(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. Steve Lieberman
 Full Name (Last, First, Middle Initial)
 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 ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : B675452C251833E0640
 Amount of Each Receipt this Period
 21.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 7B04D37FC0F49520B3F
 Amount of Each Receipt this Period
 21.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : BA528BB97893C10AA55
 Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
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 139 OF 287
	<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. Steve Lieberman
Full Name (Last, First, Middle Initial)

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 ▼ 546.00

Date of Receipt 09 / 19 / 2011
Transaction ID : 1E86F2266D2CDB0B6B3

Amount of Each Receipt this Period 21.00

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

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 ▼ 546.00

Date of Receipt 10 / 03 / 2011
Transaction ID : A3833D5AEBA5EBDF079

Amount of Each Receipt this Period 21.00

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

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 ▼ 546.00

Date of Receipt 10 / 19 / 2011
Transaction ID : 923C9AAC6F9B637CC7E

Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00

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 140 OF 287
(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. Steve Lieberman
 Full Name (Last, First, Middle Initial)
 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 ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 211FD61C0E17170F742
 Amount of Each Receipt this Period
 21.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : E0AF8C0B5BD283A759A
 Amount of Each Receipt this Period
 21.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 24AF8892E02AFF1489
 Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
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 141 OF 287
	<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. Steve Lieberman
Full Name (Last, First, Middle Initial)

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 ▼ 546.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 9D9B05AF06B1363A0E3

Amount of Each Receipt this Period
21.00

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

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 ▼ 546.00

Date of Receipt
12 / 30 / 2011
Transaction ID : D81F274EEFDC0394CFD

Amount of Each Receipt this Period
21.00

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
07 / 08 / 2011
Transaction ID : EF58BD6AC50DF101213

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 287
	<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. Ernest Lizek		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2011 Transaction ID : FD704FED6F82886EE01
Mailing Address 416 S Sleight St		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00	

Full Name (Last, First, Middle Initial) B. Ernest Lizek		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2011 Transaction ID : 2226619D854A270841D
Mailing Address 416 S Sleight St		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00	

Full Name (Last, First, Middle Initial) C. Ernest Lizek		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 09 / 2011 Transaction ID : 2137A6D9E3327D6A0EC
Mailing Address 416 S Sleight St		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 287
	<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. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C83E2D66B0D1BA7D7FC
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) B. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 111B4942DC5B2873575
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) C. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 561D4C09FF00CAA8903
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 287
	<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

Full Name (Last, First, Middle Initial) A. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 70360C27AD2E577E4C3
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) B. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 9CD27E24EF8B56B808F
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) C. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : CAE33760AF7A9B29F12
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 145 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **1014.00**

Date of Receipt
11 / 18 / 2011
Transaction ID : 214C2F5ACD29915096F

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **1014.00**

Date of Receipt
11 / 28 / 2011
Transaction ID : 2EC945EF44BEA43CC04

Amount of Each Receipt this Period
39.00

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 ▼ **1014.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : BB05EF1F9060786C955

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 04991E5050AA80C40DA

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
B. Gerald Maida

Mailing Address 30 Stratford Dr

City Bloomingdale State IL Zip Code 60108-2201

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 107182763B60C182FC5

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Gerald Maida

Mailing Address 30 Stratford Dr

City Bloomingdale State IL Zip Code 60108-2201

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : A679D2D3B08DB3E304D

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.00

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 147 OF 287
	<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. Gerald Maida
Full Name (Last, First, Middle Initial)

Mailing Address 30 Stratford Dr

City: Bloomingdale State: IL Zip Code: 60108-2201

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 260.00

Date of Receipt: 11 / 18 / 2011
Transaction ID : **B3E603B2F9530EA9CEF**

Amount of Each Receipt this Period: 10.00

B. Gerald Maida
Full Name (Last, First, Middle Initial)

Mailing Address 30 Stratford Dr

City: Bloomingdale State: IL Zip Code: 60108-2201

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 260.00

Date of Receipt: 11 / 28 / 2011
Transaction ID : **49B3F707E65DC4C8D10**

Amount of Each Receipt this Period: 10.00

C. Gerald Maida
Full Name (Last, First, Middle Initial)

Mailing Address 30 Stratford Dr

City: Bloomingdale State: IL Zip Code: 60108-2201

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 260.00

Date of Receipt: 12 / 09 / 2011
Transaction ID : **50A1C34AED0EC1CBD39**

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 148 OF 287
	<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. Gerald Maida
Full Name (Last, First, Middle Initial)

Mailing Address 30 Stratford Dr

City Bloomingdale State IL Zip Code 60108-2201

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 30 / 2011
Transaction ID : 4CB6DC5AEE4FEE9985A

Amount of Each Receipt this Period
10.00

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

Mailing Address 235 W Van Buren St Unit 1711

City Chicago State IL Zip Code 60607-3932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
10 / 19 / 2011
Transaction ID : 3CD9F8A3CD985313330

Amount of Each Receipt this Period
10.00

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

Mailing Address 235 W Van Buren St Unit 1711

City Chicago State IL Zip Code 60607-3932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
11 / 04 / 2011
Transaction ID : DB0B7FCE5AE51643688

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 150 OF 287
	<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. Alicia Martin
Full Name (Last, First, Middle Initial)

Mailing Address 235 W Van Buren St
Unit 1711

City Chicago State IL Zip Code 60607-3932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
12 / 30 / 2011
Transaction ID : 361D40CDAFF0B7FDCFD

Amount of Each Receipt this Period
10.00

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 ▼ 499.98

Date of Receipt
07 / 08 / 2011
Transaction ID : 2F80F25D1D97F3F8CF4

Amount of Each Receipt this Period
19.23

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 ▼ 499.98

Date of Receipt
07 / 08 / 2011
Transaction ID : ED472525227B6A55035

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....	48.46
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: PAGE 151 OF 287
(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. Nicholas Mataragas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Timber Ridge Ct
 City State Zip Code
 Indian Head Park IL 60525-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 72FBDD7DBE39F3EA5C8
 Amount of Each Receipt this Period
 19.23

B. Nicholas Mataragas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Timber Ridge Ct
 City State Zip Code
 Indian Head Park IL 60525-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : D738338F98B1382705C
 Amount of Each Receipt this Period
 19.23

C. Nicholas Mataragas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Timber Ridge Ct
 City State Zip Code
 Indian Head Park IL 60525-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : EF456A6BF6ED22273BE
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
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 152 OF 287
	<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. 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 **499.98**

Date of Receipt
 09 / 08 / 2011
Transaction ID : B699AB84717E7956D2D
 Amount of Each Receipt this Period
19.23

B. Nicholas Mataragas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Timber Ridge Ct
 City Indian Head Park State IL Zip Code 60525-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt
 09 / 19 / 2011
Transaction ID : 440EF3B27476082C474
 Amount of Each Receipt this Period
19.23

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 **499.98**

Date of Receipt
 10 / 03 / 2011
Transaction ID : D08C17226A6E68843AF
 Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....	57.69
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 153 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6105 Timber Ridge Ct

City State Zip Code
Indian Head Park IL 60525-3759

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2011
Transaction ID : FFF56A29823715C6657

Amount of Each Receipt this Period
19.23

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

Mailing Address 6105 Timber Ridge Ct

City State Zip Code
Indian Head Park IL 60525-3759

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011
Transaction ID : 9F11E40EA7D4BDD6AC9

Amount of Each Receipt this Period
19.23

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

Mailing Address 6105 Timber Ridge Ct

City State Zip Code
Indian Head Park IL 60525-3759

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011
Transaction ID : F6D06AE70F02C9D7E54

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69

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 154 OF 287
	<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. 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 **499.98**

Date of Receipt **11 / 28 / 2011**
Transaction ID : 83C549CA1065137B2A1
 Amount of Each Receipt this Period **19.23**

B. Nicholas Mataragas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Timber Ridge Ct
 City Indian Head Park State IL Zip Code 60525-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.98**

Date of Receipt **12 / 09 / 2011**
Transaction ID : AB651768665CEA3AE20
 Amount of Each Receipt this Period **19.23**

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 **499.98**

Date of Receipt **12 / 30 / 2011**
Transaction ID : B79EF7F2BF2647AE257
 Amount of Each Receipt this Period **19.23**

SUBTOTAL of Receipts This Page (optional)..... **57.69**

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 155 OF 287
	<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. Paul Merrick
Full Name (Last, First, Middle Initial)

