

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

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

CITY

STATE

ZIP CODE

C C00435982

3. IS THIS REPORT NEW OR AMENDED

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) [X] May 20 (M5) Aug 20 (M8) Nov 20 (M11)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
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 M M / D D / Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period

04 / 01 / 2014 through 04 / 30 / 2014

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 Michael K. McCormick

Signature of Treasurer

Michael K. McCormick

[Electronically Filed]

Date

05 / 15 / 2014

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

Table with 10 columns for Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**DuPage Medical Group LTD PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		174940.53
(b) Cash on Hand at Beginning of Reporting Period.....	179344.43	
(c) Total Receipts (from Line 19) .....	3209.08	14612.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	182553.51	189553.51
7. Total Disbursements (from Line 31).....	0.00	7000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	182553.51	182553.51
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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**DuPage Medical Group LTD PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2155.74	4756.70
(ii) Unitemized .....	1053.34	9856.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3209.08	14612.98
(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) .....	3209.08	14612.98
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))..... ▶	3209.08	14612.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3209.08	14612.98

**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	2000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	7000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	7000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3209.08	14612.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3209.08	14612.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 750 Brentwood Ct

City State Zip Code  
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : CE5C9427040848269AC9**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 750 Brentwood Ct

City State Zip Code  
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : F97DE019144E4ADBA454**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1673 Imperial Cir

City State Zip Code  
Naperville IL 60563-0132

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : C458C7399C1D4F91AB3D**

Amount of Each Receipt this Period  
39.00

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

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

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

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

FOR LINE NUMBER: PAGE 7 OF 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. James Collins**  
Mailing Address 1673 Imperial Cir  
City Naperville State IL Zip Code 60563-0132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2014  
**Transaction ID : 5E5C3C644C3A4054A97F**  
Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**B. Michael Fitzgerald**  
Mailing Address 1207 Sanctuary Ln  
City Naperville State IL Zip Code 60540-1936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 11 / 2014  
**Transaction ID : 1BADA4D416514DC5A694**  
Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**C. Michael Fitzgerald**  
Mailing Address 1207 Sanctuary Ln  
City Naperville State IL Zip Code 60540-1936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2014  
**Transaction ID : 8DDE7C6438B6402EAF6**  
Amount of Each Receipt this Period  
39.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**04 / 11 / 2014**

**Transaction ID : C867387FE55B4EFDA8A4**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**04 / 25 / 2014**

**Transaction ID : 93A55D408B3943039B03**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  
**04 / 11 / 2014**

**Transaction ID : E3D9D091BDFF462A872D**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **139.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : 68A5F3C16BB94630958E**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. John Giardina**

Mailing Address 832 Abbey Dr

City Glen Ellyn State IL Zip Code 60137-6130

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 11 / 2014**

**Transaction ID : AD9A045459864BE8AAEC**

Amount of Each Receipt this Period  
**38.46**

Full Name (Last, First, Middle Initial)  
**c. John Giardina**

Mailing Address 832 Abbey Dr

City Glen Ellyn State IL Zip Code 60137-6130

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : F7662279575B4457B1FD**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **115.92**

**TOTAL** This Period (last page this line 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 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. L. Douglas Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15224 Summit Ave.  
 Ste. 107  
 City State Zip Code  
 Oakbrook Terrace IL 60181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : C8E16F408BBB40F5A563**  
 Amount of Each Receipt this Period  
 42.00

**B. L. Douglas Graham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15224 Summit Ave.  
 Ste. 107  
 City State Zip Code  
 Oakbrook Terrace IL 60181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : 70286C0D8DF74F8CA890**  
 Amount of Each Receipt this Period  
 42.00

**C. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City State Zip Code  
 Palos Hills IL 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : AF4288D73A344D3B88D4**  
 Amount of Each Receipt this Period  
 100.00

