



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

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		54509.87
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	54509.87									
(c) Total Receipts (from Line 19) .....	23800.52	23800.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	78310.39	78310.39								
7. Total Disbursements (from Line 31) .....	5.00	5.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	78305.39	78305.39								
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**

Write or Type Committee Name  
DuPage Medical Group LTD PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	11744.62	11744.62
(ii) Unitemized .....	12055.90	12055.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23800.52	23800.52
(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) .....	23800.52	23800.52
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)) .....	23800.52	23800.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23800.52	23800.52

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	5.00	5.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5.00	5.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
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	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	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))..	5.00	5.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5.00	5.00

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) .....	23800.52	23800.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23800.52	23800.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.00	5.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5.00	5.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 101  
(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)  
Craig Anderson

Mailing Address 3 Briar Ln

City State Zip Code  
West Chicago IL 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2011

**Transaction ID:** D9EF755B9392DADF2C4

Amount of Each Receipt this Period  
20.84

**B.**

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

Mailing Address 3 Briar Ln

City State Zip Code  
West Chicago IL 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** EF176BF99672D5B4838

Amount of Each Receipt this Period  
20.84

**C.**

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

Mailing Address 3 Briar Ln

City State Zip Code  
West Chicago IL 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** BE05885DB9D2BC005B2

Amount of Each Receipt this Period  
20.84

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 101  
(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) Marc Asselmeier		Date of Receipt MM / DD / YYYY 03 / 17 / 2011
Mailing Address 750 Brentwood Ct		<b>Transaction ID:</b> F4E7340C5EB4FC2571A
City Glen Ellyn	State Zip Code IL 60137-6365	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

**B.**

Full Name (Last, First, Middle Initial) Marc Asselmeier		Date of Receipt MM / DD / YYYY 04 / 01 / 2011
Mailing Address 750 Brentwood Ct		<b>Transaction ID:</b> 0A3A55BC49E5B6BE14B
City Glen Ellyn	State Zip Code IL 60137-6365	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

**C.**

Full Name (Last, First, Middle Initial) Marc Asselmeier		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 750 Brentwood Ct		<b>Transaction ID:</b> C7308B149DF6098ACDD
City Glen Ellyn	State Zip Code IL 60137-6365	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

<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: PAGE 8 / 101  
(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)  
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
0 4 / 2 8 / 2 0 1 1

**Transaction ID:** 367C9EEA37BD0C9ACC6

Amount of Each Receipt this Period 39.00

**B.** Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
0 5 / 1 2 / 2 0 1 1

**Transaction ID:** A58D0A38ABDE24EA885

Amount of Each Receipt this Period 39.00

**C.** Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
0 5 / 2 6 / 2 0 1 1

**Transaction ID:** 232FA0439D5F2457D3B

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 9 / 101  
(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)  
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2011

**Transaction ID:** F6B0F54AB3EAB008851

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2011

**Transaction ID:** 201574FC678B8870844

Amount of Each Receipt this Period  
39.00

**C.**

Full Name (Last, First, Middle Initial)  
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 DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2011

**Transaction ID:** 496ADEE36665687BFE7

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 10 / 101  
(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 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 ▼ 468.00

Date of Receipt: 04 / 14 / 2011  
**Transaction ID:** 0ECB47E1874B12F46B8  
 Amount of Each Receipt this Period: 39.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt: 04 / 28 / 2011  
**Transaction ID:** AFB956DAEFB67B7365C  
 Amount of Each Receipt this Period: 39.00

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt: 05 / 12 / 2011  
**Transaction ID:** AC7ECA50D2BB3BEBE1A  
 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 11 / 101  
(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 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 ▼ 468.00

Date of Receipt 05 / 26 / 2011  
**Transaction ID:** AD6C14A1AFC52569D55  
 Amount of Each Receipt this Period 39.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt 06 / 09 / 2011  
**Transaction ID:** 3621C5C0A6B4179FAE3  
 Amount of Each Receipt this Period 39.00

**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 05 / 26 / 2011  
**Transaction ID:** 8F13D1B505F3439EB8F  
 Amount of Each Receipt this Period 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 101  
(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)  
Mary Connolly

Mailing Address 15242 Saint Andrews Dr

City State Zip Code  
Orland Park IL 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  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** 5ADAF7C611EE57AF75E

Amount of Each Receipt this Period  
20.00

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

Mailing Address 211 Palamino PI

City State Zip Code  
Wheaton IL 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

**Transaction ID:** DA61B0356D722D23873

Amount of Each Receipt this Period  
20.00

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

Mailing Address 211 Palamino PI

City State Zip Code  
Wheaton IL 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** FF4762CE2C6BA4FF406

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 13 / 101  
(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)  
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 ▼ 468.00

Date of Receipt: 03 / 17 / 2011  
**Transaction ID:** 7D34DE16425DAED6E34  
 Amount of Each Receipt this Period: 39.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt: 04 / 01 / 2011  
**Transaction ID:** C66AA68BF78E80A6BAE  
 Amount of Each Receipt this Period: 39.00

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt: 04 / 14 / 2011  
**Transaction ID:** 80FEEE8D181749DD0D5  
 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 14 / 101  
(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)  
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 ▼ 468.00  
 Date of Receipt 04 / 28 / 2011  
**Transaction ID:** 03034E511B517AF02C1  
 Amount of Each Receipt this Period 39.00

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 468.00  
 Date of Receipt 05 / 12 / 2011  
**Transaction ID:** 490A031E72D41545A5A  
 Amount of Each Receipt this Period 39.00

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 468.00  
 Date of Receipt 05 / 26 / 2011  
**Transaction ID:** 8FFB695047580A76654  
 Amount of Each Receipt this Period 39.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 101  
(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)  
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 ▼ 468.00

Date of Receipt 06 / 09 / 2011

**Transaction ID:** 36E33245432FE7A3103

Amount of Each Receipt this Period 39.00

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

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2011

**Transaction ID:** C0D2115112448E51FC5

Amount of Each Receipt this Period 25.00

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

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2011

**Transaction ID:** 0733110994D48E828E4

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 101

(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)  
Juan Flores

Mailing Address 65223 New Castle Rd.

City State Zip Code  
Naperville IL 60540

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: 3B531AFE8E94014EE1E

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 65223 New Castle Rd.

City State Zip Code  
Naperville IL 60540

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: F6D044A3267E605BD63

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 1105 Adelia St

City State Zip Code  
Downers Grove IL 60516-2830

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 ▼ 600.00

Date of Receipt

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

Transaction ID: 91C3B7A14B18F070CD6

Amount of Each Receipt this Period  
50.00

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 101  
(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)  
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 ▼ 600.00

Date of Receipt 03 / 17 / 2011  
Transaction ID: EC7CC1C97A9BE280989  
Amount of Each Receipt this Period 50.00

**B.** 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 ▼ 600.00

Date of Receipt 04 / 01 / 2011  
Transaction ID: 2F31F267C40EF99A6E5  
Amount of Each Receipt this Period 50.00

