

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Goldsher

Signature of Treasurer Electronically Filed by Mary Goldsher Date 07 20 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

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

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		40637.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	49787.78									
(c) Total Receipts (from Line 19) .....	2146.04	13716.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51933.82	54353.82								
7. Total Disbursements (from Line 31) .....	0.00	2420.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51933.82	51933.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2096.04	5614.64
(ii) Unitemized .....	50.00	8101.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2146.04	13716.24
(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) .....	2146.04	13716.24
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2146.04	13716.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2146.04	13716.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	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	2400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	20.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	20.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	2420.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	2420.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2146.04	13716.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2146.04	13696.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Anderson		Date of Receipt		
	Mailing Address 3 Briar Ln		M M / D D / Y Y Y Y Y 06 / 03 / 2010		
	City	State	Zip Code	<b>Transaction ID:</b> 2866CDEAE1EECBA1FB1	
	West Chicago	IL	60185-3033		
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
	C		20.84		
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.08			

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Anderson		Date of Receipt		
	Mailing Address 3 Briar Ln		M M / D D / Y Y Y Y Y 06 / 17 / 2010		
	City	State	Zip Code	<b>Transaction ID:</b> EB62D446D9B1D172920	
	West Chicago	IL	60185-3033		
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
	C		20.84		
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.08			

<b>C.</b>	Full Name (Last, First, Middle Initial) Erik Baier		Date of Receipt		
	Mailing Address 949 S Euclid Ave		M M / D D / Y Y Y Y Y 06 / 03 / 2010		
	City	State	Zip Code	<b>Transaction ID:</b> C9FCAB242280AD6914F	
	Elmhurst	IL	60126-5104		
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
	C		20.00		
Name of Employer DuPage Medical Group, Ltd.		Occupation Chief Operating Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Erik Baier

Mailing Address 949 S Euclid Ave

City Elmhurst State IL Zip Code 60126-5104

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2010  
**Transaction ID: E59DD9E8B2EE167FD38**  
Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Connolly

Mailing Address 15242 Saint Andrews Dr

City Orland Park State IL Zip Code 60462-4165

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID: 5A70ABBF8E693FEE44**  
Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Connolly

Mailing Address 15242 Saint Andrews Dr

City Orland Park State IL Zip Code 60462-4165

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2010  
**Transaction ID: 5EC3F7B686CFBC10973**  
Amount of Each Receipt this Period 20.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Dungan	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 211 Palamino PI	<b>Transaction ID:</b> 6F3156C0D7549CD7865
	City State Zip Code Wheaton IL 60189-2046	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Dungan	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 211 Palamino PI	<b>Transaction ID:</b> 83CAB7A0526EDCF365A
	City State Zip Code Wheaton IL 60189-2046	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 1105 Adelia St	<b>Transaction ID:</b> DDBC58B32C4F500050
	City State Zip Code Downers Grove IL 60516-2830	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76	

<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: PAGE 10 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2010  
**Transaction ID:** FB0213274C75465847D  
 Amount of Each Receipt this Period 19.23

**B.**

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

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

Name of Employer DuPage Medical Group, Ltd. Occupation Executive Director Administrative Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID:** F69412838F53DD06057  
 Amount of Each Receipt this Period 20.00

**C.**

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

Mailing Address 536 Mayfair Ln

City Naperville State IL Zip Code 60565-5387

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

Name of Employer DuPage Medical Group, Ltd. Occupation Executive Director Administrative Serv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2010  
**Transaction ID:** 174F172C49006E0E895  
 Amount of Each Receipt this Period 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) L. Douglas Graham	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 15224 Summit Ave. Ste. 107	<b>Transaction ID:</b> D7B90265FB70B3BE457
	City State Zip Code Oakbrook Terrace IL 60181	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.    Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) L. Douglas Graham	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 15224 Summit Ave. Ste. 107	<b>Transaction ID:</b> 59BC56479ED61A53DBB
	City State Zip Code Oakbrook Terrace IL 60181	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.    Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Gruener	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 8207 Gruener Ct	<b>Transaction ID:</b> 18E0F601B1267521295
	City State Zip Code Palos Hills IL 60465-2200	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.    Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 17 / 2010