Mailing Address 540 Hill Ave

City: Glen Ellyn State: IL Zip Code: 60137-5032

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 520.00

Date of Receipt: 07 / 08 / 2011
Transaction ID : D6D4FE3E66C3E0C3E81

Amount of Each Receipt this Period: 20.00

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

Mailing Address 540 Hill Ave

City: Glen Ellyn State: IL Zip Code: 60137-5032

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 520.00

Date of Receipt: 07 / 08 / 2011
Transaction ID : 5CCAAED28CD0BF107C5

Amount of Each Receipt this Period: 20.00

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

Mailing Address 540 Hill Ave

City: Glen Ellyn State: IL Zip Code: 60137-5032

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 520.00

Date of Receipt: 07 / 25 / 2011
Transaction ID : 85C5C7E0CAF86D317D4

Amount of Each Receipt this Period: 20.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼
520.00

Date of Receipt
08 / 09 / 2011
Transaction ID : 5CD24730C978DD2214E

Amount of Each Receipt this Period
20.00

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

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 ▼
520.00

Date of Receipt
08 / 19 / 2011
Transaction ID : 8A1E452319381C99C37

Amount of Each Receipt this Period
20.00

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

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 ▼
520.00

Date of Receipt
09 / 08 / 2011
Transaction ID : B41D66BB34CF184FB51

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 287
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	<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. Paul Merrick		Date of Receipt
Mailing Address 540 Hill Ave		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glen Ellyn	IL	60137-5032
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : F621EB2DC6575B26EE2
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) B. Paul Merrick		Date of Receipt
Mailing Address 540 Hill Ave		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glen Ellyn	IL	60137-5032
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 24986084E88F2E8E14B
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) C. Paul Merrick		Date of Receipt
Mailing Address 540 Hill Ave		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glen Ellyn	IL	60137-5032
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 46AF99E805C60A11DAA
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	<input type="text" value="20.00"/>

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

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

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

FOR LINE NUMBER: PAGE 158 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul Merrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Hill Ave
 City State Zip Code
 Glen Ellyn IL 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : FBD165406946F4DD40E
 Amount of Each Receipt this Period
 20.00

B. Paul Merrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 Hill Ave
 City State Zip Code
 Glen Ellyn IL 60137-5032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 8AEB087511EFD51EE32
 Amount of Each Receipt this Period
 20.00

C. 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 6992E84A8F94AFC54B1
 Amount of Each Receipt this Period
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 287
	<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. 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 ▼
520.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 3B413D70F8AD5650E03

Amount of Each Receipt this Period
20.00

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

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 989256F65AA10F28FB7

Amount of Each Receipt this Period
20.00

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

Mailing Address 1801 S Highland Ave

City State Zip Code
Lombard IL 60148-4932

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 8D6FB4BFCE483898DF

Amount of Each Receipt this Period
39.00

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

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

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

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

FOR LINE NUMBER: PAGE 160 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1801 S Highland Ave

City 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : CE8A3CE754E3AE0E155

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 4858CB8F02978495B05

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 85BB3DBD3EC7D6B0B15

Amount of Each Receipt this Period
 39.00

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

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

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

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

FOR LINE NUMBER: PAGE 161 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1801 S Highland Ave

City 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 ▼
1014.00

Date of Receipt
 / /
 08 / 19 / 2011
Transaction ID : B3C5F22DD2FA77CA70D

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
1014.00

Date of Receipt
 / /
 09 / 08 / 2011
Transaction ID : B3CDFC5C56BB4740031

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
1014.00

Date of Receipt
 / /
 09 / 19 / 2011
Transaction ID : 12E88C556E3F42A057B

Amount of Each Receipt this Period
 39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 287
	<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 **1014.00**

Date of Receipt
 10 / 03 / 2011
Transaction ID : EA16A236DAE47796978
 Amount of Each Receipt this Period
39.00

B. M. Paul Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 S Highland Ave
 City Lombard State IL Zip Code 60148-4932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1014.00**

Date of Receipt
 10 / 19 / 2011
Transaction ID : 7E422E16E3BC9243F61
 Amount of Each Receipt this Period
39.00

C. M. Paul Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 S Highland Ave
 City Lombard State IL Zip Code 60148-4932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1014.00**

Date of Receipt
 11 / 04 / 2011
Transaction ID : 1C1574C8F82C6C47BA4
 Amount of Each Receipt this Period
39.00

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

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

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

FOR LINE NUMBER: PAGE 163 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1801 S Highland Ave

City 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : FF742F74A4439294031

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : BEE3043E35E55D1B995

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 640A68AA300E2EA7336

Amount of Each Receipt this Period
 39.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 164 OF 287
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 1801 S Highland Ave

City	State	Zip Code
Lombard	IL	60148-4932

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

Name of Employer	Occupation
DuPage Medical Group, Ltd.	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : 78A2E9A7747DC876FD6

Amount of Each Receipt this Period
39.00

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

Mailing Address PO Box 7144

City	State	Zip Code
Villa Park	IL	60181-7144

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

Name of Employer	Occupation
DuPage Medical Group, Ltd.	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 81CE46C06ECEBB27393

Amount of Each Receipt this Period
39.00

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

Mailing Address PO Box 7144

City	State	Zip Code
Villa Park	IL	60181-7144

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

Name of Employer	Occupation
DuPage Medical Group, Ltd.	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 512F0E4E88024D0C1D3

Amount of Each Receipt this Period
39.00

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

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

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

FOR LINE NUMBER: PAGE 165 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 7144

City State Zip Code
Villa Park IL 60181-7144

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 060F630F3EB38965F5C

Amount of Each Receipt this Period
39.00

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

Mailing Address PO Box 7144

City State Zip Code
Villa Park IL 60181-7144

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 2E06463E2C0DF41524F

Amount of Each Receipt this Period
39.00

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

Mailing Address PO Box 7144

City State Zip Code
Villa Park IL 60181-7144

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 04089C17556D5BDD132

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 287
	<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. Yoko Momoyama
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7144
 City Villa Park State IL Zip Code 60181-7144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 4450F9A27A9770D8C4D
 Amount of Each Receipt this Period
 39.00

B. Yoko Momoyama
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7144
 City Villa Park State IL Zip Code 60181-7144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 545CAA5CFC13C27F554
 Amount of Each Receipt this Period
 39.00

C. Yoko Momoyama
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7144
 City Villa Park State IL Zip Code 60181-7144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : B624DF8FBCE2F99BA00
 Amount of Each Receipt this Period
 39.00

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

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

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

FOR LINE NUMBER: PAGE 167 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 7144

City State Zip Code
Villa Park IL 60181-7144

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : E4FF7D06C0E62A9D8B6

Amount of Each Receipt this Period
 39.00

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

Mailing Address PO Box 7144

City State Zip Code
Villa Park IL 60181-7144

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 2DAE4A37E69869C3046

Amount of Each Receipt this Period
 39.00

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

Mailing Address PO Box 7144

City State Zip Code
Villa Park IL 60181-7144

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 81A467F97AB8D7F35DC

Amount of Each Receipt this Period
 39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 287
	<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. Yoko Momoyama
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011

Transaction ID : 5952AA4A00445C2C9EB

Amount of Each Receipt this Period
 39.00

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

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : F7F316CE7FE1678F006

Amount of Each Receipt this Period
 39.00

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

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : 05279E20B7885FDCE2F

Amount of Each Receipt this Period
 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Keith Monson		Date of Receipt MM / DD / YYYY 07 / 08 / 2011 Transaction ID : 070C7BD558C58298532
Mailing Address 612 Beaver Ct		Amount of Each Receipt this Period 45.00
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		Aggregate Year-to-Date ▼ 1170.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Keith Monson		Date of Receipt MM / DD / YYYY 07 / 08 / 2011 Transaction ID : 71199B73D45AC231F73
Mailing Address 612 Beaver Ct		Amount of Each Receipt this Period 45.00
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		Aggregate Year-to-Date ▼ 1170.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Keith Monson		Date of Receipt MM / DD / YYYY 07 / 25 / 2011 Transaction ID : 88A624E0056885628DF
Mailing Address 612 Beaver Ct		Amount of Each Receipt this Period 45.00
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		Aggregate Year-to-Date ▼ 1170.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 170 OF 287
	<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. Keith Monson
 Full Name (Last, First, Middle Initial)
 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 ▼ 1170.00

Date of Receipt
 08 / 09 / 2011
Transaction ID : 16199F3645E0A8F10D8
 Amount of Each Receipt this Period
 45.00

B. Keith Monson
 Full Name (Last, First, Middle Initial)
 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 ▼ 1170.00

Date of Receipt
 08 / 19 / 2011
Transaction ID : 4E9DFA61539D7F6794A
 Amount of Each Receipt this Period
 45.00

C. Keith Monson
 Full Name (Last, First, Middle Initial)
 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 ▼ 1170.00

Date of Receipt
 09 / 08 / 2011
Transaction ID : 129D134F1B10838FFFF
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
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 171 OF 287
(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. Keith Monson
 Full Name (Last, First, Middle Initial)
 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 ▼ 1170.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 830183215C216AA9968
 Amount of Each Receipt this Period
 45.00

