

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 25 2008 through 12 31 2008

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

Signature of Treasurer Electronically Filed by Mary Goldsher Date 01 30 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		8503.52
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	16602.62									
(c) Total Receipts (from Line 19)	2539.70	20138.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19142.32	28642.32								
7. Total Disbursements (from Line 31)	0.00	9500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19142.32	19142.32								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2247.20	14013.13
(i) Itemized (use Schedule A)	292.50	6125.67
(ii) Unitemized	2539.70	20138.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2539.70	20138.80
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))	2539.70	20138.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2539.70	20138.80

DETAILED SUMMARY PAGE

of Disbursements

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3000.00
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	6500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	9500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	9500.00

DETAILED SUMMARY PAGE
of Disbursements

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)	2539.70	20138.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2539.70	20138.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35
(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)
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 ▼ 354.28

Date of Receipt M M / D D / Y Y Y Y
12 / 05 / 2008

Transaction ID: e59cfa0e8e52aec2c50

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 ▼ 354.28

Date of Receipt M M / D D / Y Y Y Y
12 / 16 / 2008

Transaction ID: d8b64cb83cf60d4c988

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 ▼ 354.28

Date of Receipt M M / D D / Y Y Y Y
12 / 30 / 2008

Transaction ID: a02663d6c7929d89779

Amount of Each Receipt this Period 20.84

SUBTOTAL of Receipts This Page (optional) 62.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Erik Baier		Date of Receipt
	Mailing Address 949 Euclid Avenue		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elmhurst	IL	60126-5104
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Chief Operating Officer	Transaction ID: 98b3c2a011f8ae653b5
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="520.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Erik Baier		Date of Receipt
	Mailing Address 949 Euclid Avenue		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elmhurst	IL	60126-5104
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Chief Operating Officer	Transaction ID: 3900b4c2f3a29c9e645
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="520.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Erik Baier		Date of Receipt
	Mailing Address 949 Euclid Avenue		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elmhurst	IL	60126-5104
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Chief Operating Officer	Transaction ID: 28b04351ae6effeac2d
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="520.00"/>	<input type="text" value="20.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<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) Edward Carne	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 6225 Blue Spruce Ct	Transaction ID: 4c65e6e9a055718e8da
	City State Zip Code Long Grove IL 60047-5160	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 Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 520.00	

B.	Full Name (Last, First, Middle Initial) Edward Carne	Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address 6225 Blue Spruce Ct	Transaction ID: 60ff136e0b2fdbaf21f
	City State Zip Code Long Grove IL 60047-5160	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 Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 520.00	

C.	Full Name (Last, First, Middle Initial) Edward Carne	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 6225 Blue Spruce Ct	Transaction ID: d8afb5362da9a636521
	City State Zip Code Long Grove IL 60047-5160	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 Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 520.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 35

(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)
Mark Daniels

Mailing Address 57 Muirfield Circle

City State Zip Code
Wheaton IL 60187-2737

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt MM / DD / YYYY
12 / 05 / 2008

Transaction ID: 5fbaca1bb26a48f4328

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 57 Muirfield Circle

City State Zip Code
Wheaton IL 60187-2737

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt MM / DD / YYYY
12 / 16 / 2008

Transaction ID: 1d4c50bd3c6bd21a0a0

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 57 Muirfield Circle

City State Zip Code
Wheaton IL 60187-2737

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt MM / DD / YYYY
12 / 30 / 2008

Transaction ID: ced9062e241ffbdaaac

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 10 / 35
	<input checked="" 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) Terry Donat		Date of Receipt
	Mailing Address 561 Riford Road		<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 1 2 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Glen Ellyn	IL	60137-4236
	FEC ID number of contributing federal political committee. C		Transaction ID: 0f505e1c2bc651166a5
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 ▼ 520.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Terry Donat		Date of Receipt
	Mailing Address 561 Riford Road		<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 1 2 / 1 6 / 2 0 0 8
	City	State	Zip Code
	Glen Ellyn	IL	60137-4236
	FEC ID number of contributing federal political committee. C		Transaction ID: 7519b7ce1604194fae3
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 ▼ 520.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Terry Donat		Date of Receipt
	Mailing Address 561 Riford Road		<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 1 2 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Glen Ellyn	IL	60137-4236
	FEC ID number of contributing federal political committee. C		Transaction ID: aeb266a50440db2717a
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 ▼ 520.00	<input type="text"/> 20.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 35
(check only one)

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

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

A.