**Transaction ID:** 32F072BD336E796A443

Amount of Each Receipt this Period 100.00

**B.**

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

Mailing Address 640 S Washington St Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 03 / 2010

**Transaction ID:** 8AF2A6E03B0545A4051

Amount of Each Receipt this Period 21.00

**C.**

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

Mailing Address 640 S Washington St Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 17 / 2010

**Transaction ID:** 41E072E9E213814840A

Amount of Each Receipt this Period 21.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 142.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

**Transaction ID:** 2461AF8E7F04407855B

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 1 0

**Transaction ID:** 8D01AD1C8431D9CE0B1

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 1962 Hampton Dr

City Wheaton State IL Zip Code 60189-2020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

**Transaction ID:** 07E52BD3088E280FF62

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 81.67

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 1962 Hampton Dr

City State Zip Code  
Wheaton IL 60189-2020

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** 583680DFB053C455AE9

Amount of Each Receipt this Period  
41.67

**B.**

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

Mailing Address 4720 Lee Ave

City State Zip Code  
Downers Grove IL 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** B3333ADF39929D4D467

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 4720 Lee Ave

City State Zip Code  
Downers Grove IL 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** D0036A8AC0739966359

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **81.67**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2010

**Transaction ID:** 19F366E0A9374A5CA51

Amount of Each Receipt this Period  
20.83

**B.**

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

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2010

**Transaction ID:** A6D989DEF381BD9ABAC

Amount of Each Receipt this Period  
20.83

**C.**

Full Name (Last, First, Middle Initial)  
Todd Lavigne

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2010

**Transaction ID:** 59066524719FABD7366

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 81.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd Lavigne		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 2034 W Walton St		<b>Transaction ID:</b> 8190000057FD32C24B3		
	City Chicago	State IL	Zip Code 60622-4960	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Senior Director of IT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Aaron Lazar		Date of Receipt MM / DD / YYYY 06 / 03 / 2010		
	Mailing Address 1564 Abbotsford Dr		<b>Transaction ID:</b> 6CF53F4B63E00A6E80B		
	City Naperville	State IL	Zip Code 60563-2088	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Aaron Lazar		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 1564 Abbotsford Dr		<b>Transaction ID:</b> E97C9FE1D390D44E705		
	City Naperville	State IL	Zip Code 60563-2088	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 32  
(check only one)

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

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

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

**A.**

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

Mailing Address 819 E Hillside Rd

City Naperville State IL Zip Code 60540-6806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 06 / 03 / 2010  
**Transaction ID:** 69861A5C69D56E2F7D7  
 Amount of Each Receipt this Period: 21.00

**B.**

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

Mailing Address 819 E Hillside Rd

City Naperville State IL Zip Code 60540-6806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 06 / 17 / 2010  
**Transaction ID:** C4CFC22D28131CE8B3B  
 Amount of Each Receipt this Period: 21.00

**C.**

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

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 06 / 03 / 2010  
**Transaction ID:** 7F55C33E6F20159DBD3  
 Amount of Each Receipt this Period: 19.23

**SUBTOTAL** of Receipts This Page (optional) ..... ► 61.23

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 6105 Timber Ridge Ct

City State Zip Code  
Indian Head Park IL 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2010

**Transaction ID:** 9DD19C6452D1D6B8525

Amount of Each Receipt this Period  
19.23

**B.**

Full Name (Last, First, Middle Initial)  
Paul Merrick

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2010

**Transaction ID:** 80A299F31C1FE6E8E10

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Merrick

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2010

**Transaction ID:** 427579B72A121906B7E

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	0

**Transaction ID:** 3AE522C5C98FE6755F6

Amount of Each Receipt this Period  
41.67

**B.**

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

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	0

**Transaction ID:** 98F43D5ABC0437F1662

Amount of Each Receipt this Period  
41.67

**C.**

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	0

**Transaction ID:** 11E3E073880BF56878C

Amount of Each Receipt this Period  
45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **128.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 17 / 2010

**Transaction ID:** B167DCCB4B6634D31D6

Amount of Each Receipt this Period 45.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Nelson