**C.** 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 ▼ 600.00

Date of Receipt 04 / 14 / 2011  
Transaction ID: FE3D8D74CC6E06A800D  
Amount of Each Receipt this Period 50.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 18 / 101
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NAME OF COMMITTEE (In Full)  
DuPage Medical Group LTD PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Gallagher		Date of Receipt MM / DD / YYYY 04 / 28 / 2011		
	Mailing Address 1105 Adelia St		<b>Transaction ID:</b> 8692FD44ABB6147D31B		
	City Downers Grove	State IL	Zip Code 60516-2830	Amount of Each Receipt this Period 50.00	
	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 ▼  
600.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Gallagher		Date of Receipt MM / DD / YYYY 05 / 12 / 2011		
	Mailing Address 1105 Adelia St		<b>Transaction ID:</b> 14E383197BD7902BF2C		
	City Downers Grove	State IL	Zip Code 60516-2830	Amount of Each Receipt this Period 50.00	
	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 ▼  
600.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Gallagher		Date of Receipt MM / DD / YYYY 05 / 26 / 2011		
	Mailing Address 1105 Adelia St		<b>Transaction ID:</b> 0C3EDB6BEEBE9C42400		
	City Downers Grove	State IL	Zip Code 60516-2830	Amount of Each Receipt this Period 50.00	
	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 ▼  
600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 101  
(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)  
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 ▼ 600.00

Date of Receipt 06 / 09 / 2011

**Transaction ID:** EB26642959E1B57F37B

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt 03 / 17 / 2011

**Transaction ID:** C9CA707606E1386E5CB

Amount of Each Receipt this Period 39.00

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt 04 / 01 / 2011

**Transaction ID:** FAA7879E38C10C0FB26

Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **128.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 101  
(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)  
Martin Gallo  
 Mailing Address 118 Allen Ct  
 City Clarendon Hills State IL Zip Code 60514-1466  
 Date of Receipt 04 / 14 / 2011  
**Transaction ID:** A5A2EE7C28999C4E884  
 Amount of Each Receipt this Period 39.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 468.00

**B.** Full Name (Last, First, Middle Initial)  
Martin Gallo  
 Mailing Address 118 Allen Ct  
 City Clarendon Hills State IL Zip Code 60514-1466  
 Date of Receipt 04 / 28 / 2011  
**Transaction ID:** D9E4E72B0A59158019E  
 Amount of Each Receipt this Period 39.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 468.00

**C.** Full Name (Last, First, Middle Initial)  
Martin Gallo  
 Mailing Address 118 Allen Ct  
 City Clarendon Hills State IL Zip Code 60514-1466  
 Date of Receipt 05 / 12 / 2011  
**Transaction ID:** 9C390F3080E64041CD7  
 Amount of Each Receipt this Period 39.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 468.00

**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 21 / 101  
(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)  
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 ▼ 468.00

Date of Receipt 05 / 26 / 2011  
**Transaction ID:** 61A3FABC8170F5B04F9  
 Amount of Each Receipt this Period 39.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt 06 / 09 / 2011  
**Transaction ID:** B096C9FACFCBDFB05EE  
 Amount of Each Receipt this Period 39.00

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 461.52

Date of Receipt 03 / 17 / 2011  
**Transaction ID:** C0A5C16E3BC36CA979E  
 Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► 116.46

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 101  
(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)  
John Giardina

Mailing Address 832 Abbey Dr

City State Zip Code  
Glen Ellyn IL 60137-6130

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2011

**Transaction ID:** B5C09A6BAF77AB8BA3F

Amount of Each Receipt this Period  
38.46

**B.**

Full Name (Last, First, Middle Initial)  
John Giardina

Mailing Address 832 Abbey Dr

City State Zip Code  
Glen Ellyn IL 60137-6130

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** 9F2914F586E15A02198

Amount of Each Receipt this Period  
38.46

**C.**

Full Name (Last, First, Middle Initial)  
John Giardina

Mailing Address 832 Abbey Dr

City State Zip Code  
Glen Ellyn IL 60137-6130

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2011

**Transaction ID:** 06CE88288A5F5B11BC8

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 23 / 101</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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Giardina</p> <p>Mailing Address 832 Abbey Dr</p> <p>City State Zip Code Glen Ellyn IL 60137-6130</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">461.52</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p><b>Transaction ID:</b> 4CF665954205933D702</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; text-align: right;">38.46</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	1												

<p><b>B.</b> Full Name (Last, First, Middle Initial) John Giardina</p> <p>Mailing Address 832 Abbey Dr</p> <p>City State Zip Code Glen Ellyn IL 60137-6130</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">461.52</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p><b>Transaction ID:</b> FAF8CC01A748607B68</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; text-align: right;">38.46</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	1												

<p><b>C.</b> Full Name (Last, First, Middle Initial) John Giardina</p> <p>Mailing Address 832 Abbey Dr</p> <p>City State Zip Code Glen Ellyn IL 60137-6130</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">461.52</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p><b>Transaction ID:</b> F3A3B62B1202B36164B</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; text-align: right;">38.46</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	1												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">115.38</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 101  
(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)  
Stewart Gibbs

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

Mailing Address 226 N Clinton St #301

Transaction ID: AFFEB96E572EE968F35

City Chicago State IL Zip Code 60661-1198

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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

**B.**

Full Name (Last, First, Middle Initial)  
Stewart Gibbs

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

Mailing Address 226 N Clinton St #301

Transaction ID: 44274291FE6BB3A9EC9

City Chicago State IL Zip Code 60661-1198

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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

**C.**

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

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

Mailing Address 536 Mayfair Ln

Transaction ID: A88110B57F9CA117103

City Naperville State IL Zip Code 60565-5387

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 Operating Officer Primary Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **58.46**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 101

(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)  
Mary Goldsher

Mailing Address 536 Mayfair Ln

City State Zip Code  
Naperville IL 60565-5387

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 09 / 2011

Transaction ID: 82EE8D235CD4740BFB2

Amount of Each Receipt this Period

20.00

**B.**

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

Mailing Address 15224 Summit Ave.  
Ste. 107

City State Zip Code  
Oakbrook Terrace IL 60181

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2011

Transaction ID: 5B7FC69B49A0BB1EC85

Amount of Each Receipt this Period

42.00

**C.**

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

Mailing Address 15224 Summit Ave.  
Ste. 107

City State Zip Code  
Oakbrook Terrace IL 60181

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 504.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2011

Transaction ID: ED51EACFAD7DE49DC08

Amount of Each Receipt this Period

42.00

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

104.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 101  
(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) L. Douglas Graham		Date of Receipt MM / DD / YYYY 04 / 01 / 2011
Mailing Address 15224 Summit Ave. Ste. 107		<b>Transaction ID:</b> 78B0EF5D6459C7680F1
City Oakbrook Terrace	State Zip Code IL 60181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 504.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 15224 Summit Ave. Ste. 107		<b>Transaction ID:</b> 4AA0FC905BD7B9B9069
City Oakbrook Terrace	State Zip Code IL 60181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 504.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 04 / 28 / 2011
Mailing Address 15224 Summit Ave. Ste. 107		<b>Transaction ID:</b> FEC1DA3A9185B0EE5CC
City Oakbrook Terrace	State Zip Code IL 60181	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 504.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	126.00
<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 27 / 101  
(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) L. Douglas Graham		Date of Receipt MM / DD / YYYY 05 / 12 / 2011
Mailing Address 15224 Summit Ave. Ste. 107		<b>Transaction ID:</b> 87AB9FEB17228450711
City Oakbrook Terrace	State Zip Code IL 60181	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

**B.**

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 05 / 26 / 2011
Mailing Address 15224 Summit Ave. Ste. 107		<b>Transaction ID:</b> 52A6615314655BBE84A
City Oakbrook Terrace	State Zip Code IL 60181	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

**C.**

Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 06 / 09 / 2011
Mailing Address 15224 Summit Ave. Ste. 107		<b>Transaction ID:</b> FA3997FDBA5974833DB
City Oakbrook Terrace	State Zip Code IL 60181	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	126.00
<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 28 / 101