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

Mailing Address 211 Palamino PI

City State Zip Code
Wheaton IL 60187-1046

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: 510b8a3b90b6f8818a8

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 60187-1046

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 9011eb3d3d61c9bb273

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 60187-1046

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 3d40c76cbaf585fd3e4

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 35
	<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) Thomas Gallagher	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 1105 Adolia Street	Transaction ID: 9097953fd61fe8a5b07
	City Downers Grove State IL Zip Code 60516-2830	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98	

B.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address 1105 Adolia Street	Transaction ID: afa69e8db40853c1bb3
	City Downers Grove State IL Zip Code 60516-2830	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98	

C.	Full Name (Last, First, Middle Initial) Thomas Gallagher	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 1105 Adolia Street	Transaction ID: 1c1fd04139a5c31c6a4
	City Downers Grove State IL Zip Code 60516-2830	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98	

SUBTOTAL of Receipts This Page (optional)	57.69
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 35
(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 Lane

City Naperville State IL Zip Code 60565-5387

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

Name of Employer DuPage Medical Group, Ltd. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 5 / 2 0 0 8

Transaction ID: 8394a13b1b26481fdca

Amount of Each Receipt this Period
 20.00

B.

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

Mailing Address 536 Mayfair Lane

City Naperville State IL Zip Code 60565-5387

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

Name of Employer DuPage Medical Group, Ltd. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 0 8

Transaction ID: 3df8221273e582933a8

Amount of Each Receipt this Period
 20.00

C.

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

Mailing Address 536 Mayfair Lane

City Naperville State IL Zip Code 60565-5387

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

Name of Employer DuPage Medical Group, Ltd. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 8

Transaction ID: 9cb3ae5834073cbb0af

Amount of Each Receipt this Period
 20.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 12 / 05 / 2008		
	Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: 1ec50739b9d9c669be9		
	City Oakbrook Terrace	State IL	Zip Code 60181	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00			

B.	Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 12 / 16 / 2008		
	Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: 3a16923f132752aeab6		
	City Oakbrook Terrace	State IL	Zip Code 60181	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00			

C.	Full Name (Last, First, Middle Initial) L. Douglas Graham		Date of Receipt MM / DD / YYYY 12 / 30 / 2008		
	Mailing Address 15224 Summit Ave. Ste. 107		Transaction ID: 9c73f49b99aa926ccb1		
	City Oakbrook Terrace	State IL	Zip Code 60181	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DuPage Medical Group	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1092.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 35
	<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		Date of Receipt
	Mailing Address 8207 Gruener Ct		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Palos Hills	IL	60465-2200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group		Occupation Physician	Transaction ID: e46ec3da98c10f3b85a
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="2600.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt
	Mailing Address 8207 Gruener Ct		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Palos Hills	IL	60465-2200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group		Occupation Physician	Transaction ID: 53ab3a453419966bfb1
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="2600.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt
	Mailing Address 8207 Gruener Ct		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Palos Hills	IL	60465-2200
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group		Occupation Physician	Transaction ID: c69c94e1ce1f6e72aaf
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="2600.00"/>	<input type="text" value="100.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 35
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
Mailing Address 1962 Hampton Avenue		Transaction ID: 1a5330ea921c35706c0
City Wheaton	State IL	Zip Code 60187-1020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.42	

B.

Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt MM / DD / YYYY 12 / 16 / 2008
Mailing Address 1962 Hampton Avenue		Transaction ID: 072a64e91abc0817d10
City Wheaton	State IL	Zip Code 60187-1020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.42	

C.

Full Name (Last, First, Middle Initial) James Hermann		Date of Receipt MM / DD / YYYY 12 / 30 / 2008
Mailing Address 1962 Hampton Avenue		Transaction ID: 492f5471a0026345e97
City Wheaton	State IL	Zip Code 60187-1020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.42	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 35
	<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) Richard Krouse		Date of Receipt
	Mailing Address 4720 Lee Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Downers Grove	IL	60515-3319
	FEC ID number of contributing federal political committee. C		Transaction ID: 89aa077c22b0694164b
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"/> 520.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Richard Krouse		Date of Receipt
	Mailing Address 4720 Lee Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 6 / 2 0 0 8
	City	State	Zip Code
	Downers Grove	IL	60515-3319
	FEC ID number of contributing federal political committee. C		Transaction ID: 22b00ad53cd2641cd18
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"/> 520.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Richard Krouse		Date of Receipt
	Mailing Address 4720 Lee Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Downers Grove	IL	60515-3319
	FEC ID number of contributing federal political committee. C		Transaction ID: 0df8a0e63854b62d953
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"/> 520.00	<input type="text"/> 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 35
	<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		Date of Receipt	
	Mailing Address 2034 W Walton St		M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: d65256953a9e1914251
	Chicago	IL	60622-4960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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 ▼ 800.00		