B. Keith Monson
 Full Name (Last, First, Middle Initial)
 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 ▼ 1170.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : A70C566B23F99AAA178
 Amount of Each Receipt this Period
 45.00

C. Keith Monson
 Full Name (Last, First, Middle Initial)
 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 ▼ 1170.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 34624AB82C84E71E678
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00
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 172 OF 287
	<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. Keith Monson
Full Name (Last, First, Middle Initial)

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 ▼ 1170.00

Date of Receipt 11 / 04 / 2011
Transaction ID : 3D513D0D4B4D228B6F3

Amount of Each Receipt this Period 45.00

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

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 ▼ 1170.00

Date of Receipt 11 / 18 / 2011
Transaction ID : 36103D141B06798F853

Amount of Each Receipt this Period 45.00

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

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 ▼ 1170.00

Date of Receipt 11 / 28 / 2011
Transaction ID : CB7B6231398F0877800

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

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 173 OF 287
	<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. Keith Monson
Full Name (Last, First, Middle Initial)

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 ▼ 1170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : 8EFF146E2BA47C1C4E5

Amount of Each Receipt this Period
 45.00

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

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 ▼ 1170.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : 0832194B1D83F16129C

Amount of Each Receipt this Period
 45.00

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

Mailing Address 3753 King Williams Ct

City Saint Charles State IL Zip Code 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 187C35A404D4B4C9957

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Mark Nelson		Date of Receipt
Mailing Address 3753 King Williams Ct		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Saint Charles	State IL	Zip Code 60174-7806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : E67AA48F994D9049093
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) B. Mark Nelson		Date of Receipt
Mailing Address 3753 King Williams Ct		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City Saint Charles	State IL	Zip Code 60174-7806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : F5E373341FD5EB0A96C
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) C. Mark Nelson		Date of Receipt
Mailing Address 3753 King Williams Ct		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Saint Charles	State IL	Zip Code 60174-7806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : FC9B7CE0A951B91FF43
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 175 OF 287
(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. Mark Nelson

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 1F5B08E62FA7D24B0E1

Amount of Each Receipt this Period
20.00

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

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : 070AE19D31A5C606CA9

Amount of Each Receipt this Period
20.00

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

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 9D71667A679D3C93E76

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Mark Nelson		Date of Receipt
Mailing Address 3753 King Williams Ct		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City Saint Charles	State IL	Zip Code 60174-7806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : B34552370F11ED1DD00
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) B. Mark Nelson		Date of Receipt
Mailing Address 3753 King Williams Ct		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Saint Charles	State IL	Zip Code 60174-7806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : D0B8184915B08424BE0
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) C. Mark Nelson		Date of Receipt
Mailing Address 3753 King Williams Ct		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City Saint Charles	State IL	Zip Code 60174-7806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : BB927C6F841A0C5775B
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 177 OF 287
(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. Mark Nelson

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 6E1A3BA3B112A9B5CDO

Amount of Each Receipt this Period
20.00

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

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011

Transaction ID : 8B2F8ECABFCF1369E79

Amount of Each Receipt this Period
20.00

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

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 3B3818096E152C83CEC

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 287
	<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. Mark Nelson

Mailing Address 3753 King Williams Ct

City State Zip Code
Saint Charles IL 60174-7806

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 ▼
520.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : BA540442B4B4D3DADDD

Amount of Each Receipt this Period
20.00

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

Mailing Address 561 Hevern Dr

City State Zip Code
Wheaton IL 60189-7396

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 ▼
650.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : AC6BB9E58711BE23E89

Amount of Each Receipt this Period
25.00

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

Mailing Address 561 Hevern Dr

City State Zip Code
Wheaton IL 60189-7396

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 ▼
650.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 046DB15E22602230252

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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 179 OF 287
	(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

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. Ravi Nemivant

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 ▼ **650.00**

Date of Receipt
07 / 25 / 2011

Transaction ID : C7F4E6ECE6EBC15C807

Amount of Each Receipt this Period
25.00

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

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 ▼ **650.00**

Date of Receipt
08 / 09 / 2011

Transaction ID : E27EEF8DF3B974F2B71

Amount of Each Receipt this Period
25.00

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

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 ▼ **650.00**

Date of Receipt
08 / 19 / 2011

Transaction ID : 9D984FB7D3202CD15E1

Amount of Each Receipt this Period
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 180 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ **650.00**

Date of Receipt
09 / 08 / 2011

Transaction ID : 57E0D820555207B0DEB

Amount of Each Receipt this Period
25.00

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

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 ▼ **650.00**

Date of Receipt
09 / 19 / 2011

Transaction ID : 39BD13EE468CE077850

Amount of Each Receipt this Period
25.00

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

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 ▼ **650.00**

Date of Receipt
10 / 03 / 2011

Transaction ID : 6DBF567F82B64052373

Amount of Each Receipt this Period
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 181 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : 714AA3BE3B6257EC32B

Amount of Each Receipt this Period
25.00

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

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : 6FA8C1AD2EBE600BFEE

Amount of Each Receipt this Period
25.00

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

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 44635EB0C2B62983E27

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 287
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	<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. Ravi Nemivant

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 ▼ **650.00**

Date of Receipt
 / /
11 / 28 / 2011

Transaction ID : 999B6822C90E6459AE1

Amount of Each Receipt this Period
 25.00

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

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 ▼ **650.00**

Date of Receipt
 / /
12 / 09 / 2011

Transaction ID : A8D75E4CE14D5929B4A

Amount of Each Receipt this Period
 25.00

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

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 ▼ **650.00**

Date of Receipt
 / /
12 / 30 / 2011

Transaction ID : 0D023E2D4BA3E259E37

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 75.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 183 OF 287
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Don Nichols
Full Name (Last, First, Middle Initial)
Mailing Address 515 W Park Ave

City Wheaton	State IL	Zip Code 60189-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 1505B91C5C5F34E637D

Amount of Each Receipt this Period
20.00

B. Don Nichols
Full Name (Last, First, Middle Initial)
Mailing Address 515 W Park Ave

City Wheaton	State IL	Zip Code 60189-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 7ED00D381C397CFB572

Amount of Each Receipt this Period
20.00

C. Don Nichols
Full Name (Last, First, Middle Initial)
Mailing Address 515 W Park Ave

City Wheaton	State IL	Zip Code 60189-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : 2632486D9BB35D93A24

Amount of Each Receipt this Period
20.00

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

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

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

FOR LINE NUMBER: PAGE 184 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 5E945F6D2E886DE016F

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 705AE229396F16B3644

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 41EDEB2A1B030483536

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 185 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 02D66037C57D81D2AAD

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 32E534798C9ECB9EBF1

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code
Wheaton IL 60189-6354

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 ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : EA8C151DC33FCB78165

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 186 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Don Nichols

Mailing Address 515 W Park Ave

City Wheaton State IL Zip Code 60189-6354

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : AEB72C2972C032DA99E

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Don Nichols

Mailing Address 515 W Park Ave

City Wheaton State IL Zip Code 60189-6354

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : F6D5D5C8D836D154EF7

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Don Nichols

Mailing Address 515 W Park Ave

City Wheaton State IL Zip Code 60189-6354

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2011

Transaction ID : D152B89B6B12A013FB1

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 287
	<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. Don Nichols
Full Name (Last, First, Middle Initial)
Mailing Address 515 W Park Ave

City Wheaton	State IL	Zip Code 60189-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : D1205CEADA127612E85

Amount of Each Receipt this Period

20.00

B. Don Nichols
Full Name (Last, First, Middle Initial)
Mailing Address 515 W Park Ave

City Wheaton	State IL	Zip Code 60189-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : 18498C074939C30FF65

Amount of Each Receipt this Period

20.00

C. Brian O'Leary
Full Name (Last, First, Middle Initial)
Mailing Address 401 59th St

City Downers Grove	State IL	Zip Code 60516-1440
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2011

Transaction ID : 051CAC46E07821738DC

Amount of Each Receipt this Period

21.00

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: PAGE 188 OF 287
(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. 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 ▼ **546.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 4D786DB5B4EF471425C

Amount of Each Receipt this Period
21.00

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

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 4B9478FF6807EE62899

Amount of Each Receipt this Period
21.00

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

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : 2462BCFAB35F1D27100

Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ **63.00**

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 190 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 2E0F3D886853005BAF6

Amount of Each Receipt this Period
 21.00

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

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 0880996D987B3100745

Amount of Each Receipt this Period
 21.00

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

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : F98C9FB7EE4BA17A2FF

Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **63.00**

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 191 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
11 / 18 / 2011
Transaction ID : 018569B33D0048F5121