<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: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Linda Gruener</b>		Date of Receipt										
Mailing Address 8207 Gruener Ct		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		25		2014
M M	/	D D	/	Y Y Y Y								
04		25		2014								
City	State	Zip Code										
Palos Hills	IL	60465-2200										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer	Occupation											
DuPage Medical Group, Ltd.	Physician											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>											
		Transaction ID : <b>84C4B9528F444DE799F1</b>										
		Amount of Each Receipt this Period										
		<input type="text" value="100.00"/>										

Full Name (Last, First, Middle Initial) <b>B. James Hermann</b>		Date of Receipt										
Mailing Address 1962 Hampton Dr		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		11		2014
M M	/	D D	/	Y Y Y Y								
04		11		2014								
City	State	Zip Code										
Wheaton	IL	60189-2020										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer	Occupation											
DuPage Medical Group, Ltd.	Physician											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.03"/>											
		Transaction ID : <b>062AFF303701405AA475</b>										
		Amount of Each Receipt this Period										
		<input type="text" value="41.67"/>										

Full Name (Last, First, Middle Initial) <b>C. James Hermann</b>		Date of Receipt										
Mailing Address 1962 Hampton Dr		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>25</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		25		2014
M M	/	D D	/	Y Y Y Y								
04		25		2014								
City	State	Zip Code										
Wheaton	IL	60189-2020										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer	Occupation											
DuPage Medical Group, Ltd.	Physician											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.03"/>											
		Transaction ID : <b>09800ED9FD3943AAAAD6</b>										
		Amount of Each Receipt this Period										
		<input type="text" value="41.67"/>										

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="183.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER:	PAGE 12 OF 23
(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. Te-Shao Hsu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
04 / 11 / 2014  
**Transaction ID : 2240D1D103984354B51F**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
04 / 25 / 2014  
**Transaction ID : 1AFF35065844A8FB8D8**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1348 Richmond Ln

City Bartlett State IL Zip Code 60103-8939

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
04 / 11 / 2014  
**Transaction ID : C44778EBCEC54BBAAA94**

Amount of Each Receipt this Period  
39.00

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

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

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

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

FOR LINE NUMBER: PAGE 13 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1348 Richmond Ln

City State Zip Code  
Bartlett IL 60103-8939

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 25 / 2014  
**Transaction ID : 379657A9AF69433B80BB**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 2796 Crestfield Ct

City State Zip Code  
Naperville IL 60565-3043

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 11 / 2014  
**Transaction ID : 3F523A59D3714B46BCD8**

Amount of Each Receipt this Period  
41.67

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

Mailing Address 2796 Crestfield Ct

City State Zip Code  
Naperville IL 60565-3043

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 04 / 25 / 2014  
**Transaction ID : F8D7C235BC3E4592980D**

Amount of Each Receipt this Period  
41.67

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

**A. Norman Kumins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 677 Duane St  
 City State Zip Code  
 Glen Ellyn IL 60137-4611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : BA825AF53A3348778328**  
 Amount of Each Receipt this Period  
 39.00

**B. Norman Kumins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 677 Duane St  
 City State Zip Code  
 Glen Ellyn IL 60137-4611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : 47B95915009343BF8DEC**  
 Amount of Each Receipt this Period  
 39.00

**C. Aaron Lazar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1564 Abbotsford Dr  
 City State Zip Code  
 Naperville IL 60563-2088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : FCB375272C784AA0883A**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	103.00
<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 15 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : 64CB1A2F66554FC994D0**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : 8686D8B1916F40BF994B**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : C6CB7B33176C4707B017**

Amount of Each Receipt this Period  
 39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. M. Paul Meyer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1801 S Highland Ave  
City Lombard State IL Zip Code 60148-4932  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **351.00**

Date of Receipt **04 / 25 / 2014**  
**Transaction ID : 05A4B900F20D4121ABF3**  
Amount of Each Receipt this Period **39.00**

**B. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7144  
City Villa Park State IL Zip Code 60181-7144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **351.00**

Date of Receipt **04 / 11 / 2014**  
**Transaction ID : 27A2CFAE92A34A58BC3A**  
Amount of Each Receipt this Period **39.00**

