

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

ADDRESS (number and street)   
  
  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼**  **CITY ▲**  **STATE ▲**  **ZIP CODE ▲**

C00435982 **3. IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**

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

5. Covering Period  through

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

Signature of Treasurer  *McCormick, Michael, K., ,* [Electronically Filed] Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

DuPage Medical Group LTD PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="226660.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="153933.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3957.38"/>	<input type="text" value="29296.42"/>
(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="157891.08"/>	<input type="text" value="255957.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="500.00"/>	<input type="text" value="98565.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="157391.08"/>	<input type="text" value="157391.08"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	3657.38	20443.72
(ii) Unitemized .....	300.00	8852.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3957.38	29296.42
(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) .....	3957.38	29296.42
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)).....▶	3957.38	29296.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3957.38	29296.42

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	46500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	500.00	52065.97
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	500.00	98565.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	98565.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3957.38	29296.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3957.38	29296.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Amendment to report county level candidate committee disbursement not reflected on original submission

Form/Schedule:

Transaction ID:

**SCHEDULE A (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 48
	<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. Anderson, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 06965C1F6D8245469144**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**B. Anderson, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 78C50F05A5B8446F9E98**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**C. Anderson, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 11 / 22 / 2016  
**Transaction ID : C1F58CCC8ED84BB6B32F**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
	<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. Asselmeier, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 Brentwood Ct  
 City: Glen Ellyn, State: IL, Zip Code: 60137-6365  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): DuPage Medical Group, Ltd.  
 Occupation (for Individual): Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 897.00

Date of Receipt: 10 / 21 / 2016  
**Transaction ID : 0200F092358F4DC29A42**  
 Amount of Each Receipt this Period: 39.00  
 Memo Item

**B. Asselmeier, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 Brentwood Ct  
 City: Glen Ellyn, State: IL, Zip Code: 60137-6365  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): DuPage Medical Group, Ltd.  
 Occupation (for Individual): Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 897.00

Date of Receipt: 11 / 10 / 2016  
**Transaction ID : 4D60F46E6B844EB78631**  
 Amount of Each Receipt this Period: 39.00  
 Memo Item

**C. Asselmeier, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 Brentwood Ct  
 City: Glen Ellyn, State: IL, Zip Code: 60137-6365  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): DuPage Medical Group, Ltd.  
 Occupation (for Individual): Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼: 897.00

Date of Receipt: 11 / 22 / 2016  
**Transaction ID : 70C9872554EF488C9C67**  
 Amount of Each Receipt this Period: 39.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<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. Collins, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : FC29B1D9BAEA48509650**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Collins, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 9F98591F58FF435698F7**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Collins, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 9DE78F6E932E44E58D94**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dungan, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 211 Palamino PI

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

**Transaction ID : D7D2FA522A324270BD1B**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Dungan, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 211 Palamino PI

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

**Transaction ID : 630DF22FC6AA4190866A**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Dungan, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 211 Palamino PI

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

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2016

**Transaction ID : B629C2BDC4F74365A2F0**

Amount of Each Receipt this Period  
20.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 48
	<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. Fitzgerald, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 3B98A4397C9F4F639DDC**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Fitzgerald, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 7BA69619F4F841C8BDBF**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Fitzgerald, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 941EDEC7A87347B1A048**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 48
	<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. Gallagher, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : CC654BA6D52D44029611**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Gallagher, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : BE10EA8BA89E479FA8C1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Gallagher, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : ABF3537227234F0FAF90**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<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. Gallo, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : B154A41C2A004930AD0E**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Gallo, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : DCE12339001748C5A0F5**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Gallo, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : ABE84FA94A284469843D**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 48
	<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. Grobe, Glenn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 4153279C6E184B429CF0**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Grobe, Glenn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 11C418AEFB104803B829**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Grobe, Glenn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : CB63CB39CD014EABA851**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**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 15 OF 48
	(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. Gruener, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : 25A68615F6F444149289**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Gruener, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **11 / 10 / 2016**  
**Transaction ID : 080F4E6FB33B4FAFB57B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Gruener, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt **11 / 22 / 2016**  
**Transaction ID : AB9CEB7297FD40019087**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 48
	<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. Hashmi, Naira, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 4AF7691F3026488D9229**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Hashmi, Naira, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 8C282FF5B9C4466A8FED**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Hashmi, Naira, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 6E2DAF87AC924C83916B**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 48
	<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. Hermann, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.41

Date of Receipt 10 / 21 / 2016  
**Transaction ID : B2C12A4AB42F4116AC9B**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Hermann, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.41

Date of Receipt 11 / 10 / 2016  
**Transaction ID : EDD063210C9F43849C40**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Hermann, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 958.41

Date of Receipt 11 / 22 / 2016  
**Transaction ID : D587D3B90DD24E179AF9**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 48
	<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. Hsu, Te-Shao, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : DE84F504B4B24A60BECD**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Hsu, Te-Shao, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt **11 / 10 / 2016**  
**Transaction ID : 3EFFC421327A445FB1D2**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Hsu, Te-Shao, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt **11 / 22 / 2016**  
**Transaction ID : 55C7F577AC4F49BA8D81**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 48
	<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. Hurst, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : 396DF27EBE0B4F3A85E2**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

**B. Hurst, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2016  
**Transaction ID : 6C05CFF776F94CDC9B09**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

**C. Hurst, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2016  
**Transaction ID : 9EFA9717818A4983A56D**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 48
	<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. Jirschele, Cameron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : EB6A574A48BF4249B068**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Jirschele, Cameron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 9524A53556E0495BB829**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Jirschele, Cameron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : BFBCF999C0FC4131A3AC**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 48
	<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. Krouse, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : ADC0E2E1D69C49B8B1DC**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Krouse, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 10 / 2016**  
**Transaction ID : 3A313108CC8C4E3DB4F1**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Krouse, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt **11 / 22 / 2016**  
**Transaction ID : E1069829BA1B45B09AE3**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 48
	<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. Labotka, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 2C758D45C453449E8C01**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Labotka, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 4B73A41A007E404DB580**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Lazar, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 1537196B67E245D0B28E**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	66.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 48
	<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. Lazar, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 89D072B64E954967BD3D**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Lazar, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 7B4FF52E8BAB41C1AB02**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Lizek, Ernest, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 7DC4D6EC32F94DA8961A**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	89.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 48
	<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. Lizek, Ernest, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 79AEF933315D4AED98A6**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Lizek, Ernest, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : EA1C437226C44624BBD8**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Martin, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 29A3C781E52F4858A001**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.00  
**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 25 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Martin, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : D29E024E0120475998D1**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Martin, Alicia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : CD4CA8AD035F43FB970C**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Mataragas, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 3113B0E8F206479E9939**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39.23  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 48
	<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. Mataragas, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 9592A47BA9D448AA8B2C**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mataragas, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 02948C213E3C4406A660**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Merrick, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : AF99F13623AE4BDC8D02**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 48
	<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. Merrick, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : EA7568C785844F2F9C66**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Merrick, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : AEB8CAD3656E4015B9FE**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Meyer, M. Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : B57245D1A5E24033BCB1**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Meyer, M. Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : A742938E4A7D40E88CAD**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Meyer, M. Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : D3EE9AFFEAC2D40C49BF9**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Nelson, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : FD493710E6E3492B87C6**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 48
	<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. Nelson, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 2B01C3C472C14AE78BF5**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Nelson, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 54D070A828B34F8488BC**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Nemivant, Ravi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 2DDCABC000784E1889BD**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 48
	<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. Nemivant, Ravi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 9ECA6A23B6074BEAA2CE**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Nemivant, Ravi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : CB42AB350BA34FE28EEE**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. O'Leary, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : CD7BA51AFFB84D789DCD**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	71.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. O'Leary, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 4611F5AB8CDA470AA642**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. O'Leary, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 70E415C75EFF421C93D7**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Oakley, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician/Radiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 5E3658D6CD1E4F939FEC**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	67.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 48
	<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. Oakley, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician/Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : E93FE627427B4FD88A84**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Oakley, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician/Radiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 111886D6F75048B48C53**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Philip, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : A16FA44B3B1F4E43B96E**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	89.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Philip, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt  
 11 / 10 / 2016  
**Transaction ID : 09E49A8EAACE4A3692DE**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

**B. Philip, Mathew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt  
 11 / 22 / 2016  
**Transaction ID : 5ECD58E705794D16B68B**  
 Amount of Each Receipt this Period  
 39.00  
 Memo Item

**C. Pierson, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
 10 / 21 / 2016  
**Transaction ID : B6D405BA5B844886987C**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 48
	<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. Pierson, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 2614584AA5E34F02BD5F**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Pierson, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : E51D147E09644FE69227**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Porcelli, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : EE932B2E5C1D46ECBC09**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 48
	<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. Porcelli, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : D633DC4CF9C444389225**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Porcelli, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : D4E44F7EDBC74AD68868**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Pulluru, Raghu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 5AB707D0782747F2ABBD**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	59.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 48
	<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. Pulluru, Raghu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 1F6BBA50273947E08507**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Pulluru, Raghu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 0269C612523E4A1A9A28**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Pulluru, Soujanya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 530.84