Amount of Each Receipt this Period
21.00

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

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
11 / 28 / 2011
Transaction ID : 87A8DF7AD41FC6E2B63

Amount of Each Receipt this Period
21.00

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

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : 8A26DE97016FE811F32

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **63.00**

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 192 OF 287
	<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. 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 ▼ 546.00

Date of Receipt
12 / 30 / 2011
Transaction ID : 1EE85C792AE60F00074

Amount of Each Receipt this Period
21.00

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
07 / 08 / 2011
Transaction ID : 51041E501AE3EC05AE1

Amount of Each Receipt this Period
25.00

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
07 / 08 / 2011
Transaction ID : 8A10C743BADE2DE2405

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 287
	<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. James Oakley
Full Name (Last, First, Middle Initial)

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **07 / 25 / 2011**

Transaction ID : B11495839BC7679DDCB

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **08 / 09 / 2011**

Transaction ID : 32630D24725AF6FE85A

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **08 / 19 / 2011**

Transaction ID : A2BED79DF49D6934403

Amount of Each Receipt this Period **25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **10 / 19 / 2011**

Transaction ID : FDAFFE3BC2A7A00B2CB

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **11 / 04 / 2011**

Transaction ID : 5A2420104C2C5F0435E

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **11 / 18 / 2011**

Transaction ID : 56C1652DBE7C2118213

Amount of Each Receipt this Period **25.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **11 / 28 / 2011**

Transaction ID : DF21054E22653ED4C7

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 09 / 2011**

Transaction ID : E412AAFD130D0A074F0

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 30 / 2011**

Transaction ID : AAC692DA9C3195C7EBE

Amount of Each Receipt this Period **25.00**

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

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

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

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

FOR LINE NUMBER: PAGE 197 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 1D1DDB1A8F8D26C57C4

Amount of Each Receipt this Period
20.00

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : F83B3E1C7CFE7F6296A

Amount of Each Receipt this Period
20.00

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : F99024F81F2FCD8EF1D

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 198 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 2A41F1DFFD2F2A5BAF9

Amount of Each Receipt this Period
20.00

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : B893BC3797B82473418

Amount of Each Receipt this Period
20.00

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

Mailing Address 16957 Burr Oak Dr

City State Zip Code
Homer Glen IL 60491-6946

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 69717BE07AC06E36CED

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 199 OF 287
(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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **520.00**

Date of Receipt
09 / 19 / 2011

Transaction ID : DE24E2CEE5B8254C362

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ **520.00**

Date of Receipt
10 / 03 / 2011

Transaction ID : 6CD407FB3E845D00A1E

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **520.00**

Date of Receipt
10 / 19 / 2011

Transaction ID : FC3A27BE95D4B20F68F

Amount of Each Receipt this Period
20.00

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

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 287
	<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. Michael Pacetti
Full Name (Last, First, Middle Initial)

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 ▼ **520.00**

Date of Receipt **11 / 04 / 2011**

Transaction ID : 78918DC9549ABA4B3B8

Amount of Each Receipt this Period **20.00**

B. Michael Pacetti
Full Name (Last, First, Middle Initial)

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 ▼ **520.00**

Date of Receipt **11 / 18 / 2011**

Transaction ID : 234C0B373E4D3F62D8F

Amount of Each Receipt this Period **20.00**

C. Michael Pacetti
Full Name (Last, First, Middle Initial)

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 ▼ **520.00**

Date of Receipt **11 / 28 / 2011**

Transaction ID : 8DF1A4BD932615AD0B1

Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **60.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 287
	<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. Michael Pacetti
Full Name (Last, First, Middle Initial)

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : F6A866AC67E6E52BB64

Amount of Each Receipt this Period
20.00

B. Michael Pacetti
Full Name (Last, First, Middle Initial)

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : 140A74B97D2C3A00E1C

Amount of Each Receipt this Period
20.00

C. Mathew Philip
Full Name (Last, First, Middle Initial)

Mailing Address 1608 W North Ave Apt. 3

City Chicago State IL Zip Code 60622-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011

Transaction ID : 113200EB087C3742E10

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... **79.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Mathew Philip		Date of Receipt MM / DD / YYYY 07 / 08 / 2011 Transaction ID : 6D587EAB0A1349C5E18
Mailing Address 1608 W North Ave Apt. 3		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00	

Full Name (Last, First, Middle Initial) B. Mathew Philip		Date of Receipt MM / DD / YYYY 07 / 25 / 2011 Transaction ID : BB6B36E7A149BA78FA1
Mailing Address 1608 W North Ave Apt. 3		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00	

Full Name (Last, First, Middle Initial) C. Mathew Philip		Date of Receipt MM / DD / YYYY 08 / 09 / 2011 Transaction ID : 961076BCFFC92051967
Mailing Address 1608 W North Ave Apt. 3		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00	

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 203 OF 287
	(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

Full Name (Last, First, Middle Initial) A. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : F22BFE6D0BA71C7B0BC
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) B. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 9E2B1219E2D6D40207A
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) C. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 874F088987210E99DF4
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 287
(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. Mathew Philip

Mailing Address 1608 W North Ave
Apt. 3

City Chicago State IL Zip Code 60622-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt **10 / 03 / 2011**
Transaction ID : 2FB3DD5393C0E7B8B21

Amount of Each Receipt this Period **39.00**

Full Name (Last, First, Middle Initial)
B. Mathew Philip

Mailing Address 1608 W North Ave
Apt. 3

City Chicago State IL Zip Code 60622-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt **10 / 19 / 2011**
Transaction ID : 94D87E31104DB3E02C9

Amount of Each Receipt this Period **39.00**

Full Name (Last, First, Middle Initial)
C. Mathew Philip

Mailing Address 1608 W North Ave
Apt. 3

City Chicago State IL Zip Code 60622-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt **11 / 04 / 2011**
Transaction ID : FA0C20C8F538E7E260B

Amount of Each Receipt this Period **39.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **117.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 287
	<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. Mathew Philip		Date of Receipt 11 / 18 / 2011 Transaction ID : 74637253606FB8527BA
Mailing Address 1608 W North Ave Apt. 3		Amount of Each Receipt this Period 39.00
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1014.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mathew Philip		Date of Receipt 11 / 28 / 2011 Transaction ID : 7E8DB2DE618F5F9F3CD
Mailing Address 1608 W North Ave Apt. 3		Amount of Each Receipt this Period 39.00
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1014.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mathew Philip		Date of Receipt 12 / 09 / 2011 Transaction ID : BD37D0B62E8D3980A4E
Mailing Address 1608 W North Ave Apt. 3		Amount of Each Receipt this Period 39.00
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1014.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 206 OF 287
(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. Mathew Philip
Mailing Address 1608 W North Ave
Apt. 3
City Chicago State IL Zip Code 60622-2245
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011
Transaction ID : 2C9699EA83BE1A68347
Amount of Each Receipt this Period
81.00

Full Name (Last, First, Middle Initial)
B. Stephen Pierson
Mailing Address 1800 N Main St
City Wheaton State IL Zip Code 60187-3112
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 546.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011
Transaction ID : 0D494C3D7B1D6531AAB
Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
C. Stephen Pierson
Mailing Address 1800 N Main St
City Wheaton State IL Zip Code 60187-3112
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 546.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011
Transaction ID : 1AA98CE0F62B71D821D
Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 287
(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. 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 ▼
546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011

Transaction ID : EB3C4960AFFC680BCD4

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011

Transaction ID : C0CCC13678BD1CE4759

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011

Transaction ID : 0A162CDF904B45EFD0C

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00

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 208 OF 287
	<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. 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 ▼ 546.00

Date of Receipt
09 / 08 / 2011
Transaction ID : A03BA95BBC0AF829461
Amount of Each Receipt this Period 21.00

B. Stephen Pierson
Full Name (Last, First, Middle Initial)
Mailing Address 1800 N Main St
City Wheaton State IL Zip Code 60187-3112
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 546.00

Date of Receipt
09 / 19 / 2011
Transaction ID : 8457E4CE7A0ABBE470D
Amount of Each Receipt this Period 21.00

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 ▼ 546.00

Date of Receipt
10 / 03 / 2011
Transaction ID : CA0CBD3D122D6B93F9B
Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
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 209 OF 287
	<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. 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 ▼ 546.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2011
Transaction ID : 0E3183E910BF0B2CD6E
Amount of Each Receipt this Period
21.00

B. Stephen Pierson
Full Name (Last, First, Middle Initial)
Mailing Address 1800 N Main St
City Wheaton State IL Zip Code 60187-3112
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 546.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011
Transaction ID : 579F96A7FD946900163
Amount of Each Receipt this Period
21.00

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 ▼ 546.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011
Transaction ID : 3A8293A692016B55F1C
Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
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 210 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Stephen Pierson