(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)  
Linda Gruener

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 ▼ 1200.00

Date of Receipt

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

Transaction ID: DD0EE15AFD6725C58D8

Amount of Each Receipt this Period  
100.00

**B.**

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

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 ▼ 1200.00

Date of Receipt

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

Transaction ID: 2A9B6014A9E50AC7EFD

Amount of Each Receipt this Period  
100.00

**C.**

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

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 ▼ 1200.00

Date of Receipt

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

Transaction ID: 62C9C35B8FED01CDE72

Amount of Each Receipt this Period  
100.00

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

300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 101

(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 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 ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2011

Transaction ID: 2290D7D96EAD69C6AFF

Amount of Each Receipt this Period  
100.00

**B.**

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

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 ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 01 / 2011

Transaction ID: 2D34511DE93D7B823F5

Amount of Each Receipt this Period  
100.00

**C.**

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

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 ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 14 / 2011

Transaction ID: 0D6E7E6F43D13A6FA96

Amount of Each Receipt this Period  
100.00

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

300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 101

(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 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: C5959BA0AF7C425D521

Amount of Each Receipt this Period  
100.00

**B.**

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

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: AD2BCBFB300509BE8F0

Amount of Each Receipt this Period  
100.00

**C.**

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

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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: DB462926E54B8865F63

Amount of Each Receipt this Period  
100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 101  
(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)  
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 / 09 / 2011  
Transaction ID: 028832681B81A99E5BD  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Anurag Gupta  
Mailing Address 6055 S Garfield Ave  
City Burr Ridge State IL Zip Code 60527-5247  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 06 / 2011  
Transaction ID: 8F66FDAFC55116595EB  
Amount of Each Receipt this Period 1000.00

**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 05 / 12 / 2011  
Transaction ID: 52F0818650D38BCA200  
Amount of Each Receipt this Period 21.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1121.00  
**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 / 101  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** 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 05 / 26 / 2011  
Transaction ID: 8B0F7A5D590EC416234  
Amount of Each Receipt this Period 21.00

**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 / 09 / 2011  
Transaction ID: 15D96595A7A92CA5CD8  
Amount of Each Receipt this Period 21.00

**C.** 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 05 / 26 / 2011  
Transaction ID: EB95B3712D0F9F674A5  
Amount of Each Receipt this Period 20.00

**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: (check only one)	PAGE 33 / 101
	<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) Maleeha Hashmi-Basha		Date of Receipt MM / DD / YYYY 06 / 09 / 2011		
	Mailing Address 640 S Washington St Ste 268		<b>Transaction ID:</b> 8A484CEC6D302D87171		
	City Naperville	State IL	Zip Code 60540-6694	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	Aggregate Year-to-Date 240.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt MM / DD / YYYY 03 / 03 / 2011		
	Mailing Address 1962 Hampton Dr		<b>Transaction ID:</b> 42CAD1F667DB7DBCDF4		
	City Wheaton	State IL	Zip Code 60189-2020	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	Aggregate Year-to-Date 500.04		

<b>C.</b>	Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt MM / DD / YYYY 03 / 17 / 2011		
	Mailing Address 1962 Hampton Dr		<b>Transaction ID:</b> FB2DE15B74AEBB8C6BA		
	City Wheaton	State IL	Zip Code 60189-2020	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	Aggregate Year-to-Date 500.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	103.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 101  
(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)  
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  
04 / 01 / 2011

**Transaction ID:** B9096C9F488B1B4DF94

Amount of Each Receipt this Period  
41.67

**B.**

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  
04 / 14 / 2011

**Transaction ID:** D12BDBE404D4377967

Amount of Each Receipt this Period  
41.67

**C.**

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  
04 / 28 / 2011

**Transaction ID:** DFCC73C9F69FAF0CF7C

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.01**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 101
	<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) James Hermann		Date of Receipt
	Mailing Address 1962 Hampton Dr		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Wheaton	IL	60189-2020
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<b>Transaction ID:</b> 10A2D9C74F19589F32A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.04"/>	<input type="text" value="41.67"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt
	Mailing Address 1962 Hampton Dr		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Wheaton	IL	60189-2020
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<b>Transaction ID:</b> B0C43D8C71187388DBF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.04"/>	<input type="text" value="41.67"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt
	Mailing Address 1962 Hampton Dr		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Wheaton	IL	60189-2020
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<b>Transaction ID:</b> 46470DD847CDFA28271
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.04"/>	<input type="text" value="41.67"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="125.01"/>
<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 36 / 101  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

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 ▼ 468.00

Date of Receipt 03 / 17 / 2011  
Transaction ID: OC4455BF8E5456D6B77  
Amount of Each Receipt this Period 39.00

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

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 ▼ 468.00

Date of Receipt 04 / 01 / 2011  
Transaction ID: F186AF62391AC8ADF00  
Amount of Each Receipt this Period 39.00

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

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 ▼ 468.00

Date of Receipt 04 / 14 / 2011  
Transaction ID: 6B390F5096F3B5F763C  
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: <span style="float: right;">PAGE 37 / 101</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

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) Te-Shao Hsu	Date of Receipt MM / DD / YYYY 04 / 28 / 2011
	Mailing Address 1155 N Dearborn St Apt. 804	<b>Transaction ID:</b> AE1214C7EB2CD465F0C
	City Chicago State IL Zip Code 60610-6539	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Te-Shao Hsu	Date of Receipt MM / DD / YYYY 05 / 12 / 2011
	Mailing Address 1155 N Dearborn St Apt. 804	<b>Transaction ID:</b> 5A0039159A9C93B896B
	City Chicago State IL Zip Code 60610-6539	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Te-Shao Hsu	Date of Receipt MM / DD / YYYY 05 / 26 / 2011
	Mailing Address 1155 N Dearborn St Apt. 804	<b>Transaction ID:</b> F7DB7DD3C043C1609EB
	City Chicago State IL Zip Code 60610-6539	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 101
	<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) Te-Shao Hsu	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 1155 N Dearborn St Apt. 804	<b>Transaction ID:</b> 2C14FC92D238AF07F5F
	City Chicago State IL Zip Code 60610-6539	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Hurst	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 1348 Richmond Ln	<b>Transaction ID:</b> 589AF0F2928B1839F6C
	City Bartlett State IL Zip Code 60103-8939	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Hurst	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 1348 Richmond Ln	<b>Transaction ID:</b> 99FCD16EC2289D57B4B
	City Bartlett State IL Zip Code 60103-8939	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

<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: PAGE 39 / 101  
(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) Robert Hurst		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 1348 Richmond Ln		<b>Transaction ID:</b> 3C68DAFCB462B19A596
City Bartlett	State Zip Code IL 60103-8939	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Hurst		Date of Receipt MM / DD / YYYY 04 / 28 / 2011
Mailing Address 1348 Richmond Ln		<b>Transaction ID:</b> 678078E6E273F1FEF97
City Bartlett	State Zip Code IL 60103-8939	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

**C.**

Full Name (Last, First, Middle Initial) Robert Hurst		Date of Receipt MM / DD / YYYY 05 / 12 / 2011
Mailing Address 1348 Richmond Ln		<b>Transaction ID:</b> 0975EA1D2FDEE23140D
City Bartlett	State Zip Code IL 60103-8939	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 101

(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)  
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 ▼ 468.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: 0DEB60D43A81C8384DB

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 468.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: A181F842AA8FB4EBFF0

Amount of Each Receipt this Period  
39.00

**C.**

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

Mailing Address 8401 Clynderven Rd

City State Zip Code  
Burr Ridge IL 60527-6247

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: 9A8A079998919974CA5

Amount of Each Receipt this Period  
40.00

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

118.00

**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 41 / 101  
(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)  
Robert Janowitz

Mailing Address 8401 Clynderven Rd

City State Zip Code  
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2011

**Transaction ID:** 30E3CC4D6255D455565

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 8401 Clynderven Rd

City State Zip Code  
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** 7DE8B823758487F758B

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 8401 Clynderven Rd

City State Zip Code  
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2011

**Transaction ID:** D0C61E468799BB69249

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 101  
(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)  
Robert Janowitz

Mailing Address 8401 Clynderven Rd

City State Zip Code  
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2011

**Transaction ID:** 46310BFC482344B9A08

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 8401 Clynderven Rd

City State Zip Code  
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** 996EA2A5F26AEA93109

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 8401 Clynderven Rd

City State Zip Code  
Burr Ridge IL 60527-6247

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** 269422621EE921B05A5

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 101  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Kemp  
 Mailing Address 3016 Seiler Dr  
 City Naperville State IL Zip Code 60565-4374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00  
 Date of Receipt 05 / 26 / 2011  
**Transaction ID:** F792D2F8B85FF880AFE  
 Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Kemp  
 Mailing Address 3016 Seiler Dr  
 City Naperville State IL Zip Code 60565-4374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00  
 Date of Receipt 06 / 09 / 2011  
**Transaction ID:** 3ED00EFF51471F5809A  
 Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Robert King  
 Mailing Address 2796 Crestfield Ct  
 City Naperville State IL Zip Code 60565-3043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.04  
 Date of Receipt 03 / 03 / 2011  
**Transaction ID:** 3EF30DD423BAD3402A4  
 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 44 / 101  
(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)  
Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 03 / 17 / 2011  
**Transaction ID:** 4BF3AD0C8DFD30087D9  
 Amount of Each Receipt this Period: 41.67

**B.**

Full Name (Last, First, Middle Initial)  
Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 04 / 01 / 2011  
**Transaction ID:** BB6E3C3C8B2DAA989A2  
 Amount of Each Receipt this Period: 41.67

**C.**

Full Name (Last, First, Middle Initial)  
Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 04 / 14 / 2011  
**Transaction ID:** E2843A7490464709E94  
 Amount of Each Receipt this Period: 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.01**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 101  
(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)  
Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 04 / 28 / 2011  
**Transaction ID:** 77F653631A63892396E  
 Amount of Each Receipt this Period: 41.67

**B.**

Full Name (Last, First, Middle Initial)  
Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 05 / 12 / 2011  
**Transaction ID:** FDA A2F7A7ABBEDE79  
 Amount of Each Receipt this Period: 41.67

**C.**

Full Name (Last, First, Middle Initial)  
Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 05 / 26 / 2011  
**Transaction ID:** 609838BCCE7F25EADFC  
 Amount of Each Receipt this Period: 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.01**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 101
	<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) Robert King	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 2796 Crestfield Ct	<b>Transaction ID:</b> 03E56076960E933D191
	City Naperville State IL Zip Code 60565-3043	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) Richard Krouse	Date of Receipt MM / DD / YYYY 05 / 26 / 2011
	Mailing Address 4720 Lee Ave	<b>Transaction ID:</b> AC70C19FEC1F5F2872F
	City Downers Grove State IL Zip Code 60515-3319	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) Richard Krouse	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 4720 Lee Ave	<b>Transaction ID:</b> F2434F91C9E4D7A4D85
	City Downers Grove State IL Zip Code 60515-3319	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 47 / 101  
(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)  
Norman Kumins

Mailing Address 677 Duane St

City State Zip Code  
Glen Ellyn IL 60137-4611

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** DE79061486D4FC25DB9

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Norman Kumins

Mailing Address 677 Duane St

City State Zip Code  
Glen Ellyn IL 60137-4611

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2011

**Transaction ID:** 686277601102DE6FC5F

Amount of Each Receipt this Period  
39.00

**C.**

Full Name (Last, First, Middle Initial)  
Norman Kumins

Mailing Address 677 Duane St

City State Zip Code  
Glen Ellyn IL 60137-4611

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** BDF7A507E14FFC137CE

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 48 / 101

(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)

Norman Kumins

Mailing Address 677 Duane St

City

Glen Ellyn

State

IL

Zip Code

60137-4611

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: 48FDC88E86854098BA0

Amount of Each Receipt this Period

39.00

**B.**

Full Name (Last, First, Middle Initial)

Norman Kumins

Mailing Address 677 Duane St

City

Glen Ellyn

State

IL

Zip Code

60137-4611

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: CBBA601044A7D6271B5

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)

Norman Kumins

Mailing Address 677 Duane St

City

Glen Ellyn

State

IL

Zip Code

60137-4611

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: 17B408F6A2843B4F71A

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 49 / 101  
(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)  
Norman Kumins

Mailing Address 677 Duane St

City State Zip Code  
Glen Ellyn IL 60137-4611

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** 5051C0C2BD2C6A6270D

Amount of Each Receipt this Period  
39.00

**B.**

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

Mailing Address 1312 S Ridge Rd

City State Zip Code  
Willowbrook IL 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  
MM / DD / YYYY  
05 / 12 / 2011

**Transaction ID:** 2EF7521609801FBCD7E

Amount of Each Receipt this Period  
20.83

**C.**

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

Mailing Address 1312 S Ridge Rd

City State Zip Code  
Willowbrook IL 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  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** F57063C7C1880719EF1

Amount of Each Receipt this Period  
20.83

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 101
	<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) David Labotka		Date of Receipt
	Mailing Address 1312 S Ridge Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 09 / 2011
	City	State	Zip Code
	Willowbrook	IL	60527-1896
	FEC ID number of contributing federal political committee.		Transaction ID: FE61A09B1B262FEC400
		Amount of Each Receipt this Period	<input type="text"/> 20.83
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"/> 249.96

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd Lavigne		Date of Receipt
	Mailing Address 2034 W Walton St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 17 / 2011
	City	State	Zip Code
	Chicago	IL	60622-4960
	FEC ID number of contributing federal political committee.		Transaction ID: C7DF25B67C5288D99AD
		Amount of Each Receipt this Period	<input type="text"/> 40.00
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 ▼	<input type="text"/> 480.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Lavigne		Date of Receipt
	Mailing Address 2034 W Walton St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 01 / 2011
	City	State	Zip Code
	Chicago	IL	60622-4960
	FEC ID number of contributing federal political committee.		Transaction ID: 6DA88C42CF8B0EA29A2
		Amount of Each Receipt this Period	<input type="text"/> 40.00
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 ▼	<input type="text"/> 480.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 100.83
<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 51 / 101  
(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)  
Todd Lavigne

Mailing Address 2034 W Walton St

City State Zip Code  
Chicago IL 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: 04 / 14 / 2011  
**Transaction ID:** B18DDAC5E4CE4E3C6E2

Amount of Each Receipt this Period: 40.00

**B.**

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

Mailing Address 2034 W Walton St

City State Zip Code  
Chicago IL 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: 04 / 28 / 2011  
**Transaction ID:** 30AE6326C05075D81EB

Amount of Each Receipt this Period: 40.00

**C.**

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

Mailing Address 2034 W Walton St

City State Zip Code  
Chicago IL 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: 05 / 12 / 2011  
**Transaction ID:** 9C43353B5E64950A57A

Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 101
	<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) Todd Lavigne		Date of Receipt
	Mailing Address 2034 W Walton St		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Chicago	IL	60622-4960
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 34757EFB12F6545BD59
Name of Employer DuPage Medical Group, Ltd.		Occupation Senior Director of IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	<input type="text" value="40.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd Lavigne		Date of Receipt
	Mailing Address 2034 W Walton St		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Chicago	IL	60622-4960
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> E60C603B4590868E26F
Name of Employer DuPage Medical Group, Ltd.		Occupation Senior Director of IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	<input type="text" value="40.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Aaron Lazar		Date of Receipt
	Mailing Address 1564 Abbotsford Dr		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Naperville	IL	60563-2088
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 88228116E887320324A
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="105.00"/>
<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 53 / 101  
(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)  
Aaron Lazar

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 12 / 2011

**Transaction ID:** A933B9545956F72BE38

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Aaron Lazar

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2011

**Transaction ID:** 2E9B29EA5811F8AE6AA

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Aaron Lazar

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 09 / 2011

**Transaction ID:** 80D4AD63D49C914F6AF

Amount of Each Receipt this Period 25.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 101

(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)  
Thomas Lee

Mailing Address 385 Maple St

City State Zip Code  
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: E2B1FC6625DE802FC3A

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 385 Maple St

City State Zip Code  
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: 1F187848546867EFD7F

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 819 E Hillside Rd

City State Zip Code  
Naperville IL 60540-6806

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 ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

Transaction ID: E14C29596A6F0A91162

Amount of Each Receipt this Period  
21.00

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

61.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 101

(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)  
Steve Lieberman

Mailing Address 819 E Hillside Rd

City State Zip Code  
Naperville IL 60540-6806

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: 4D37C341FECB8808C28

Amount of Each Receipt this Period  
21.00

**B.**

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

Mailing Address 819 E Hillside Rd

City State Zip Code  
Naperville IL 60540-6806

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: 35A86448C8B3B4856F7

Amount of Each Receipt this Period  
21.00

**C.**

Full Name (Last, First, Middle Initial)  
Ernest Lizek

Mailing Address 416 S Sleight St

City State Zip Code  
Naperville IL 60540-5441

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 468.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: E796EC3C34898C82C2B

Amount of Each Receipt this Period  
39.00

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

81.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 101
	<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) Ernest Lizek	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 416 S Sleight St	<b>Transaction ID:</b> 1B17861887763FF0951
	City Naperville State IL Zip Code 60540-5441	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ernest Lizek	Date of Receipt MM / DD / YYYY 04 / 14 / 2011
	Mailing Address 416 S Sleight St	<b>Transaction ID:</b> 4979A0001CA2CCC5A75
	City Naperville State IL Zip Code 60540-5441	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ernest Lizek	Date of Receipt MM / DD / YYYY 04 / 28 / 2011
	Mailing Address 416 S Sleight St	<b>Transaction ID:</b> 8FD980F104A8CA08D7D
	City Naperville State IL Zip Code 60540-5441	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 101
	<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) Ernest Lizek		Date of Receipt
	Mailing Address 416 S Sleight 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 05 / 12 / 2011
	City	State	Zip Code
	Naperville	IL	60540-5441
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 806B9463B7E636ADB20
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00	<input type="text"/> 39.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ernest Lizek		Date of Receipt
	Mailing Address 416 S Sleight 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 05 / 26 / 2011
	City	State	Zip Code
	Naperville	IL	60540-5441
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 59CB1E6EE4607103A04
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00	<input type="text"/> 39.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ernest Lizek		Date of Receipt
	Mailing Address 416 S Sleight 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 06 / 09 / 2011
	City	State	Zip Code
	Naperville	IL	60540-5441
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 29AAF1C6F64C75E8980
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00	<input type="text"/> 39.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 117.00
<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 58 / 101  
(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)  
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  
0 5 / 2 6 / 2 0 1 1

**Transaction ID:** FFB469BFBA04AC47B54

Amount of Each Receipt this Period  
19.23

**B.**

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  
0 6 / 0 9 / 2 0 1 1

**Transaction ID:** 90092838E635AA25DC6

Amount of Each Receipt this Period  
19.23

**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  
0 5 / 2 6 / 2 0 1 1

**Transaction ID:** C35B51C1162ECBA41AB

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **58.46**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 101  
(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)  
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  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** 11A0893ECE7537BE575

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 1801 S Highland Ave

City State Zip Code  
Lombard IL 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** 1C7080FBC6AFF2E3F8F

Amount of Each Receipt this Period  
39.00

**C.**

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

Mailing Address 1801 S Highland Ave

City State Zip Code  
Lombard IL 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2011

**Transaction ID:** F53ACD571EE7ECCC9C8

Amount of Each Receipt this Period  
39.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 101
	<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) M. Paul Meyer	Date of Receipt MM / DD / YYYY 04 / 14 / 2011
	Mailing Address 1801 S Highland Ave	<b>Transaction ID:</b> 38EF7BDE8382A50746F
	City Lombard State IL Zip Code 60148-4932	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) M. Paul Meyer	Date of Receipt MM / DD / YYYY 04 / 28 / 2011
	Mailing Address 1801 S Highland Ave	<b>Transaction ID:</b> 4DA80FD350ED97FE927
	City Lombard State IL Zip Code 60148-4932	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) M. Paul Meyer	Date of Receipt MM / DD / YYYY 05 / 12 / 2011
	Mailing Address 1801 S Highland Ave	<b>Transaction ID:</b> 76F1CD7EEA378A89AE8
	City Lombard State IL Zip Code 60148-4932	Amount of Each Receipt this Period 39.00
	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 ▼ 468.00	

<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: PAGE 61 / 101  
(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 ▼ 468.00

Date of Receipt 05 / 26 / 2011

**Transaction ID:** B06E23BAC4E9C61C0EC

Amount of Each Receipt this Period 39.00

**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 ▼ 468.00

Date of Receipt 06 / 09 / 2011

**Transaction ID:** 4FE3BC6E30EDC5CB90F

Amount of Each Receipt this Period 39.00

**C.**

Full Name (Last, First, Middle Initial)  
Yoko Momoyama

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 ▼ 468.00

Date of Receipt 03 / 17 / 2011

**Transaction ID:** EEC11E1810F9563CAA1

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 62 / 101  
(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)  
Yoko Momoyama  
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 ▼ 468.00  
Date of Receipt 04 / 01 / 2011  
**Transaction ID:** B35F3CED753BE492C23  
Amount of Each Receipt this Period 39.00

**B.** Full Name (Last, First, Middle Initial)  
Yoko Momoyama  
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 ▼ 468.00  
Date of Receipt 04 / 14 / 2011  
**Transaction ID:** 90E9CE9A38B86E635D9  
Amount of Each Receipt this Period 39.00

**C.** Full Name (Last, First, Middle Initial)  
Yoko Momoyama  
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 ▼ 468.00  
Date of Receipt 04 / 28 / 2011  
**Transaction ID:** 1BAA868522E0FBB717D  
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 63 / 101  
(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)  
Yoko Momoyama

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 ▼ 468.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 2 / 2 0 1 1

**Transaction ID:** 8CC3B023510B69357B7

Amount of Each Receipt this Period  
 39.00

**B.**

Full Name (Last, First, Middle Initial)  
Yoko Momoyama

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 ▼ 468.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 6 / 2 0 1 1

**Transaction ID:** 81E6E3F0EAB2F63104C

Amount of Each Receipt this Period  
 39.00

**C.**

Full Name (Last, First, Middle Initial)  
Yoko Momoyama

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 ▼ 468.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 9 / 2 0 1 1

**Transaction ID:** 29FD3D0F79108CBBCE7

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 64 / 101  
(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)  
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 03 / 03 / 2011

**Transaction ID:** B9A5BB92636E77D3F52

Amount of Each Receipt this Period 45.00

**B.**

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 03 / 17 / 2011

**Transaction ID:** 0A1805942BFD974B6F1

Amount of Each Receipt this Period 45.00

**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 04 / 01 / 2011

**Transaction ID:** 77429271C17B0C9AC3D

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

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

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

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

FOR LINE NUMBER: PAGE 65 / 101  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** 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 04 / 14 / 2011  
**Transaction ID:** 577DE3231713BE62267  
 Amount of Each Receipt this Period 45.00

**B.** 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 04 / 28 / 2011  
**Transaction ID:** F76968CCDB0E3946B17  
 Amount of Each Receipt this Period 45.00

**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 05 / 12 / 2011  
**Transaction ID:** 568C78C74094A0ADBA9  
 Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 101

(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)  
Keith Monson

Mailing Address 612 Beaver Ct

City State Zip Code  
Naperville IL 60563-9782

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: E6E1E9EB5A726D019BF

Amount of Each Receipt this Period  
45.00

**B.**

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

Mailing Address 612 Beaver Ct

City State Zip Code  
Naperville IL 60563-9782

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: 73B06838B5D7C950381

Amount of Each Receipt this Period  
45.00

**C.**

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

Mailing Address 3753 King Williams Ct

City State Zip Code  
Saint Charles IL 60174-7806

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: 266FDE3154237666E0A

Amount of Each Receipt this Period  
20.00

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

110.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 101  
(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)  
Mark Nelson

Mailing Address 3753 King Williams Ct

City State Zip Code  
Saint Charles IL 60174-7806

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

Name of Employer 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 / 09 / 2011

**Transaction ID:** D093CA8A9988F525071

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Ravi Nemivant

Mailing Address 561 Hevern Dr

City State Zip Code  
Wheaton IL 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2011

**Transaction ID:** 94572FC897508EBB00D

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Ravi Nemivant

Mailing Address 561 Hevern Dr

City State Zip Code  
Wheaton IL 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2011

**Transaction ID:** 660BE5176B7423C619D

Amount of Each Receipt this Period  
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 68 / 101  
(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)  
Ravi Nemivant  
Mailing Address 561 Hevern Dr  
City State Zip Code  
Wheaton IL 60189-7396  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 26 / 2011  
Transaction ID: 0ADB62C554A6BFB64CE  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Ravi Nemivant  
Mailing Address 561 Hevern Dr  
City State Zip Code  
Wheaton IL 60189-7396  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 06 / 09 / 2011  
Transaction ID: 7BA345F841A37E8206F  
Amount of Each Receipt this Period 25.00

**C.** 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 05 / 26 / 2011  
Transaction ID: 50029EEFE3BE8C60BEC  
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: PAGE 69 / 101  
(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)  
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 / 09 / 2011

**Transaction ID:** 36FB8E383DA963845BA

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  
05 / 12 / 2011

**Transaction ID:** EBC27457AD92E206088

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  
05 / 26 / 2011

**Transaction ID:** D93482EE7A00452B5D6

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 70 / 101  
(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)  
Brian O'Leary  
Mailing Address 401 59th St  
City Downers Grove State IL Zip Code 60516-1440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00  
Date of Receipt 06 / 09 / 2011  
Transaction ID: 7CB0DBEC8BB11B192EA  
Amount of Each Receipt this Period 21.00

**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 04 / 28 / 2011  
Transaction ID: BE5C0E952C0CD5C5C72  
Amount of Each Receipt this Period 25.00

**C.** 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 05 / 12 / 2011  
Transaction ID: CFBEBEA21896A4A0866E  
Amount of Each Receipt this Period 25.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 101  
(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 05 / 26 / 2011  
**Transaction ID:** 994F1409B15C0AEF2B7  
 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 / 09 / 2011  
**Transaction ID:** B1E0291E8F068275A4C  
 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 05 / 26 / 2011  
**Transaction ID:** 6BC80455B10F08AAF08  
 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: PAGE 72 / 101

(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)  
Michael Pacetti

Mailing Address 16957 Burr Oak Dr

City State Zip Code  
Homer Glen IL 60491-6946

FEC ID number of contributing federal political committee. C

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** D5D40025BD66608AE2A

Amount of Each Receipt this Period 20.00

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

Mailing Address 1608 W North Ave Apt. 3

City State Zip Code  
Chicago IL 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 ▼ 468.00

Date of Receipt MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** 8D4F7CFF9D7E8CEBE72

Amount of Each Receipt this Period 39.00

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

Mailing Address 1608 W North Ave Apt. 3

City State Zip Code  
Chicago IL 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 ▼ 468.00

Date of Receipt MM / DD / YYYY  
04 / 01 / 2011

**Transaction ID:** 2C765EA04EED9460A02

Amount of Each Receipt this Period 39.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 101  
(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) Mathew Philip		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 1608 W North Ave Apt. 3		<b>Transaction ID:</b> 9FC60C199440980A8BD
City Chicago	State Zip Code IL 60622-2245	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

**B.**

Full Name (Last, First, Middle Initial) Mathew Philip		Date of Receipt MM / DD / YYYY 04 / 28 / 2011
Mailing Address 1608 W North Ave Apt. 3		<b>Transaction ID:</b> BC221166C287B412074
City Chicago	State Zip Code IL 60622-2245	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

**C.**

Full Name (Last, First, Middle Initial) Mathew Philip		Date of Receipt MM / DD / YYYY 05 / 12 / 2011
Mailing Address 1608 W North Ave Apt. 3		<b>Transaction ID:</b> 0D1E0DE67D48A5D38CA
City Chicago	State Zip Code IL 60622-2245	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00	

<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 74 / 101
	<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) Mathew Philip		Date of Receipt	
	Mailing Address 1608 W North Ave Apt. 3		M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> A45F75AB0001E385249
	Chicago	IL	60622-2245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		39.00	
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mathew Philip		Date of Receipt	
	Mailing Address 1608 W North Ave Apt. 3		M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> F129B5000368D1E7CA0
	Chicago	IL	60622-2245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		39.00	
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Pierson		Date of Receipt	
	Mailing Address 1800 N Main St		M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> EA1BC404919BC84CABD
	Wheaton	IL	60187-3112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		21.00	
	Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 101

(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)

Stephen Pierson

Mailing Address 1800 N Main St

City

Wheaton

State

IL

Zip Code

60187-3112

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: D968224CF118E98B9BF

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Pierson

Mailing Address 1800 N Main St

City

Wheaton

State

IL

Zip Code

60187-3112

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: E5E96D99CEB5B40A26A

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

John Porcelli

Mailing Address 1237 N Chicago Ave

City

Arlington Heights

State

IL

Zip Code

60004-4430

FEC ID number of contributing federal political committee.

C

Name of Employer  
DuPage Medical Group, Ltd.