**C. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7144  
City Villa Park State IL Zip Code 60181-7144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **351.00**

Date of Receipt **04 / 25 / 2014**  
**Transaction ID : DF93302E446749F49D9D**  
Amount of Each Receipt this Period **39.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Ravi Nemivant</b>		Date of Receipt
Mailing Address 561 Hevern Dr		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Wheaton	State IL	Zip Code 60189-7396
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C1133ED739E54E56BD4D</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) <b>B. James Oakley</b>		Date of Receipt
Mailing Address 605 S Grant St		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Hinsdale	State IL	Zip Code 60521-4453
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 27D18409927B4604AE47</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician/Radiologist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mathew Philip</b>		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : F0D8520F43BE4A2497A5</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="351.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="89.00"/>
<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 18 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mathew Philip**

Mailing Address 1608 W North Ave  
Apt. 3

City Chicago State IL Zip Code 60622-2245

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : 7A14E11720C845F489DB**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Soujanya Pulluru**

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 11 / 2014**

**Transaction ID : 349316DC896946BCB49F**

Amount of Each Receipt this Period  
**41.67**

Full Name (Last, First, Middle Initial)  
**C. Soujanya Pulluru**

Mailing Address 3908 Littlestone Cir

City Naperville State IL Zip Code 60564-5915

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : CD71C5B3989C4ACAB8BD**

Amount of Each Receipt this Period  
**41.67**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kevin Regan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2014 <b>Transaction ID : 40AFC01E6DFC4F3B8BB6</b>
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee.	C	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>B. Yasser Said</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2014 <b>Transaction ID : A340169F14694F81A3B7</b>
Mailing Address 914 W Hubbard St Apt. 202		Amount of Each Receipt this Period 39.00
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee.	C	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) <b>C. Yasser Said</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2014 <b>Transaction ID : D5BC5E3D6E8E4EA99006</b>
Mailing Address 914 W Hubbard St Apt. 202		Amount of Each Receipt this Period 39.00
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee.	C	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.46
<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 20 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Lenora Su**  
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : 7AC9FDFC14D44ACD8590**

Amount of Each Receipt this Period  
 39.00

**B. Lenora Su**  
Full Name (Last, First, Middle Initial)

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : D62FFAC5E6F64465AD21**

Amount of Each Receipt this Period  
 39.00

**C. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)

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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : 08BC4294091849B8B7E2**

Amount of Each Receipt this Period  
 39.00

<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 21 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Arnaldo Torres**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **351.00**

Date of Receipt **04 / 25 / 2014**  
**Transaction ID : BFBAB081509C4219B9D3**  
 Amount of Each Receipt this Period **39.00**

**B. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S Columbia St  
 City Naperville State IL Zip Code 60540-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.03**

Date of Receipt **04 / 11 / 2014**  
**Transaction ID : 25ED81E0B67B441F989E**  
 Amount of Each Receipt this Period **41.67**

**C. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S Columbia St  
 City Naperville State IL Zip Code 60540-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.03**

Date of Receipt **04 / 25 / 2014**  
**Transaction ID : 2BE93B9AA1534E13BE8F**  
 Amount of Each Receipt this Period **41.67**

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

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

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

FOR LINE NUMBER: PAGE 22 OF 23  
(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. Feodor Ung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Wellner Rd  
 City Naperville State IL Zip Code 60540-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : 00C422D44571434D9A61**  
 Amount of Each Receipt this Period  
 39.00

**B. Feodor Ung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Wellner Rd  
 City Naperville State IL Zip Code 60540-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : 0AB23D4E244A4969B216**  
 Amount of Each Receipt this Period  
 39.00

**C. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City Glen Ellyn State IL Zip Code 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : 182D9E27304149F3808E**  
 Amount of Each Receipt this Period  
 39.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 23  
(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. Van Vallina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Lorraine St  
City Glen Ellyn State IL Zip Code 60137-5326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 25 / 2014  
**Transaction ID : C6D7053B143D4D9EA43F**  
Amount of Each Receipt this Period 39.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2155.74