B.	Full Name (Last, First, Middle Initial) Todd Lavigne		Date of Receipt	
	Mailing Address 2034 W Walton St		M M / D D / Y Y Y Y Y 1 2 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 5c102cece1cf1044ebb
	Chicago	IL	60622-4960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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 ▼ 800.00		

C.	Full Name (Last, First, Middle Initial) Todd Lavigne		Date of Receipt	
	Mailing Address 2034 W Walton St		M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: a756b4102a4d03ad4cc
	Chicago	IL	60622-4960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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 ▼ 800.00		

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 19 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Aaron Lazar		Date of Receipt
	Mailing Address 1564 Abbotsford		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Naperville	IL	60563-2088
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Transaction ID: b3ce9825bb87e105c8a
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="260.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Aaron Lazar		Date of Receipt
	Mailing Address 1564 Abbotsford		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Naperville	IL	60563-2088
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Transaction ID: 9ae0b408003f92830cd
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="260.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) Aaron Lazar		Date of Receipt
	Mailing Address 1564 Abbotsford		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Naperville	IL	60563-2088
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Transaction ID: 102727c13b7fb229d77
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="260.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 35
(check only one)

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

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

A.

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

Mailing Address 6105 Timber Ridge Ct

City State Zip Code
Indian Head Park IL 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: 356063ad8466d02bbed

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 ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: f2c0130c3e26bfa9aae

Amount of Each Receipt this Period
19.23

C.

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 ▼ 461.52

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 80a577483e1e1315d4b

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 35
(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)
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 ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: cde6fb068e069ec6eda

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 8d417c05f24fc196b26

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 86f29c6940788ab9637

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 22 / 35
(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)
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 ▼ 1170.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: cb9b1bf1631f4945752

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 ▼ 1170.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 1769236d41bb76b1061

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 ▼ 1170.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 24eecfbc481b210ddb1

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 23 / 35
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mark Nelson	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 3753 King William Court	Transaction ID: 7e90c21d71300e27423
	City State Zip Code Saint Charles IL 60174-7806	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 520.00	

B.	Full Name (Last, First, Middle Initial) Mark Nelson	Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address 3753 King William Court	Transaction ID: 3e6ebf3301e9e22d4fd
	City State Zip Code Saint Charles IL 60174-7806	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 520.00	

C.	Full Name (Last, First, Middle Initial) Mark Nelson	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 3753 King William Court	Transaction ID: 8d48734e18df7e4c360
	City State Zip Code Saint Charles IL 60174-7806	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 520.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 35
(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)
Ravi Nemivant

Mailing Address 561 Hevern Dr

City State Zip Code
Wheaton IL 60187-7396

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: afdc8007a3b2b06f581

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 60187-7396

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 6ec87ffd37bee6ca73e

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 60187-7396

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: a04fe2a6c74176ab5f9

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 35
	<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) Brian O'Leary		Date of Receipt
	Mailing Address 401 59th Street		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Downers Grove	IL	60516-1440
	FEC ID number of contributing federal political committee.		Transaction ID: f208d5e7187cadd226d
		Amount of Each Receipt this Period	<input type="text" value="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 ▼	<input type="text" value="546.00"/>

B.	Full Name (Last, First, Middle Initial) Brian O'Leary		Date of Receipt
	Mailing Address 401 59th Street		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Downers Grove	IL	60516-1440
	FEC ID number of contributing federal political committee.		Transaction ID: 642e4ec24d6ccf8543f
		Amount of Each Receipt this Period	<input type="text" value="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 ▼	<input type="text" value="546.00"/>

C.	Full Name (Last, First, Middle Initial) Brian O'Leary		Date of Receipt
	Mailing Address 401 59th Street		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Downers Grove	IL	60516-1440
	FEC ID number of contributing federal political committee.		Transaction ID: c7a6b13ab43f88b844e
		Amount of Each Receipt this Period	<input type="text" value="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 ▼	<input type="text" value="546.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="63.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 35

(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 State Zip Code
Hinsdale IL 60521-4453

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

Name of Employer Occupation
DuPage Medical Group Physician/Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: 2866d66c4652f60dd58

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)

James Oakley

Mailing Address 605 S Grant St

City State Zip Code
Hinsdale IL 60521-4453

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

Name of Employer Occupation
DuPage Medical Group Physician/Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: 1eac4d082cc1b523f93

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)

James Oakley

Mailing Address 605 S Grant St

City State Zip Code
Hinsdale IL 60521-4453

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

Name of Employer Occupation
DuPage Medical Group Physician/Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: c22898f55469fd27b01

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 27 / 35
(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 Pacetti		Date of Receipt MM / DD / YYYY 12 / 05 / 2008
Mailing Address 16957 Burr Oak Dr		Transaction ID: 21172b583563c6e6a38
City Homer Glen	State Zip Code IL 60491-6946	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.