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: 90D16390D5445752B6A

Amount of Each Receipt this Period

20.00

**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 76 / 101

(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)  
John Porcelli

Mailing Address 1237 N Chicago Ave

City State Zip Code  
Arlington Heights IL 60004-4430

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
06 / 09 / 2011

**Transaction ID:** A990104969D8FCE259E

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Soujanya Pulluru

Mailing Address 3908 Littlestone Cir

City State Zip Code  
Naperville IL 60564-5915

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
03 / 03 / 2011

**Transaction ID:** 38B612B872E94FEC9F9

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
Soujanya Pulluru

Mailing Address 3908 Littlestone Cir

City State Zip Code  
Naperville IL 60564-5915

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
03 / 17 / 2011

**Transaction ID:** A27F7FD93E055279194

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... 103.34

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 101  
(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)  
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 ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

**Transaction ID:** DA6DC3A08A13E7CC5DB

Amount of Each Receipt this Period  
41.67

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 1 1

**Transaction ID:** 13297383F3314E7B58B

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 500.04

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

**Transaction ID:** 815ADCFA13B9781563B

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.01**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 101  
(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)  
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 ▼ 500.04

Date of Receipt: 05 / 12 / 2011  
**Transaction ID:** 6886E55DBA256BAD422  
 Amount of Each Receipt this Period: 41.67

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 500.04

Date of Receipt: 05 / 26 / 2011  
**Transaction ID:** 92EA658150CAD991466  
 Amount of Each Receipt this Period: 41.67

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 500.04

Date of Receipt: 06 / 09 / 2011  
**Transaction ID:** 6EEF32745399CD83689  
 Amount of Each Receipt this Period: 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.01**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 101  
(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)  
Kevin Regan

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 03 / 17 / 2011

**Transaction ID:** B0C16E0907C964DC765

Amount of Each Receipt this Period 38.46

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Regan

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 04 / 01 / 2011

**Transaction ID:** 9C30AF8063C4B5BFC73

Amount of Each Receipt this Period 38.46

**C.**

Full Name (Last, First, Middle Initial)  
Kevin Regan

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 04 / 14 / 2011

**Transaction ID:** F484A23468B1C235F08

Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional) ..... ► **115.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 101
	<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) Kevin Regan		Date of Receipt
	Mailing Address 31808 Village Green Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 28 / 2011
	City	State	Zip Code
	Warrenville	IL	60555-5923
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A390D913B19BCC95CBF
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.52	<input type="text"/> 38.46

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Regan		Date of Receipt
	Mailing Address 31808 Village Green Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 12 / 2011
	City	State	Zip Code
	Warrenville	IL	60555-5923
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 51BD63B64791095F3E8
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.52	<input type="text"/> 38.46

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin Regan		Date of Receipt
	Mailing Address 31808 Village Green Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 26 / 2011
	City	State	Zip Code
	Warrenville	IL	60555-5923
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> BF4255DBC01BAE19F89
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 461.52	<input type="text"/> 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 115.38
<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: (check only one)	PAGE 81 / 101
	<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) Kevin Regan	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 31808 Village Green Ct	<b>Transaction ID:</b> DE9E6FAE2A5DC8DC077
	City Warrenville State IL Zip Code 60555-5923	Amount of Each Receipt this Period 38.46
	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 ▼ 461.52	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 05 / 26 / 2011
	Mailing Address 25164 Churchill Lane	<b>Transaction ID:</b> 4C6ED1161EB00261096
	City Glen Ellyn State IL Zip Code 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 / 09 / 2011
	Mailing Address 25164 Churchill Lane	<b>Transaction ID:</b> 5EA1E7475FAF25BD510
	City Glen Ellyn State IL Zip Code 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) .....	▶	76.96
<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 82 / 101  
(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) Yasser Said		Date of Receipt MM / DD / YYYY 03 / 17 / 2011
Mailing Address 914 W Hubbard St Apt. 202		<b>Transaction ID:</b> 949846F5E9A0A2BFA8F
City Chicago	State Zip Code IL 60642-7500	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 468.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Yasser Said		Date of Receipt MM / DD / YYYY 04 / 01 / 2011
Mailing Address 914 W Hubbard St Apt. 202		<b>Transaction ID:</b> 217EFE37B7C4A1C3AB6
City Chicago	State Zip Code IL 60642-7500	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 468.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Yasser Said		Date of Receipt MM / DD / YYYY 04 / 14 / 2011
Mailing Address 914 W Hubbard St Apt. 202		<b>Transaction ID:</b> 830968D7A812EA15E7B
City Chicago	State Zip Code IL 60642-7500	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 468.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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: PAGE 83 / 101  
(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) Yasser Said		Date of Receipt MM / DD / YYYY 04 / 28 / 2011
Mailing Address 914 W Hubbard St Apt. 202		<b>Transaction ID:</b> 75538982133A64EFE30
City Chicago	State Zip Code IL 60642-7500	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 468.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Yasser Said		Date of Receipt MM / DD / YYYY 05 / 12 / 2011
Mailing Address 914 W Hubbard St Apt. 202		<b>Transaction ID:</b> 55F9BBDD90A28355295
City Chicago	State Zip Code IL 60642-7500	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 468.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Yasser Said		Date of Receipt MM / DD / YYYY 05 / 26 / 2011
Mailing Address 914 W Hubbard St Apt. 202		<b>Transaction ID:</b> E64267C70DDB4CC52C9
City Chicago	State Zip Code IL 60642-7500	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 468.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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: PAGE 84 / 101  
(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)  
Yasser Said

Mailing Address 914 W Hubbard St  
Apt. 202

City State Zip Code  
Chicago IL 60642-7500

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2011

**Transaction ID:** EFBF83394A6C7CD9C1B

Amount of Each Receipt this Period  
39.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Schmitz

Mailing Address 743 Godair Cir

City State Zip Code  
Hinsdale IL 60521-8104

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

Name of Employer 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  
05 / 26 / 2011

**Transaction ID:** C1EDE46AEC6FE793B44

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Schmitz

Mailing Address 743 Godair Cir

City State Zip Code  
Hinsdale IL 60521-8104

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

Name of Employer 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 / 09 / 2011

**Transaction ID:** 7D6754A3950CB4DD593

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 101  
(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  
05 / 26 / 2011

**Transaction ID:** 5208D55F87D2DED18A2

Amount of Each Receipt this Period  
19.23

**B.**

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 / 09 / 2011

**Transaction ID:** 778CAAB02C66CB6E056

Amount of Each Receipt this Period  
19.23

**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  
03 / 03 / 2011

**Transaction ID:** 85C87F5F254CBA36A19

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.13**

**TOTAL** This Period (last page this line 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 86 / 101  
(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)  
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 M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 1  
Transaction ID: 3C31123B3A8AF426205  
Amount of Each Receipt this Period 41.67

**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 M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 1 1  
Transaction ID: F5E96B3EE944686B4E2  
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 M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 1 1  
Transaction ID: C37BACF08740E867F80  
Amount of Each Receipt this Period 41.67

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 101  
(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)  
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  /  /   
**Transaction ID:** 25F1DB85C71476A9703

Amount of Each Receipt this Period 41.67

**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  /  /   
**Transaction ID:** D999CEAF8E8E885DA

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  /  /   
**Transaction ID:** FCAA3B08A49F6A062D

Amount of Each Receipt this Period 41.67

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

**TOTAL** This Period (last page this line 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 88 / 101  
(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)  
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  
M M / D D / Y Y Y Y  
06 / 09 / 2011

**Transaction ID:** 3A2CB028C21505DB6EC

Amount of Each Receipt this Period  
41.67

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

Mailing Address 1404 Chelsea Ln

City State Zip Code  
Naperville IL 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2011

**Transaction ID:** 031A0C6BEB28E6C10F3

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1404 Chelsea Ln

City State Zip Code  
Naperville IL 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2011

**Transaction ID:** 27662D49866BFB13E3B

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.67**

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

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

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

FOR LINE NUMBER: PAGE 89 / 101  
(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)  
Lenora Su

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 12 / 2011  
**Transaction ID:** 3B246CB2D4376FF1128  
 Amount of Each Receipt this Period 39.00

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

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 26 / 2011  
**Transaction ID:** 7D7772ECE2942E87EA4  
 Amount of Each Receipt this Period 39.00

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

Mailing Address 1404 Chelsea Ln

City Naperville State IL Zip Code 60565-1612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 09 / 2011  
**Transaction ID:** A320CC60DC835E4157D  
 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 90 / 101  
(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)  
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: CCA222BDABE6C2E7F27

Amount of Each Receipt this Period 39.00

**B.**

Full Name (Last, First, Middle Initial)  
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt MM / DD / YYYY  
04 / 01 / 2011

Transaction ID: DC1EB3E9947CA6435A4

Amount of Each Receipt this Period 39.00

**C.**

Full Name (Last, First, Middle Initial)  
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt MM / DD / YYYY  
04 / 14 / 2011

Transaction ID: DA1E9835CF29AEB3E58

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 91 / 101  
(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)  
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2011

**Transaction ID:** AF80B8074C8359129DB

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2011

**Transaction ID:** D0BCAFD8340469CFDDA

Amount of Each Receipt this Period  
39.00

**C.**

Full Name (Last, First, Middle Initial)  
Araldo Torres

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** 2A27BCB7677F550319E

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 92 / 101  
(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)  
Arnaldo Torres

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** 5622A1ABCF4CF36197F

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Towers

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2011

**Transaction ID:** 4E0932B4F22F1EB32D4

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Towers

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** 9D3045B5EF946ADB34A

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 93 / 101  
(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)  
Joseph Towers  
Mailing Address 412 S Columbia St  
City Naperville State IL Zip Code 60540-5418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04  
Date of Receipt 04 / 01 / 2011  
Transaction ID: 6678A9E1B43CA3C1704  
Amount of Each Receipt this Period 41.67

**B.** Full Name (Last, First, Middle Initial)  
Joseph Towers  
Mailing Address 412 S Columbia St  
City Naperville State IL Zip Code 60540-5418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04  
Date of Receipt 04 / 14 / 2011  
Transaction ID: 644F6551C091D0DE2E6  
Amount of Each Receipt this Period 41.67

**C.** Full Name (Last, First, Middle Initial)  
Joseph Towers  
Mailing Address 412 S Columbia St  
City Naperville State IL Zip Code 60540-5418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.04  
Date of Receipt 04 / 28 / 2011  
Transaction ID: 02C3CE4612817B38F76  
Amount of Each Receipt this Period 41.67

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 101  
(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)  
Joseph Towers

Mailing Address 412 S Columbia St

City Naperville State IL Zip Code 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 05 / 12 / 2011

**Transaction ID:** AE66AFC1D5F7620971E

Amount of Each Receipt this Period 41.67

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Towers

Mailing Address 412 S Columbia St

City Naperville State IL Zip Code 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 05 / 26 / 2011

**Transaction ID:** 7909F0993A0C69D481B

Amount of Each Receipt this Period 41.67

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Towers

Mailing Address 412 S Columbia St

City Naperville State IL Zip Code 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 09 / 2011

**Transaction ID:** 4CB7D42383CAB864188

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.01**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 101  
(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)  
Feodor Ung

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt: 03 / 17 / 2011  
**Transaction ID:** E6772B3296A3BACD3C7  
 Amount of Each Receipt this Period 39.00

**B.**

Full Name (Last, First, Middle Initial)  
Feodor Ung

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt: 04 / 01 / 2011  
**Transaction ID:** 871FC7288F354FAFB20  
 Amount of Each Receipt this Period 39.00

**C.**

Full Name (Last, First, Middle Initial)  
Feodor Ung

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt: 04 / 14 / 2011  
**Transaction ID:** 3546C5C50DF04552E61  
 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 96 / 101  
(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)  
Feodor Ung

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt 04 / 28 / 2011  
**Transaction ID:** 6AC1B89C5E752E60FFE

Amount of Each Receipt this Period 39.00

**B.**

Full Name (Last, First, Middle Initial)  
Feodor Ung

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt 05 / 12 / 2011  
**Transaction ID:** D6B0C1A20D9DA477BE1

Amount of Each Receipt this Period 39.00

**C.**

Full Name (Last, First, Middle Initial)  
Feodor Ung

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt 05 / 26 / 2011  
**Transaction ID:** 2D005917A3227A70945

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 97 / 101  
(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)  
Feodor Ung

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt 06 / 09 / 2011  
Transaction ID: 65C4D00DA60CCF9794D  
Amount of Each Receipt this Period 39.00

**B.** Full Name (Last, First, Middle Initial)  
Van Vallina

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 ▼ 468.00

Date of Receipt 03 / 17 / 2011  
Transaction ID: 74EFB9472F76D6ADC93  
Amount of Each Receipt this Period 39.00

**C.** Full Name (Last, First, Middle Initial)  
Van Vallina

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 ▼ 468.00

Date of Receipt 04 / 01 / 2011  
Transaction ID: 8AA68B0E96A291C5D48  
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 98 / 101

(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)  
Van Vallina

Mailing Address 241 Lorraine St

City State Zip Code  
Glen Ellyn IL 60137-5326

FEC ID number of contributing federal political committee. C

Name of Employer  
DuPage Medical Group, Ltd. Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt 04 / 14 / 2011

**Transaction ID:** 3F93F85F6D3153CEDE0

Amount of Each Receipt this Period 39.00

**B.**

Full Name (Last, First, Middle Initial)  
Van Vallina

Mailing Address 241 Lorraine St

City State Zip Code  
Glen Ellyn IL 60137-5326

FEC ID number of contributing federal political committee. C

Name of Employer  
DuPage Medical Group, Ltd. Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt 04 / 28 / 2011

**Transaction ID:** EB751C7B027CAC3B995

Amount of Each Receipt this Period 39.00

**C.**

Full Name (Last, First, Middle Initial)  
Van Vallina

Mailing Address 241 Lorraine St

City State Zip Code  
Glen Ellyn IL 60137-5326

FEC ID number of contributing federal political committee. C

Name of Employer  
DuPage Medical Group, Ltd. Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt 05 / 12 / 2011

**Transaction ID:** 02F4644DAB426626F1C

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 99 / 101  
(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)  
Van Vallina

Mailing Address 241 Lorraine St

City State Zip Code  
Glen Ellyn IL 60137-5326

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
468.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** D01F128A2C66C824819

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Van Vallina

Mailing Address 241 Lorraine St

City State Zip Code  
Glen Ellyn IL 60137-5326

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
468.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** E2375E581630E9DAA2E

Amount of Each Receipt this Period  
39.00

**C.**

Full Name (Last, First, Middle Initial)  
Jaime Villanueva

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** 6B686B7414972D96FFC

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 101  
(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)  
Jaime Villanueva

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

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

Name of Employer 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 / 09 / 2011

**Transaction ID:** 9BC1D64855B5C9F749A

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 132 E Fremont Ave

City State Zip Code  
Elmhurst IL 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  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** 580F20A2EE42EBB945E

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 132 E Fremont Ave

City State Zip Code  
Elmhurst IL 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  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID:** BBB84B1C2983582D7C7

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: <span style="float: right;">PAGE 101 / 101</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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andrew Yu</p> <p>Mailing Address 1601 S Highland Ave</p> <p>City State Zip Code Lombard IL 60148-4928</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">249.96</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 12 / 2011</span></p> <p><b>Transaction ID:</b> 73A930954F82C0389D3</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.83</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Andrew Yu</p> <p>Mailing Address 1601 S Highland Ave</p> <p>City State Zip Code Lombard IL 60148-4928</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">249.96</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 26 / 2011</span></p> <p><b>Transaction ID:</b> 4B559065BADA055FF33</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.83</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Andrew Yu</p> <p>Mailing Address 1601 S Highland Ave</p> <p>City State Zip Code Lombard IL 60148-4928</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer DuPage Medical Group, Ltd.      Occupation Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">249.96</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 09 / 2011</span></p> <p><b>Transaction ID:</b> 40ED5E91AF578FAC1F4</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.83</span></p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<span style="border: 1px solid black; padding: 2px;">62.49</span>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<span style="border: 1px solid black; padding: 2px;">11744.62</span>