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 6D70BF3938C84D8BB4B1**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 48
	<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. Pulluru, Soujanya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2016  
**Transaction ID : A5C1A46DC1394339B81**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**B. Pulluru, Soujanya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.84

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2016  
**Transaction ID : 2CBABA345DEA4191A994**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**C. Regan, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2016  
**Transaction ID : E2066873EA1F4D468ED8**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 48
	<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. Regan, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt 11 / 10 / 2016  
**Transaction ID : A3A1E79D89834BA2B4BB**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Regan, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 884.58

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 967B0CE49AB241C9B535**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Schmitz, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 6A72F9D0BADB48A0ACB3**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 48
	<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. Schmitz, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 9A4E43783B7241519BCB**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Schmitz, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 659D7A3D1D5F4282B767**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Sievertsen, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 442.29

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 5F4C1AEB749F4F55AAA3**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 48
	<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. Sievertsen, Grant, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

**Transaction ID : C15274FE7ECD4F1995DA**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Sievertsen, Grant, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2016

**Transaction ID : E1B3C8822F314303BB11**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Torres, Arnaldo, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 Wren Ct

City Bloomington	State IL	Zip Code 60108-1433
---------------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
902.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

**Transaction ID : 50E8AB2E557E41D1B44B**

Amount of Each Receipt this Period  
39.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.46
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Torres, Arnaldo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 Wren Ct  
 City Bloomingtondale State IL Zip Code 60108-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 902.34

Date of Receipt 11 / 10 / 2016  
**Transaction ID : EB10E47B2AD14C948330**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Torres, Arnaldo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 229 Wren Ct  
 City Bloomingtondale State IL Zip Code 60108-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 902.34

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 79BFEEC01B39461A9C78**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Towers, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 953.07

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 1104D71FAE844762852C**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 48
	<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. Towers, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 953.07

Date of Receipt 11 / 10 / 2016  
**Transaction ID : FB31B2683C7D42DCB1E4**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Towers, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 953.07

Date of Receipt 11 / 22 / 2016  
**Transaction ID : FC13001A372E4BA9840A**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Ung, Feodor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 45037FC43D8B4D9F8413**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ung, Feodor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : CAF1178F7F8143E2824E**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Ung, Feodor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : 6677BC45C3534809B602**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Vallina, Van, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 Lorraine St  
 City Glen Ellyn State IL Zip Code 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 859.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 08AFA260E1854FB3A422**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 48
	<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. Vallina, Van, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 Lorraine St  
 City Glen Ellyn State IL Zip Code 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 859.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : CCE5FFA7D76342638249**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Vallina, Van, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 Lorraine St  
 City Glen Ellyn State IL Zip Code 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 859.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : BF73D71126724347BCD2**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Villanueva, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : B396886C464440659A86**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 48
	<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. Villanueva, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : 4A26A3A41CDE47489F41**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Villanueva, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : A7ECE8EDBDF9474AA8E2**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Wolfe, Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : 62B7AE0A0BF245008822**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 48
	<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. Wolfe, Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
 11 / 10 / 2016  
**Transaction ID : D245144195E541EEB281**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Wolfe, Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
 11 / 22 / 2016  
**Transaction ID : 57B9143209634C32B2CD**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Yu, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 479.09

Date of Receipt  
 10 / 21 / 2016  
**Transaction ID : D2A075F001B14C378C41**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yu, Andrew, , ,

Mailing Address 76 Mitchell Cir

City Wheaton	State IL	Zip Code 60189-5928
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
479.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2016

**Transaction ID : A6F40B77CAA14CA5B04C**

Amount of Each Receipt this Period  
20.83

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yu, Andrew, , ,

Mailing Address 76 Mitchell Cir

City Wheaton	State IL	Zip Code 60189-5928
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group, Ltd.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
479.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2016

**Transaction ID : 859AE6272C884F90834D**

Amount of Each Receipt this Period  
20.83

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41.66
<b>TOTAL</b> This Period (last page this line number only).....	3657.38

# 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"/> 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**

**A. Citizens for Robert Larsen**

Full Name (Last, First, Middle Initial)  
Mailing Address 20 Danada Sq. W, #176

City Wheaton State IL Zip Code 60189

Purpose of Disbursement Nonfederal Contribution  
Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 20 / 2016

FEC Identification Number: C  
Transaction ID : E384B70A24  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C  
Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C  
Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00