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
11 / 28 / 2011

Transaction ID : 1B605FF8E4EF4B5D91C

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
B. Stephen Pierson

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
12 / 09 / 2011

Transaction ID : 4DFB609C7CCC98AC7DE

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
C. Stephen Pierson

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
12 / 30 / 2011

Transaction ID : 3E7A031C4727A220B8E

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **63.00**

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 211 OF 287
(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. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 0533CAFABB2D2E0CA54
 Amount of Each Receipt this Period
 20.00

B. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : A091AA83C941A9E38A9
 Amount of Each Receipt this Period
 20.00

C. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : A98F5E068E08AF6910B
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 287
	<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. John Porcelli
Full Name (Last, First, Middle Initial)

Mailing Address 1237 N Chicago Ave

City Arlington Heights State IL Zip Code 60004-4430

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : 874CA3654C9CD97F67

Amount of Each Receipt this Period
20.00

B. John Porcelli
Full Name (Last, First, Middle Initial)

Mailing Address 1237 N Chicago Ave

City Arlington Heights State IL Zip Code 60004-4430

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 1358A64C4EB429215F3

Amount of Each Receipt this Period
20.00

C. John Porcelli
Full Name (Last, First, Middle Initial)

Mailing Address 1237 N Chicago Ave

City Arlington Heights State IL Zip Code 60004-4430

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : 525330D0AC3B0CE9457

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 287
(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. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 955337251932ACF296E
 Amount of Each Receipt this Period
 20.00

B. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 95945E0A9FB5DEDFE32
 Amount of Each Receipt this Period
 20.00

C. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : C9DFD7B26BB36F78B55
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 287
	<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. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 3152A732BAA9B7121FD
 Amount of Each Receipt this Period
 20.00

B. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 1A5DDB736BE79F4A64A
 Amount of Each Receipt this Period
 20.00

C. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : DE31ABCF09DC3393FDA
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 287
	<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. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : FA558DA141ECC85803C
 Amount of Each Receipt this Period
 20.00

B. John Porcelli
 Full Name (Last, First, Middle Initial)
 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 ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : C093206C45938BCB467
 Amount of Each Receipt this Period
 20.00

C. Soujanya Pulluru
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City State Zip Code
 Naperville IL 60564-5915
 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 ▼
 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 1F47616C00C9DA23006
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	81.67
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. 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 ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : A17BF68CA706AA0D894
 Amount of Each Receipt this Period
 41.67

B. Soujanya Pulluru
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City Naperville State IL Zip Code 60564-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : B56E62A6C22B12B71ED
 Amount of Each Receipt this Period
 41.67

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 ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 5D3CAFAC62E10863E0F
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 287
	<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 ▼ 1083.42

Date of Receipt 08 / 19 / 2011
Transaction ID : **F3183482B9BAA18369D**
Amount of Each Receipt this Period 41.67

B. Soujanya Pulluru
Full Name (Last, First, Middle Initial)
Mailing Address 3908 Littlestone Cir
City Naperville State IL Zip Code 60564-5915
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1083.42

Date of Receipt 09 / 08 / 2011
Transaction ID : **0C30A26AE3F5C3D0770**
Amount of Each Receipt this Period 41.67

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 ▼ 1083.42

Date of Receipt 09 / 19 / 2011
Transaction ID : **6600395D3F1FADA311E**
Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 287
	<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

Full Name (Last, First, Middle Initial) A. Soujanya Pulluru		Date of Receipt
Mailing Address 3908 Littlestone Cir		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60564-5915
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : FAB3DDB144166EA4194
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" value="41.67"/>
	<input type="text" value="1083.42"/>	

Full Name (Last, First, Middle Initial) B. Soujanya Pulluru		Date of Receipt
Mailing Address 3908 Littlestone Cir		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60564-5915
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 81E7F96757E47F9E937
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" value="41.67"/>
	<input type="text" value="1083.42"/>	

Full Name (Last, First, Middle Initial) C. Soujanya Pulluru		Date of Receipt
Mailing Address 3908 Littlestone Cir		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60564-5915
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 8447748FCC60941C6CB
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" value="41.67"/>
	<input type="text" value="1083.42"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 287
	<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"/> 18

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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 ▼
1083.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2011

Transaction ID : EC0BE825DC3D4BE8611

Amount of Each Receipt this Period
41.67

B. Soujanya Pulluru
Full Name (Last, First, Middle Initial)
Mailing Address 3908 Littlestone Cir

City Naperville	State IL	Zip Code 60564-5915
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1083.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2011

Transaction ID : 3CFBDA5C24D688056B8

Amount of Each Receipt this Period
41.67

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 ▼
1083.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : CDC9D596E72FA98DF09

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 287
	<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 ▼ 1083.42

Date of Receipt 12 / 30 / 2011
Transaction ID : 4BB537E4A8997166A98
Amount of Each Receipt this Period 41.67

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 ▼ 999.96

Date of Receipt 07 / 08 / 2011
Transaction ID : 04BF9983E372CFDCD24
Amount of Each Receipt this Period 38.46

C. Kevin Regan
Full Name (Last, First, Middle Initial)
Mailing Address 31808 Village Green Ct
City Warrenville State IL Zip Code 60555-5923
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96

Date of Receipt 07 / 08 / 2011
Transaction ID : A61C6373E0B15834832
Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.59
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 221 OF 287
	<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. Kevin Regan		Date of Receipt MM / DD / YYYY 07 / 25 / 2011 Transaction ID : D8122B2D470FF2938C7
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
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		Aggregate Year-to-Date ▼ 999.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin Regan		Date of Receipt MM / DD / YYYY 08 / 09 / 2011 Transaction ID : D9F1EAC450608891E9D
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
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		Aggregate Year-to-Date ▼ 999.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Regan		Date of Receipt MM / DD / YYYY 08 / 19 / 2011 Transaction ID : 7FB83F3DEA899C43396
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
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		Aggregate Year-to-Date ▼ 999.96
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 222 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Kevin Regan
Full Name (Last, First, Middle Initial)

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : B452C61E15D5375F9C3

Amount of Each Receipt this Period
38.46

B. Kevin Regan
Full Name (Last, First, Middle Initial)

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : 8D62D46AE99D33FD462

Amount of Each Receipt this Period
38.46

C. Kevin Regan
Full Name (Last, First, Middle Initial)

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011

Transaction ID : 45833A04D5138CB9D93

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 223 OF 287
	<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. Kevin Regan		Date of Receipt
Mailing Address 31808 Village Green Ct		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C8BC48DAA91902CC9EC
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" value="38.46"/>
	<input type="text" value="999.96"/>	

Full Name (Last, First, Middle Initial) B. Kevin Regan		Date of Receipt
Mailing Address 31808 Village Green Ct		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C96296EE093E7991E6D
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" value="38.46"/>
	<input type="text" value="999.96"/>	

Full Name (Last, First, Middle Initial) C. Kevin Regan		Date of Receipt
Mailing Address 31808 Village Green Ct		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 0A6FF0F0D8C453424E6
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" value="38.46"/>
	<input type="text" value="999.96"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 287
(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. Kevin Regan

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 ▼ **999.96**

Date of Receipt
11 / 28 / 2011

Transaction ID : 33F9DB37756DDF63B2D

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
B. Kevin Regan

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 ▼ **999.96**

Date of Receipt
12 / 09 / 2011

Transaction ID : D9527E64548DDA323C0

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
C. Kevin Regan

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 ▼ **999.96**

Date of Receipt
12 / 30 / 2011

Transaction ID : 6D0C631DBAD5658452E

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **115.38**

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 225 OF 287
	<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. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 08 2011

Transaction ID : 13A36CE0EA2B972DD25

Amount of Each Receipt this Period
19.25

B. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 08 2011

Transaction ID : C5F0E185C497603EAFB

Amount of Each Receipt this Period
19.25

C. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 25 2011

Transaction ID : D4558F7CA3F2F57AE1A

Amount of Each Receipt this Period
19.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.75

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 226 OF 287
	<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. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
08 / 09 / 2011
Transaction ID : 0AF98A333EF74DD2191

Amount of Each Receipt this Period
19.25

B. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
08 / 19 / 2011
Transaction ID : 948938DADAA00018C03

Amount of Each Receipt this Period
19.25

C. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
09 / 08 / 2011
Transaction ID : B4E53FB6962E4A4DC24

Amount of Each Receipt this Period
19.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.75

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 227 OF 287
(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. Susan Ruzek
 Full Name (Last, First, Middle Initial)
 Mailing Address 25164 Churchill Lane
 City State Zip Code
 Glen Ellyn IL 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 5B9BCF8EAA0F5077246
 Amount of Each Receipt this Period
 19.25

B. Susan Ruzek
 Full Name (Last, First, Middle Initial)
 Mailing Address 25164 Churchill Lane
 City State Zip Code
 Glen Ellyn IL 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 61583D9AF168B82D074
 Amount of Each Receipt this Period
 19.25

C. Susan Ruzek
 Full Name (Last, First, Middle Initial)
 Mailing Address 25164 Churchill Lane
 City State Zip Code
 Glen Ellyn IL 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 6253AC487237E89DA4A
 Amount of Each Receipt this Period
 19.25

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.75
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 228 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Susan Ruzek
 Full Name (Last, First, Middle Initial)
 Mailing Address 25164 Churchill Lane
 City State Zip Code
 Glen Ellyn IL 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 1640C6CF2584E215A39
 Amount of Each Receipt this Period
 19.25

B. Susan Ruzek
 Full Name (Last, First, Middle Initial)
 Mailing Address 25164 Churchill Lane
 City State Zip Code
 Glen Ellyn IL 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : CDAFBACD8F31D0B640C
 Amount of Each Receipt this Period
 19.25

C. Susan Ruzek
 Full Name (Last, First, Middle Initial)
 Mailing Address 25164 Churchill Lane
 City State Zip Code
 Glen Ellyn IL 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : FC29F0EAA82D79AD435
 Amount of Each Receipt this Period
 19.25

SUBTOTAL of Receipts This Page (optional).....	57.75
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 229 OF 287
	(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. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
12 / 09 / 2011
Transaction ID : FF871150203C46AC1C9

Amount of Each Receipt this Period
19.25

B. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.50

Date of Receipt
12 / 30 / 2011
Transaction ID : 107518C002E3A58AEB9

Amount of Each Receipt this Period
19.25

C. Yasser Said
Full Name (Last, First, Middle Initial)

Mailing Address 914 W Hubbard St
Apt. 202

City State Zip Code
Chicago IL 60642-7500

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 ▼
1014.00

Date of Receipt
07 / 08 / 2011
Transaction ID : 4675900FE7E2D133CD8

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Yasser Said

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
07 / 08 / 2011
Transaction ID : AAD5722576F61916E07

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Yasser Said

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
07 / 25 / 2011
Transaction ID : 924E8DCB365980E50C0

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Yasser Said

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
08 / 09 / 2011
Transaction ID : 1BE538D65D182599081

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 287
	<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. Yasser Said		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 9F88809D246DCA33DCA
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) B. Yasser Said		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 6E99661D75330509613
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) C. Yasser Said		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C8087BF08A25784B9D8
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 287
	<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. Yasser Said
Full Name (Last, First, Middle Initial)

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
10 / 03 / 2011
Transaction ID : 0F12ED9DA8916B6AE9F

Amount of Each Receipt this Period
39.00

B. Yasser Said
Full Name (Last, First, Middle Initial)

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
10 / 19 / 2011
Transaction ID : 33BD01EEFBDA2445CB2

Amount of Each Receipt this Period
39.00

C. Yasser Said
Full Name (Last, First, Middle Initial)

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
11 / 04 / 2011
Transaction ID : 91DF39AFBFCAC380B71

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 287
	<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

Full Name (Last, First, Middle Initial) A. Yasser Said		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : B8A7A3D5F444A4CA58E
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" value="39.00"/>
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) B. Yasser Said		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 5C0987B9203192176FF
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" value="39.00"/>
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) C. Yasser Said		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 51B92AA39F97EC1A2C
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" value="39.00"/>
	<input type="text" value="1014.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Yasser Said

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 7C8193AAA6E5DB3174C

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Steven Schmitz

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 ▼
520.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 92033C29CB7219A9075

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Steven Schmitz

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 ▼
520.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : E1C4532C5F65C5F97BF

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Steven Schmitz

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 21388A30B5A74F75CD1

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Steven Schmitz

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : 019A1713FE073C4C655

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Steven Schmitz

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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2011

Transaction ID : 42AD89A454DB484A7BF

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Steven Schmitz		Date of Receipt
Mailing Address 743 Godair Cir		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Hinsdale	State IL	Zip Code 60521-8104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : BF19ED9E043F52AA047
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) B. Steven Schmitz		Date of Receipt
Mailing Address 743 Godair Cir		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Hinsdale	State IL	Zip Code 60521-8104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 0B9722503ECB9F009C7
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) C. Steven Schmitz		Date of Receipt
Mailing Address 743 Godair Cir		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City Hinsdale	State IL	Zip Code 60521-8104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A4228032998F9DB4F0C
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="520.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 / /
 10 / 19 / 2011
Transaction ID : 667215521936DFD3B4E

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 / /
 11 / 04 / 2011
Transaction ID : 1DDFD71D668E94721B3

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 / /
 11 / 18 / 2011
Transaction ID : F64D5D169734FCD38D0

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... **60.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 287
(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. Steven Schmitz

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 ▼ **520.00**

Date of Receipt
11 / 28 / 2011
Transaction ID : AE1BA7FC890F3D1D67A

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Steven Schmitz

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 ▼ **520.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : 75E3AF5D0DCF2CEB984

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Steven Schmitz

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 ▼ **520.00**

Date of Receipt
12 / 30 / 2011
Transaction ID : E6B9D4F9F11750102A6

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 287
	<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. 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 53919B7E64B2063C42B
 Amount of Each Receipt this Period
 19.23

B. Grant Sievertsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 45CD691E640E6CFAE28
 Amount of Each Receipt this Period
 19.23

C. Grant Sievertsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : BC1024E6C1F379C0D0D
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 240 OF 287
(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. 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 ▼
499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : F762C1BDB4E69EF1906

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. 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 ▼
499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 4B8E3492D04A1DD526A

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. 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 ▼
499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : BA4300264E9085D8B23

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69

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 241 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Grant Sievertsen		Date of Receipt MM / DD / YYYY 09 / 19 / 2011 Transaction ID : 8260CFD8A0F0DB531AF
Mailing Address 1304 Midwest Club Pkwy		Amount of Each Receipt this Period 19.23
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		Aggregate Year-to-Date ▼ 499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Grant Sievertsen		Date of Receipt MM / DD / YYYY 10 / 03 / 2011 Transaction ID : 81EACE8D4FE989BE922
Mailing Address 1304 Midwest Club Pkwy		Amount of Each Receipt this Period 19.23
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		Aggregate Year-to-Date ▼ 499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Grant Sievertsen		Date of Receipt MM / DD / YYYY 10 / 19 / 2011 Transaction ID : 6BB9F2B4F06C4016CA8
Mailing Address 1304 Midwest Club Pkwy		Amount of Each Receipt this Period 19.23
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		Aggregate Year-to-Date ▼ 499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 242 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. 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 ▼
499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : CBAE8B53B1D98B5509

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. 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 ▼
499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : C2D836E9A1D55433B25

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. 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 ▼
499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : B9F6F88A7E562C09177

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ **57.69**

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 243 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Grant Sievertsen		Date of Receipt
Mailing Address 1304 Midwest Club Pkwy		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Oak Brook	IL	60523-2519
FEC ID number of contributing federal political committee.		Transaction ID : 6FF30EA2ADD106BBFBB
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) B. Grant Sievertsen		Date of Receipt
Mailing Address 1304 Midwest Club Pkwy		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Oak Brook	IL	60523-2519
FEC ID number of contributing federal political committee.		Transaction ID : 6D7BCD21F319227FCE4
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="499.98"/>	

Full Name (Last, First, Middle Initial) C. Amy Stoeffler		Date of Receipt
Mailing Address 532 Deerpath Rd		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glen Ellyn	IL	60137-4102
FEC ID number of contributing federal political committee.		Transaction ID : 694E689B991F531A992
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.67"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1083.42"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.13"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 287
	<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. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 347D1B37CC0963DBB39
 Amount of Each Receipt this Period
 41.67

B. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 97E4FABF26AECF63DF5
 Amount of Each Receipt this Period
 41.67

C. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 8EAADA646C315FADBF0
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Amy Stoeffler		Date of Receipt MM / DD / YYYY 08 / 19 / 2011 Transaction ID : FF8874E9EB69EC48CF4
Mailing Address 532 Deerpath Rd		Amount of Each Receipt this Period 41.67
City Glen Ellyn	State IL	Zip Code 60137-4102
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 1083.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Amy Stoeffler		Date of Receipt MM / DD / YYYY 09 / 08 / 2011 Transaction ID : 5684544598CFA020C1E
Mailing Address 532 Deerpath Rd		Amount of Each Receipt this Period 41.67
City Glen Ellyn	State IL	Zip Code 60137-4102
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 1083.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Amy Stoeffler		Date of Receipt MM / DD / YYYY 09 / 19 / 2011 Transaction ID : 164A5889B3237851307
Mailing Address 532 Deerpath Rd		Amount of Each Receipt this Period 41.67
City Glen Ellyn	State IL	Zip Code 60137-4102
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 1083.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 287
	<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. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 8842E6B896DE8F6D4EB
 Amount of Each Receipt this Period
 41.67

B. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : C288BF6C5743FDFBEED
 Amount of Each Receipt this Period
 41.67

C. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 2A74331640D53989E36
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 287
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
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 11 / 18 / 2011
Transaction ID : 1F33BE3A720F4715602
 Amount of Each Receipt this Period
 41.67

B. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : DDC0855080542F39748
 Amount of Each Receipt this Period
 41.67

C. Amy Stoeffler
 Full Name (Last, First, Middle Initial)
 Mailing Address 532 Deerpath Rd
 City State Zip Code
 Glen Ellyn IL 60137-4102
 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 ▼
 1083.42

Date of Receipt
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 12 / 09 / 2011
Transaction ID : 868A3ED6AD3BDFE013C
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 248 OF 287
	(check only one)	
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Amy Stoeffler
Full Name (Last, First, Middle Initial)

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 60137-4102

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 ▼
1083.42

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : D03A6238A4EF6BE8E75

Amount of Each Receipt this Period
41.67

B. Lenora Su
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City State Zip Code
Naperville IL 60565-1612

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 ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : BE315DA219AB5571F52

Amount of Each Receipt this Period
39.00

C. Lenora Su
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City State Zip Code
Naperville IL 60565-1612

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 ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : DC982629AFE5FC9738C

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.67

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 249 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Lenora Su

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
07 / 25 / 2011

Transaction ID : 44E82376DE89C64C4E4

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Lenora Su

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
08 / 09 / 2011

Transaction ID : F0A1B32EEFE131C8E7A

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Lenora Su

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
08 / 19 / 2011

Transaction ID : A610ACA8139A4737646

Amount of Each Receipt this Period
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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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Lenora Su

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
09 / 08 / 2011

Transaction ID : 6D5D4CB11C08DEC0BE0

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Lenora Su

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
09 / 19 / 2011

Transaction ID : 90905FFC62575DF75EB

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Lenora Su

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
10 / 03 / 2011

Transaction ID : 1D862C797FA5F7D000D

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **117.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 287
(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. Lenora Su
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Chelsea Ln
 City Naperville State IL Zip Code 60565-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 576BB7D12EA9E6DBB82
 Amount of Each Receipt this Period
 39.00

B. Lenora Su
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Chelsea Ln
 City Naperville State IL Zip Code 60565-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt
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 11 / 04 / 2011
Transaction ID : 31601EF655FA8249EF6
 Amount of Each Receipt this Period
 39.00

C. Lenora Su
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Chelsea Ln
 City Naperville State IL Zip Code 60565-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt
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 11 / 18 / 2011
Transaction ID : C1994F2765053772CEC
 Amount of Each Receipt this Period
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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 252 OF 287
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Lenora Su
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
11 / 28 / 2011
Transaction ID : 85ADF2FAA3A001B1625

Amount of Each Receipt this Period
39.00

B. Lenora Su
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
12 / 09 / 2011
Transaction ID : 54057A41AECFCAC710

Amount of Each Receipt this Period
39.00

C. Lenora Su
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
12 / 30 / 2011
Transaction ID : 91500404091973323FF

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ► **117.00**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Arnaldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomingdale 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 ▼
1014.00

Date of Receipt
08 / 09 / 2011
Transaction ID : 45FF6B54A470339E744

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Arnaldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomingdale 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 ▼
1014.00

Date of Receipt
08 / 19 / 2011
Transaction ID : 7DABBE3708E4F334D2

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Arnaldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomingdale 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 ▼
1014.00

Date of Receipt
09 / 08 / 2011
Transaction ID : 52E9E4BC68CA0C670BB

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 255 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Arnaldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 60108-1433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 / /
 09 / 19 / 2011
Transaction ID : 2AC3DD806E65F26348E

Amount of Each Receipt this Period
 39.00

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 ▼
1014.00

Date of Receipt
 / /
 10 / 03 / 2011
Transaction ID : 472A03C1AEAE9F4F85B

Amount of Each Receipt this Period
 39.00

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 ▼
1014.00

Date of Receipt
 / /
 10 / 19 / 2011
Transaction ID : D7C1BFF0B1F3D3D2D15

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ► 117.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Arnaldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomington IL 60108-1433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : 269D3A4F92360BCE7CE

Amount of Each Receipt this Period
39.00

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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 686A1C6D794F67436D1

Amount of Each Receipt this Period
39.00

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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 6B09C43CD30A729A9EB

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 257 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Arnaldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomingdale 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : F9C0ECFABA3AD7464F8

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Arnaldo Torres

Mailing Address 229 Wren Ct

City State Zip Code
Bloomingdale 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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 6575710390624772460

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Joseph Towers

Mailing Address 412 S Columbia St

City State Zip Code
Naperville IL 60540-5418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 8D70588D8B564194D20

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.67

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 258 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 83CED67F4E5172FBD34
 Amount of Each Receipt this Period
 41.67

B. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 6A08188AD59C42CA5F2
 Amount of Each Receipt this Period
 41.67

C. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 5734D5DDBE7B40F8C43
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 259 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 08 / 19 / 2011
Transaction ID : BE3226751AA6D047556
 Amount of Each Receipt this Period
 41.67

B. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 09 / 08 / 2011
Transaction ID : 718A148C874661D5494
 Amount of Each Receipt this Period
 41.67

C. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 09 / 19 / 2011
Transaction ID : 7D3BC56BA34B5A4A642
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 260 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Joseph Towers

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 ▼
1083.42

Date of Receipt
10 / 03 / 2011
Transaction ID : 762CFE863616E4B7B9B

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. Joseph Towers

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 ▼
1083.42

Date of Receipt
10 / 19 / 2011
Transaction ID : FA27DA3D5AE8312C85A

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
C. Joseph Towers

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 ▼
1083.42

Date of Receipt
11 / 04 / 2011
Transaction ID : 059A957B895BD9AE091

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 261 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : C920714564E9EA918DB
 Amount of Each Receipt this Period
 41.67

B. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : A5F71DC52D81F9BEDAB
 Amount of Each Receipt this Period
 41.67

C. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 9D672048BD63867ED8C
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 287
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	<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. 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 **1083.42**

Date of Receipt **12 / 30 / 2011**
Transaction ID : 53E62B0EC2C267AD311
 Amount of Each Receipt this Period **41.67**

B. Feodor Ung
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Wellner Rd
 City Naperville State IL Zip Code 60540-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1014.00**

Date of Receipt **07 / 08 / 2011**
Transaction ID : 2DA6B5846F4F904E434
 Amount of Each Receipt this Period **39.00**

C. Feodor Ung
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Wellner Rd
 City Naperville State IL Zip Code 60540-6727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1014.00**

Date of Receipt **07 / 08 / 2011**
Transaction ID : 7A30371BF855F56672D
 Amount of Each Receipt this Period **39.00**

SUBTOTAL of Receipts This Page (optional)..... **119.67**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 287
	<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. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 81D2EC4B6DE7D28F5DC
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" value="39.00"/>
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) B. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 1EABB15C8295CFE2C90
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" value="39.00"/>
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) C. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 22D76DE281D51F90BF9
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" value="39.00"/>
	<input type="text" value="1014.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Feodor Ung

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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 6D11A29489727BD3F7

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
B. Feodor Ung

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 ▼
1014.00

Date of Receipt
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 09 / 19 / 2011
Transaction ID : EA345B864F4CAC91908

Amount of Each Receipt this Period
 39.00

Full Name (Last, First, Middle Initial)
C. Feodor Ung

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 ▼
1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 282732E150D12EB3AAB

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 287
	<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. 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 ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 76E41D7BFA381543EA8

Amount of Each Receipt this Period
 39.00

B. Feodor Ung
Full Name (Last, First, Middle Initial)

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : CF22AF960C04AAA96E3

Amount of Each Receipt this Period
 39.00

C. Feodor Ung
Full Name (Last, First, Middle Initial)

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : D2AA5B402BAB1589246

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 266 OF 287
	(check only one)	
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<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

Full Name (Last, First, Middle Initial) A. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : EB45C1A5352B46D0169
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) B. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : FD7C218BB4F817E3723
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) C. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Naperville	IL	60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 65566BDFE74C4CFE6F6
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : FF990E4B025325982DC
 Amount of Each Receipt this Period
 39.00

B. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : CEA71648C43D785F5F6
 Amount of Each Receipt this Period
 39.00

C. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : 2454BAB9B5AA4559BAE
 Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional).....	117.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 287
	<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. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2011
Transaction ID : 6B3EA770CC1F8AB9527
 Amount of Each Receipt this Period
 39.00

B. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 2D4C183B013D46B0423
 Amount of Each Receipt this Period
 39.00

C. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
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 09 / 08 / 2011
Transaction ID : 7A29021FA2C623BD662
 Amount of Each Receipt this Period
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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 269 OF 287
	<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. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : F1D8350964A784BC333
 Amount of Each Receipt this Period
 39.00

B. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : A51945FBDE2BBA579B9
 Amount of Each Receipt this Period
 39.00

C. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : AA1DE9AA7236B47A4CF
 Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 287
(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. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2011
Transaction ID : C6AB9E4D803A3B38984
 Amount of Each Receipt this Period
 39.00

B. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 1378773FBC140FEFDA5
 Amount of Each Receipt this Period
 39.00

C. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : CF7A209FC071D77A74D
 Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 287
	<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. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 2C7A9C111D7D4239F54
 Amount of Each Receipt this Period
 39.00

B. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1014.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : B9C3EED6D4B221D2F77
 Amount of Each Receipt this Period
 39.00

C. Jaime Villanueva
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Midwest Club Pkwy
 City State Zip Code
 Oak Brook IL 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : D9ED38340C36215A786
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....	98.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 287
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Jaime Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2011

Transaction ID : 01B1FBF55D78455B217

Amount of Each Receipt this Period
20.00

B. Jaime Villanueva
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2011

Transaction ID : 0DE7DD0386FE876047F

Amount of Each Receipt this Period
20.00

C. 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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2011

Transaction ID : A1ECF3794D2DDBAFE9C

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 287
(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 State Zip Code
 Oak Brook IL 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : 29B45934B71E9ED1C70
 Amount of Each Receipt this Period
 20.00

B. Jaime Villanueva
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Midwest Club Pkwy
 City State Zip Code
 Oak Brook IL 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011
Transaction ID : 46AE0B84BD88563DC51
 Amount of Each Receipt this Period
 20.00

C. Jaime Villanueva
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Midwest Club Pkwy
 City State Zip Code
 Oak Brook IL 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : 22F2BC86CD5DB0568A4
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Jaime Villanueva

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011

Transaction ID : 7D9ABF27CC3CB8E2EE9

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Jaime Villanueva

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : BBB1486F3FE1CE61993

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Jaime Villanueva

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code
Oak Brook IL 60523-2522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : 70BDA0F38505D28173F

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 287
(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 ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : 9943FCA9CCA1F450C67
 Amount of Each Receipt this Period
 20.00

B. Jaime Villanueva
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Midwest Club Pkwy
 City Oak Brook State IL Zip Code 60523-2522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : F3203A415D019D1DF9A
 Amount of Each Receipt this Period
 20.00

C. 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 ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 4BBC9D107454C8AE158
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 276 OF 287
(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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : DE6FF77343FE03AF9F5
 Amount of Each Receipt this Period
 20.00

B. Caroline Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 E Fremont Ave
 City Elmhurst State IL Zip Code 60126-2324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : DEA4B1D6ECBDC84101F
 Amount of Each Receipt this Period
 20.00

C. Caroline Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 E Fremont Ave
 City Elmhurst State IL Zip Code 60126-2324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : CC2B75624DBAAD94857
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 287
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial) A. Caroline Wolfe		Date of Receipt
Mailing Address 132 E Fremont Ave		MM / DD / YYYY 07 / 25 / 2011
City Elmhurst	State IL	Zip Code 60126-2324
FEC ID number of contributing federal political committee. C		Transaction ID : 59BB7702C335431D901
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) B. Caroline Wolfe		Date of Receipt
Mailing Address 132 E Fremont Ave		MM / DD / YYYY 08 / 09 / 2011
City Elmhurst	State IL	Zip Code 60126-2324
FEC ID number of contributing federal political committee. C		Transaction ID : 1CC23CE845B26FEEC6A
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Caroline Wolfe		Date of Receipt
Mailing Address 132 E Fremont Ave		MM / DD / YYYY 08 / 19 / 2011
City Elmhurst	State IL	Zip Code 60126-2324
FEC ID number of contributing federal political committee. C		Transaction ID : 06388A73BD66F98E4C5
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 287
	<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

Full Name (Last, First, Middle Initial) A. Caroline Wolfe		Date of Receipt
Mailing Address 132 E Fremont Ave		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Elmhurst	IL	60126-2324
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A1629B9C800B38B7C1E
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Caroline Wolfe		Date of Receipt
Mailing Address 132 E Fremont Ave		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code
Elmhurst	IL	60126-2324
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 444934708A1E614E2BB
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Caroline Wolfe		Date of Receipt
Mailing Address 132 E Fremont Ave		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City	State	Zip Code
Elmhurst	IL	60126-2324
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 591BBAF66A5DAFD04F5
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 287
	<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 ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2011

Transaction ID : 8FFC2F52B05012F6BF6

Amount of Each Receipt this Period
20.00

B. Caroline Wolfe
Full Name (Last, First, Middle Initial)

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2011

Transaction ID : DA6D799204469A1D399

Amount of Each Receipt this Period
20.00

C. Caroline Wolfe
Full Name (Last, First, Middle Initial)

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : 9F55DA593D5FDBE5851

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **60.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 287
	<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. Caroline Wolfe			Date of Receipt
Mailing Address 132 E Fremont Ave			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Elmhurst	State IL	Zip Code 60126-2324	Transaction ID : B2CFEE4D45F947AED2B
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) B. Caroline Wolfe			Date of Receipt
Mailing Address 132 E Fremont Ave			<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City Elmhurst	State IL	Zip Code 60126-2324	Transaction ID : 202EB1F6811EA2BD652
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) C. Caroline Wolfe			Date of Receipt
Mailing Address 132 E Fremont Ave			<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Elmhurst	State IL	Zip Code 60126-2324	Transaction ID : AB80DA4EAE7AB69D171
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="520.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 281 OF 287
(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. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 5E421E7C448D4BA0C02
 Amount of Each Receipt this Period
 20.83

B. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : 31A324DDD34C8FB6AB5
 Amount of Each Receipt this Period
 20.83

C. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2011
Transaction ID : DC935800367EC294022
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49
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 282 OF 287
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)
A. Andrew Yu

Mailing Address 1601 S Highland Ave

City Lombard State IL Zip Code 60148-4928

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt
08 / 09 / 2011

Transaction ID : 437CEEEAC53F03ED3A5

Amount of Each Receipt this Period
20.83

Full Name (Last, First, Middle Initial)
B. Andrew Yu

Mailing Address 1601 S Highland Ave

City Lombard State IL Zip Code 60148-4928

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt
08 / 19 / 2011

Transaction ID : 03832170DB4AC3C82A3

Amount of Each Receipt this Period
20.83

Full Name (Last, First, Middle Initial)
C. Andrew Yu

Mailing Address 1601 S Highland Ave

City Lombard State IL Zip Code 60148-4928

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt
09 / 08 / 2011

Transaction ID : 1E259DC9B026DF4E5E3

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ **62.49**

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 283 OF 287
(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. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2011
Transaction ID : F17A2BAF27A4197A178
 Amount of Each Receipt this Period
 20.83

B. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 7889647CFFDEC7EBBFC
 Amount of Each Receipt this Period
 20.83

C. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : EDF142C8FC6ED439431
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49
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 284 OF 287
(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. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 11 / 04 / 2011
Transaction ID : 1A030CB0D9A00D95E23
 Amount of Each Receipt this Period
 20.83

B. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 11 / 18 / 2011
Transaction ID : A792F38C6ABE1A1729A
 Amount of Each Receipt this Period
 20.83

C. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 11 / 28 / 2011
Transaction ID : 33142A4399E5A11EA99
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49
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 285 OF 287
(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. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 55F9BE2A0DB4D7DC8B9
 Amount of Each Receipt this Period
 20.83

B. Andrew Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1601 S Highland Ave
 City Lombard State IL Zip Code 60148-4928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 968DF7FC1115607FFC4
 Amount of Each Receipt this Period
 20.83

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	41.66
TOTAL This Period (last page this line number only).....▶	25975.95

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address PO Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Peter J. Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2011

Transaction ID : FA3994348BA5783B6AC

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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 for Chris Nybo

Mailing Address 444 S. MITCHELL AVENUE

City Elmhurst State IL Zip Code 60126

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 43717236CBF8BF6C177

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Patricia R. Bellock

Mailing Address PO Box 55

City Hinsdale State IL Zip Code 60522-0055

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : F464838C51AE76A72CF

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends of Sandra Pihos

Mailing Address PO Box 2638
Bldg 7, Ste 106B, 751 Roosevelt Rd

City Glen Ellyn State IL Zip Code 60138-2638

Purpose of Disbursement
Nonfederal Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 25059162A17795732A8

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