Mailing Address 3753 King Williams Ct

City Saint Charles State IL Zip Code 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 03 / 2010

**Transaction ID:** 1887CA2C2734B602835

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Nelson

Mailing Address 3753 King Williams Ct

City Saint Charles State IL Zip Code 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2010

**Transaction ID:** C4034B21D7AAD98A267

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ravi Nemivant		Date of Receipt
	Mailing Address 561 Hevern Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Wheaton	IL	60189-7396
	FEC ID number of contributing federal political committee.		Transaction ID: 0EE93D9C8BF7CC97C72
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ravi Nemivant		Date of Receipt
	Mailing Address 561 Hevern Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Wheaton	IL	60189-7396
	FEC ID number of contributing federal political committee.		Transaction ID: 3DBF0FDF2A1F419E35B
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Don Nichols		Date of Receipt
	Mailing Address 515 W Park Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Wheaton	IL	60189-6354
	FEC ID number of contributing federal political committee.		Transaction ID: 73CBEC33569EA52F587
	Amount of Each Receipt this Period		<input type="text"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/>	240.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/>	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Don Nichols

Mailing Address 515 W Park Ave

City State Zip Code  
Wheaton IL 60189-6354

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

Name of Employer  
DuPage Medical Group, Ltd. Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** 4DB8F0287562DB1B13A

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 401 59th St

City State Zip Code  
Downers Grove IL 60516-1440

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

Name of Employer  
DuPage Medical Group, Ltd. Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** B79DAB3D48483FE28BF

Amount of Each Receipt this Period  
21.00

**C.**

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

Mailing Address 401 59th St

City State Zip Code  
Downers Grove IL 60516-1440

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

Name of Employer  
DuPage Medical Group, Ltd. Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** ACB52D63204C18AB823

Amount of Each Receipt this Period  
21.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **62.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID:** D5C5318DD86F8149D02  
 Amount of Each Receipt this Period 25.00

**B.**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2010  
**Transaction ID:** 7F0491943DFF478300F  
 Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Pacetti

Mailing Address 16957 Burr Oak Dr

City Homer Glen State IL Zip Code 60491-6946

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID:** 2A343580B2F1498897F  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Pacetti	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 16957 Burr Oak Dr	<b>Transaction ID:</b> 4C06B17B823760A22B6
	City State Zip Code Homer Glen IL 60491-6946	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd.   Occupation: Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephen Pierson	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 1800 N Main St	<b>Transaction ID:</b> E4ED2D05464C39EDABD
	City State Zip Code Wheaton IL 60187-3112	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd.   Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Pierson	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 1800 N Main St	<b>Transaction ID:</b> CA1BEEE8092D9984669
	City State Zip Code Wheaton IL 60187-3112	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd.   Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Porcelli	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 1237 N Chicago Ave	<b>Transaction ID:</b> 81AA0B9178EB5B5A6A0
	City State Zip Code Arlington Heights IL 60004-4430	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.    Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Porcelli	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 1237 N Chicago Ave	<b>Transaction ID:</b> 8734884372413E1799F
	City State Zip Code Arlington Heights IL 60004-4430	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.    Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Soujanya Pulluru	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 3908 Littlestone Cir	<b>Transaction ID:</b> 88E5225AF49C31DBE03
	City State Zip Code Naperville IL 60564-5915	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd.    Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 26 / 32</span>
(check only one)	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Soujanya Pulluru	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 3908 Littlestone Cir	<b>Transaction ID:</b> 5F83E4A2BF34A750BEA
	City State Zip Code Naperville IL 60564-5915	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 25164 Churchill Lane	<b>Transaction ID:</b> 0744279D2E756B43FE2
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 25164 Churchill Lane	<b>Transaction ID:</b> F5DE1806BC67B8151C6
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd.      Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 32</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Schmitz		Date of Receipt MM / DD / YYYY 06 / 03 / 2010		
	Mailing Address 743 Godair Cir		<b>Transaction ID:</b> 6CB80A850F3CC859F48		
	City Hinsdale	State IL	Zip Code 60521-8104	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Schmitz		Date of Receipt MM / DD / YYYY 06 / 17 / 2010		
	Mailing Address 743 Godair Cir		<b>Transaction ID:</b> 473570E3BA1676975A3		
	City Hinsdale	State IL	Zip Code 60521-8104	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Grant Sievertsen		Date of Receipt MM / DD / YYYY 06 / 03 / 2010		
	Mailing Address 1304 Midwest Club Pkwy		<b>Transaction ID:</b> 8CBE912A15E882EF7F3		
	City Oak Brook	State IL	Zip Code 60523-2519	Amount of Each Receipt this Period 19.23	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76		

<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: PAGE 28 / 32  
(check only one)

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

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

**A.**

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** 4CE2B2997E27D442B37

Amount of Each Receipt this Period  
19.23

**B.**

Full Name (Last, First, Middle Initial)  
Amy Stoeffler

Mailing Address 532 Deerpath Rd

City State Zip Code  
Glen Ellyn IL 60137-4102

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** 404471E450532AC25D3

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
Amy Stoeffler

Mailing Address 532 Deerpath Rd

City State Zip Code  
Glen Ellyn IL 60137-4102

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** 15A6E5EE1C02B09C0EE

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **102.57**

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

# SCHEDULE A (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 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Arnaldo Torres		Date of Receipt
	Mailing Address 229 Wren Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Bloomingtondale	IL	60108-1433
	FEC ID number of contributing federal political committee.		Transaction ID: E9698B43B552FAEC000
	Amount of Each Receipt this Period		<input type="text"/> 19.23
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 230.76	

<b>B.</b>	Full Name (Last, First, Middle Initial) Arnaldo Torres		Date of Receipt
	Mailing Address 229 Wren Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Bloomingtondale	IL	60108-1433
	FEC ID number of contributing federal political committee.		Transaction ID: 0E0F7C9221670249417
	Amount of Each Receipt this Period		<input type="text"/> 19.23
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 230.76	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Towers		Date of Receipt
	Mailing Address 412 S Columbia St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Naperville	IL	60540-5418
	FEC ID number of contributing federal political committee.		Transaction ID: ECC562731CAA02A2B45
	Amount of Each Receipt this Period		<input type="text"/> 41.67
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 80.13
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 30 / 32</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Towers	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 412 S Columbia St	<b>Transaction ID:</b> B755EF5C8076E30CEDA
	City Naperville State IL Zip Code 60540-5418	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rebecca Tung	Date of Receipt MM / DD / YYYY 06 / 03 / 2010
	Mailing Address 175 E Delaware Pl Apt 4911	<b>Transaction ID:</b> D722237DB525BF166F2
	City Chicago State IL Zip Code 60611-7715	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca Tung	Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 175 E Delaware Pl Apt 4911	<b>Transaction ID:</b> 0A4883E6B98624D2CBC
	City Chicago State IL Zip Code 60611-7715	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 32  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Caroline Wolfe

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID:** E67A06AD6E20CB68098  
Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Caroline Wolfe

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 17 / 2010  
**Transaction ID:** E9854F9884B783B952F  
Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Eva Wyrma

Mailing Address 25346 Canterbury Court

City Glen Ellyn State IL Zip Code 60137

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID:** 1F2E8CCFEDF39612BAB  
Amount of Each Receipt this Period 20.00

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

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Eva Wyrma  
Mailing Address 25346 Canterbury Court  
City State Zip Code  
Glen Ellyn IL 60137  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 06 / 17 / 2010  
Transaction ID: E0243107651A9615C5D  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew Yu  
Mailing Address 1601 S Highland Ave  
City State Zip Code  
Lombard IL 60148-4928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 249.96  
Date of Receipt 06 / 03 / 2010  
Transaction ID: 432AA028A70AA3624D9  
Amount of Each Receipt this Period 20.83

**C.** Full Name (Last, First, Middle Initial)  
Andrew Yu  
Mailing Address 1601 S Highland Ave  
City State Zip Code  
Lombard IL 60148-4928  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 249.96  
Date of Receipt 06 / 17 / 2010  
Transaction ID: A7979821EE1AF9F6CD6  
Amount of Each Receipt this Period 20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► 61.66  
**TOTAL** This Period (last page this line number only) ..... ► 2096.04