Full Name (Last, First, Middle Initial) Michael Pacetti		Date of Receipt MM / DD / YYYY 12 / 16 / 2008
Mailing Address 16957 Burr Oak Dr		Transaction ID: 6a43f169ceee4a25846
City Homer Glen	State Zip Code IL 60491-6946	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.

Full Name (Last, First, Middle Initial) Michael Pacetti		Date of Receipt MM / DD / YYYY 12 / 30 / 2008
Mailing Address 16957 Burr Oak Dr		Transaction ID: 9919978d5180a5069ee
City Homer Glen	State Zip Code IL 60491-6946	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 35
	<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 Porcelli	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 1237 N. Chicago	Transaction ID: 0daaea91ca5ed274354
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 520.00	

B.	Full Name (Last, First, Middle Initial) John Porcelli	Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address 1237 N. Chicago	Transaction ID: 8bdd8d10fbedcc46ec3
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 520.00	

C.	Full Name (Last, First, Middle Initial) John Porcelli	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 1237 N. Chicago	Transaction ID: 6395c91556a8abfc679
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 520.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 35
	<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) Susan Ruzek	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 25164 Churchill Lane	Transaction ID: c5e9dd8743cf5585029
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	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 385.00	

B.	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address 25164 Churchill Lane	Transaction ID: 3488c426ff63e6041c9
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	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 385.00	

C.	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 25164 Churchill Lane	Transaction ID: 56d93e99c28abee93f2
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	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 385.00	

SUBTOTAL of Receipts This Page (optional)	57.75
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 35
(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)
Steven Schmitz

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 05 / 2008

Transaction ID: 8ee44eefd2b3dc8668c

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Steven Schmitz

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 16 / 2008

Transaction ID: 67b77bd4e4430d0a574

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Steven Schmitz

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 30 / 2008

Transaction ID: 1891e4edf92d60077e9

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 31 / 35
(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 ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: 4b9e5972102ce45ab11

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 ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: b2044b220e71ce07e3f

Amount of Each Receipt this Period
19.23

C.

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 ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: 1b55042d110a3a2d851

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **57.69**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 35
	<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		Date of Receipt	
	Mailing Address 229 Wren Ct		M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 94a5136c33cef3be2df
	Bloomingtondale	IL	60108-1433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Araldo Torres		Date of Receipt	
	Mailing Address 229 Wren Ct		M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 94c31d18039ac9a8454
	Bloomingtondale	IL	60108-1433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.84	
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Araldo Torres		Date of Receipt	
	Mailing Address 229 Wren Ct		M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: b7f4903cba0e4170bd9
	Bloomingtondale	IL	60108-1433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.68	
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	62.36
TOTAL This Period (last page this line 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 33 / 35
(check only one)

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

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

A.

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

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 5 / 2 0 0 8

Transaction ID: 328d83277b07d05f93b

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 0 8

Transaction ID: f6168556857225d0137

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 8

Transaction ID: 3edff22ac6b00171db0

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 35
	<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) Andrew Yu	Date of Receipt MM / DD / YYYY 12 / 05 / 2008
	Mailing Address 1601 S Highland Ave	Transaction ID: e1396172ce3b0ce6f3a
	City State Zip Code Lombard IL 60148-4928	Amount of Each Receipt this Period 20.83
	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 ▼ 291.62	

B.	Full Name (Last, First, Middle Initial) Andrew Yu	Date of Receipt MM / DD / YYYY 12 / 16 / 2008
	Mailing Address 1601 S Highland Ave	Transaction ID: 7f8cd2818060960fa09
	City State Zip Code Lombard IL 60148-4928	Amount of Each Receipt this Period 20.83
	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 ▼ 291.62	

C.	Full Name (Last, First, Middle Initial) Andrew Yu	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 1601 S Highland Ave	Transaction ID: ea5d947bbb74276683f
	City State Zip Code Lombard IL 60148-4928	Amount of Each Receipt this Period 20.83
	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 ▼ 291.62	

SUBTOTAL of Receipts This Page (optional)	62.49
TOTAL This Period (last page this line number only)	2247.20

Image# 29990878718

Form/Schedule: **F3X**

Transaction ID:
