| Image# 12972240700 | | | - | | PAGE 1 / 59 |
|---|--|--|---------------------------|--|--|
| | EPORT OF F ND DISBURS Other Than An Autho | EMENT | s | Office U | lse Only |
| 1. NAME OF TYP COMMITTEE (in full) | e or print V | Example: If typin over the lines. | ng, type 12 | FE4M5 | |
| DuPage Medical Group L | | | | | |
| | | | | | |
| ADDRESS (number and street) | 100 West 31ST Street | | | | |
| Check if different | uite 300 | | | | |
| than previously reported. (ACC) | Downers Grove | | | - 6051 | 5 |
| 2. FEC IDENTIFICATION NUMB | | | STA | TE 🔺 | ZIP CODE |
| C C00435982 | 3. IS T REF | | 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 | b) Monthly Report Due On: Mar 20 (c) 12-Day PRE-Election Report for the: | (M3) (M4) Primary (12F Convention (| Jul 20 (M7) ?) 12C) | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) | n the |
| Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) | (d) 30-Day POST-Election Report for the: | General (300 | | Runoff (30R) | State of Special (30S) in the State of |
| 5. Covering Period | 01 / Y Y Y Y 01 2012 | through | M M / 08 | 3120 | 12 |
| I certify that I have examined this R Type or Print Name of Treasurer | eport and to the best of m /ichael K. McCormick | y knowledge and I | pelief it is true, c | correct and comple | ete. |
| Signature of Treasurer | McCormick | [Electronicall | <i>y Filed]</i> Date | 09 / 20 | D / Y Y Y Y Y 2012 |
| NOTE: Submission of false, erroneous | , or incomplete information n | nay subject the per- | son signing this F | Report to the penalt | ies of 2 U.S.C. §437g. |
| Office Use Only | | | | | FORM 3X Rev. 12/2004 |

09/20/2012 13 : 59

| SUMMARY PAGE | |
|-------------------------------|--|
| OF RECEIPTS AND DISBURSEMENTS | |

DuPage Medical Group LTD PAC

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

| R | eport Covering the Period: From: | 8 / 01 / Y Y Y Y Y 2012 To: | M M / D D / Y |
|-----|--|--------------------------------|---|
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1, 2012 | | 97441.34 |
| | (b) Cash on Hand at Beginning of Reporting Period | 123929.52 | |
| | (c) Total Receipts (from Line 19) | 5281.65 | 32039.83 |
| | (d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B) | 129211.17 | 129481.17 |
| 7. | Total Disbursements (from Line 31) | 0.00 | 270.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 129211.17 | 129211.17 |
| 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

×

| FEC Form 3X (Rev. 06/2004) | DETAILED SUMMARY PAGE of Receipts | Page 3 |
|--|---------------------------------------|-----------------------------------|
| Write or Type Committee Name | | |
| DuPage Medical Group LTD |) PAC | |
| | | |
| Report Covering the Period: From | 1: 08 01 / Y Y Y Y Y 08 01 2012 To | o: 08 / 31 / 2012 |
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Contributions (other than loans) Fro (a) Individuals/Persons Other | om: | |
| Than Political Committees (i) Itemized (use Schedule A). | | 20392.04 |
| (ii) Unitemized (iii) TOTAL (add | | 11647.79 |
| Lines 11(a)(i) and (ii) | 5281.65 | 32039.83 |
| (b) Political Party Committees(c) Other Political Committees | | 0.00 |
| (such as PACs) (d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 5281.65 | 32039.83 |
| 12. Transfers From Affiliated/Other Party Committees | | 0.00 |
| 13. All Loans Received | | 0.00 |
| Loan Repayments Received Offsets To Operating Expenditures | | 0.00 |
| (Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)16. Refunds of Contributions Made to Federal Candidates and Other | | 0.00 |
| Political Committees | | 0.00 |
| (Dividends, Interest, etc.) | | 0.00 |
| (a) Non-Federal Account (from Schedule H3) | | 0.00 |
| (b) Levin Funds (from Schedule H5 |) | 0.00 |
| (c) Total Transfers (add 18(a) and 1 | 18(b)) 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | ► 5281.65 | 32039.83 |
| 20. Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19) | > 5281.65 | 32039.83 |

DETAILED SUMMARY PAGE

| II. Disbursements | COLUMN A | COLUMN B |
|--|-------------------|-----------------------|
| Operating Expenditures: | Total This Period | Calendar Year-to-Date |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | 0.00 | 0.0 |
| (i) Federal Share | 7 7 7 | |
| (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 | 0.0 |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.0 |
| Contributions to Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 |
| Independent Expenditures | | |
| (use Schedule E) Coordinated Party Expenditures | 0.00 | 0.0 |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 270.00 |
| | | |
| (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds | | |
| (add Lines 28(a), (b), and (c))► | 0.00 | 270.00 |
| Other Disbursements | 0.00 | 0.00 |
| Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity | | |
| (from Schedule H6) | 0.00 | 0.00 |
| (i) Federal Share | 0.00 | 7 7 7 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.0 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))► | 0.00 | 0.00 |
| | | |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 0.00 | 270.0 |
| Total Endoral Disburgamenta | | |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 0.00 | 270.00 |

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DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Ex- penditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| Total Contributions (other than loans) (from Line 11(d), page 3) | 5281.65 | 32039.83 |
| Total Contribution Refunds (from Line 28(d)) | 0.00 | 270.00 |
| Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5281.65 | 31769.83 |
| Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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| | | | for each category of the Detailed Summary Page | | 11a | | 11b 14 | 11c | 12 | 1 17 |
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| | y information copied from such Reports and for commercial purposes, other than using t | | | | for the | | rpose c | of soliciting | g contrib | |
| <u> </u> | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD F | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Craig Anderson Mailing Address 3 Briar Ln City West Chicago FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60185-3033 Year-to-Date ▼ 375.12 | | | sac | tion ID | | nis Period | E7FB67 |
| В. | Full Name (Last, First, Middle Initial) Craig Anderson Mailing Address 3 Briar Ln | | | | Date o | | eceipt | | 2012 | Ý |
| | City | State | Zip Code | | | sact | | : D5FBB2 | | AB42B22 |
| | West Chicago | IL | 60185-3033 | | Amoun | t of | Each | Receipt th | nis Perior | d |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 20 | 0.84 |
| | Name of Employer | Occupation | | _ | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 375.12 | 1 | | | | | | |
| | Full Name (Last, First, Middle Initial) Craig Anderson | | | | Date o | f R | eceipt | | | |
| | Mailing Address 3 Briar Ln | | | | M N 08 | 1 | 30 | | y y 2012 | Y |
| | City | State | Zip Code | | Tran | sac | tion ID | : C29E6F | 0863044 | BE5C5D |
| | West Chicago | IL | 60185-3033 | | Amoun | t of | Each | Receipt th | nis Perior | d |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | 2 | 0.84 |
| | Name of Employer | Occupation | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | | 375.12 | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional). | | | | | | 7 | | 62 | 2.52 |

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| TEMIZED RECEIPTS | | or each category of the Detailed Summary Page | | - | | 11b | 11c | | 12 | . | _ |
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| or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) | | ess of any political committee | to so | licit coi | ntrib | utions | from sucl | n cor | nmitte | e. | |
| > DuPage Medical Group LTD P | | | | | | | | | | | |
| ✓ Full Name (Last, First, Middle Initial) A. Marc Asselmeier Mailing Address 750 Brentwood Ct City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL C Occupation Physician Aggregate Yea | Zip Code 60137-6365 r-to-Date ▼ 702.00 | | | / acti | 07 ion ID : | A5B662 Receipt th | 20 E9C | | | <u>50</u> |
| Full Name (Last, First, Middle Initial) Marc Asselmeier Mailing Address 750 Brentwood Ct | | | | Date of | F Re | ceipt | | _ 20' | 12 | Y | |
| City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer | State IL Occupation | Zip Code 60137-6365 | | Trans | | on ID : | 6B2A128 Receipt th | 8400 | E04A | _ | <u>.</u> |
| DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Physician Aggregate Yea | r-to-Date ▼ 702.00 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Marc Asselmeier | | | | Date of | Re | ceipt | | | | | |
| Mailing Address 750 Brentwood Ct | Ctot- | Zin Code | | 08 | / | 30 | | 20 | | | _ |
| City Glen Ellyn FEC ID number of contributing | State IL | Zip Code 60137-6365 | - | | | | : 2C472D Receipt th | | eriod | _ | <u>}</u> |
| federal political committee. | Occupation | | | | | 7 | 7 | - | 39. | 00 | 1 |
| DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | Physician Aggregate Yea | r-to-Date ▼ 702.00 | | | | | | | | | |
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| or for commercial purposes, other than using the | e name and address of any political com | mittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | AC | |
| Full Name (Last, First, Middle Initial) James Collins Mailing Address 1673 Imperial Cir City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | State Zip Code IL 60563-0132 C Occupation Physician Aggregate Year-to-Date ▼ 702.0 | Date of Receipt 08 07 2012 Transaction ID : 36CA500F496DFFD82D5 Amount of Each Receipt this Period 39.00 |
| Full Name (Last, First, Middle Initial) James Collins Mailing Address 1673 Imperial Cir City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | State Zip Code IL 60563-0132 C Occupation Physician Aggregate Year-to-Date ▼ 702.0 | Date of Receipt 08 16 2012 Transaction ID : C93EC8DFAA16C00EA71 Amount of Each Receipt this Period 39.00 |
| Full Name (Last, First, Middle Initial) James Collins Mailing Address 1673 Imperial Cir City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60563-0132 C Occupation Physician Aggregate Year-to-Date ▼ | Date of Receipt M M / 30 / 2012 Transaction ID : D5000F295534484DFB1 Amount of Each Receipt this Period 39.00 |
| SUBTOTAL of Receipts This Page (optional) | | |

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| SCHEDULE A | (FEC Form 3X) |
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| | COMMITTEE (In Full) | | | | | | | | | | | | | | |
| | e Medical Group LTD | PAC | | | | | | | | | | | | | |
| Full Name A. David D | (Last, First, Middle Initial) | | | | Date o | of R | acaint | | | | | | | | |
| | dress 211 Palamino Pl | | | _ | | | D | | Y | Y | V | | | | |
| | | | | | 08 | ' ´ | 07 | | _ 20 | | | | | | |
| City | | State | Zip Code | | Trans | sact | ion ID | : 3262E8 | 38EA | 3F25 | B66E2 | | | | |
| Wheaton | | IL | 60189-2046 | _ | Amoun | nt of | Each I | Receipt th | nis Pe | əriod | | | | | |
| | imber of contributing itical committee. | С | | | | | 7 | | | 20. | 00 | | | | |
| Name of E | mployer | Occupation | | | | | | | | | | | | | |
| DuPage M | edical Group, Ltd. | Physician | | | | | | | | | | | | | |
| Receipt Fo | | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| Prim | | | 202.00 | 11 | | | | | | | | | | | |
| Othe | r (specify) ▼ | | 360.00 | | | | | | | | | | | | |
| | (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| B. David D | | | | | Date o | | | | | | | | | | |
| walling Ad | Mailing Address 211 Palamino Pl | | | | | | 16 | | 201 | 12 | Y | | | | |
| City | | State | Zip Code | 08 16 2012 Transaction ID : 2F0279F36B5/ | | | | | | | | | | | |
| Wheaton | | IL | 60189-2046 | Amount of Each Receipt this Period | | | | | | | | | | | |
| | mber of contributing itical committee. | С | | 20.00 | | | | | | 00 | | | | | |
| Name of E | mployer | Occupation | | | | | | | | | | | | | |
| DuPage M | edical Group, Ltd. | Physician | | | | | | | | | | | | | |
| Receipt Fo | pr: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| Prim | | | | 11 | | | | | | | | | | | |
| Othe | r (specify) ▼ | | 360.00 | 1 | | | | | | | | | | | |
| Full Name C. David [| (Last, First, Middle Initial) Dungan | | | | Date o | of Re | eceipt | | | | | | | | |
| Mailing Ad | dress 211 Palamino PI | | 08 | / | 30 | | 201 | ү 12 | Y | | | | | | |
| City | | State | Zip Code | | Tran | sact | tion ID | : 8CB51E | :FD7 | 58E68 | 393BB8 | | | | |
| Wheaton | | IL | 60189-2046 | _ | Amoun | nt of | Each I | Receipt th | nis Pe | əriod | | | | | |
| | imber of contributing itical committee. | С | | | 20.00 | | | | | | | | | | |
| Name of E | mployer | | | | | | | | | | | | | | |
| | edical Group, Ltd. | Physician | | | | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | С | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Michael Fitzgerald | | | | Date o | of Re | eceip | pt | | | | | |
| | Mailing Address 1207 Sanctuary Ln | | | | M 1 | Λ | | 0 07 | / Y | | ү 012 | Υ | |
| | City | State | | | Tran | sact | tion | ID : 4 | 4704B24 | 1E75 | 5F2D/ | AB6D | 04C |
| | Naperville | IL | 60540-1936 | | Amour | nt of | Ead | ch Re | eceipt th | is P | eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | _ | 39 | .00 | |
| | Name of Employer | Occupation | | _ | | | | | | | | | |
| | DuPage Medical Group | Physician | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General | | | | | | | | | | | | |
| | Other (specify) | | 702.00 | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Michael Fitzgerald | | | | Date o | of Re | eceir | pt | | | | | |
| | Mailing Address 1207 Sanctuary Ln | | | | 08 | | | 16 | / Y | |)12 | Y | |
| | City | State | Zip Code | Transaction ID : F98A34843950E46E6F3 Amount of Each Receipt this Period | | | | | | | | | |
| | Naperville | IL | 60540-1936 | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | _ | 39. | .00 | |
| | Name of Employer | Occupation | | _ | | | | | | | | | |
| | DuPage Medical Group | Physician | | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General | Aggregate | | | | | | | | | | | |
| | Other (specify) v | | 702.00 | | | | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) | | | | Date o | of Re | ecei | pt | | | | | |
| | Mailing Address 1207 Sanctuary Ln | | | | M - 1 | Л / | | 30 | / Y | |)12 | Y | |
| | City | State | Zip Code | | Tran | sac | tion | ID : . | AFFB38 | | | 6D6 | B06 |
| | Naperville | IL | 60540-1936 | | Amour | nt of | Ead | ch Re | eceipt th | nis P | 'eriod | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | 7 | | 39 | .00 | |
| | Name of Employer | Occupation | | _ | | | | | | | | | |
| | DuPage Medical Group | Physician | | | | | | | | | | | |
| | Receipt For: | | Year-to-Date ▼ | | | | | | | | | | |
| | Primary General | , iggi oguto | | | | | | | | | | | |
| | Other (specify) | | 702.00 | | | | | | | | | | |
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| | obiotration necesipies mile rage (optional) | ame (Last, First, Middle Initial) nael Fitzgerald g Address 1207 Sanctuary Ln rville L 60540-1936 D number of contributing l political committee. of Employer ge Medical Group ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) hael Fitzgerald g Address 1207 Sanctuary Ln rville L 60540-1936 D number of contributing l political committee. of Employer ge Medical Group to For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Physician Aggregate Year-to-Date ▼ | | | | | | | | = | | 4 | 4 |

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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | | _ | | 11b | 11c | 12 | <u> </u> |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTI | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Juan Flores Mailing Address 65223 New Castle Rd. City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60540 Year-to-Date ▼ 450.00 | | | sact | 07 ion ID | , | nis Perioo | 3FB973B |
| B. Juan Flores Mailing Address 65223 New Castle Rd. | | Date o | _ | eceipt | D / Y | YYY | Y | | |
| City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. | State IL Occupation | Zip Code 60540 | | | | | 3 : 64112A Receipt th | nis Perioo | |
| Receipt For: Primary General Other (specify) V | Physician Aggregate | Year-to-Date ▼ 450.00 |] | | | | | | |
| C. Full Name (Last, First, Middle Initial) Juan Flores Mailing Address 65223 New Castle Rd. | | | _ | Date o | | eceipt | D / Y | Y Y | Y |
| City Naperville FEC ID number of contributing federal political committee. | State Zip Code IL 60540 | | | | | |) : BA33F1 Receipt th | nis Perioo | |
| Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Occupation Physician Aggregate | Year-to-Date ▼ 450.00 | | | | | | | |
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FEC Schedule A (Form 3X) Rev. 02/2003

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| TIEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LT | D PAC | | |
| Full Name (Last, First, Middle Initial) Thomas Gallagher Mailing Address 1105 Adelia St City Downers Grove FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL C Occupation Physician Aggregate | Zip Code 60516-2830 Year-to-Date ▼ 900.00 | Date of Receipt |
| B. Full Name (Last, First, Middle Initial) Mailing Address 1105 Adelia St | State | Zip Code | Date of Receipt 08 16 2012 Transaction ID : D80ED903E65970982B6 |
| Downers Grove FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | IL C Occupation Physician Aggregate | 60516-2830 Year-to-Date ▼ 900.00 | Amount of Each Receipt this Period |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Thomas Gallagher Mailing Address 1105 Adelia St City Downers Grove FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60516-2830 | Date of Receipt 08 / 30 / 2012 Transaction ID : E37A6D75C3B3DE15A99 Amount of Each Receipt this Period 50.00 |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LT | - | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Martin Gallo Mailing Address 118 Allen Ct City Clarendon Hills FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60514-1466 Year-to-Date ▼ 702.00 | | | sac | tion ID | | his Period | 995D69 | |
| B. Full Name (Last, First, Middle Initial) Martin Gallo Mailing Address 118 Allen Ct | Date o 08 | | | 6 | 2012 | AB4C177 | | | | |
| Clarendon Hills FEC ID number of contributing federal political committee. | C | 60514-1466 | | Amount of Each Receipt this Period 39.00 | | | | | | |
| Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | Receipt For: Aggregate Year-to-Date ▼ Primary General | | | | | | | | | |
| Full Name (Last, First, Middle Initial) C. Martin Gallo Mailing Address 118 Allen Ct City Clarendon Hills FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Discussion | State IL C Occupation Physician Aggregate | Zip Code 60514-1466 | | | sac | tion ID | 0 | his Perio | E169A8D0 | |
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| or | for commercial purposes, other than using | the name and a | ddress of any political committee | e to so | licit co | ntri | butions | from suc | h comm | ittee | э. |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD | PAC | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) John Giardina | | | | Date o | f R | eceipt | | | | |
| | Mailing Address 832 Abbey Dr | | | | м м 08 | 1 | 07 | | 2012 | Y | |
| | City | State | Zip Code | | Trans | sac | tion ID | : 4448A0 | 525C385 | 52D | 891D |
| | Glen Ellyn | IL | 60137-6130 | | Amoun | t of | f Each | Receipt th | nis Perio | d | |
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| | Name of Employer | Occupation | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | COD 00 | 11. | | | | | | | |
| | Other (specify) | | 692.28 | 4 | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) John Giardina | | | | Date o | fR | eceipt | | | | |
| | Mailing Address 832 Abbey Dr | | 08 16 2012 | | | | | | | | |
| | City | State | Zip Code | Transaction ID : F2F0928D3606EC49 | | | | | | | 98F6 |
| | Glen Ellyn | IL | 60137-6130 | | Amoun | t o | f Each | Receipt th | nis Perio | d | |
| | FEC ID number of contributing federal political committee. | С | | | 38.46 | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | |
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| <u>с</u> . | Full Name (Last, First, Middle Initial) John Giardina | | | | Date o | f R | eceipt | | | | |
| | Mailing Address 832 Abbey Dr | | | | м м 08 | | / 0 | | 20 <u>1</u> 2 | Y | |
| | City | State | Zip Code | | Trans | sac | tion ID | : 6A95FB | DE89F3 | BEF | 80A39 |
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| | FEC ID number of contributing federal political committee. | | | | 7 | | 3 | 38.4 | 6 | | |
| | Name of Employer | | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PAC | 2 | |
| DuPage Medical Group, Ltd. | State Zip Code IL 60181 C Occupation Physician Aggregate Year-to-Date ▼ | Date of Receipt |
| DuPage Medical Group, Ltd. | State Zip Code IL 60181 C Occupation Physician Aggregate Year-to-Date ▼ 756.00 | Date of Receipt 08 / 16 / 2012 Transaction ID : 971DCC8F7E83DA29C4B Amount of Each Receipt this Period 42.00 |
| DuPage Medical Group, Ltd. | State Zip Code IL 60181 C Occupation Physician Aggregate Year-to-Date ▼ 756.00 | Date of Receipt 08 / 30 / 2012 Transaction ID : 1923499250E8D4D76E7 Amount of Each Receipt this Period 42.00 |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD | PAC | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Glenn Grobe Mailing Address 719 Mesa Dr City | State | Zip Code | | N | и м 08 | 1 | eceipt | 7 | | 20 | 012 -1577 | _ | 271 |
| | Naperville | IL | 60565-5312 | | An | noun | t of | Each | Recei | pt th | is P | 'eriod | I | |
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| | Full Name (Last, First, Middle Initial) Glenn Grobe | | | | Da | ate of | f Re | eceipt | | | | | | |
| | Mailing Address 719 Mesa Dr | | | | N | 08 | / | D 1 | - | Y | | у 012 | Y | 1 |
| | City | State | Zip Code | | Т | rans | act | ion ID | : 5DF | 35BI | DF6 | E6B4 | 259 | 99CE |
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| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Glenn Grobe | | | | Da | ate of | f Re | eceipt | | | | | | |
| | Mailing Address 719 Mesa Dr | | | | N | 08 | / | D 3 | | Y | |) 12 | Y |] |
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| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | | | |
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| $\left \right\rangle$ | | | | | | | | | | | |
| | DuPage Medical Group LTD F | AC | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Linda Gruener | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 8207 Gruener Ct | | | | M M | | D | D / Y | Y | Y | Y |
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| | City | State | Zip Code | | Trans | sacti | on ID : | 0E4EEE | BA9E | BF0DA | AB997C |
| | Palos Hills | IL | 60465-2200 | | Amoun | t of | Each F | Receipt th | nis P | eriod | |
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| | Name of Employer | Occupation | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | |
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| | Primary General | | 1800.00 | 11. | | | | | | | |
| | Other (specify) | | 1 | 1 | | | | | | | |
| | Full Name (Last, First, Middle Initial) Linda Gruener | | | | Date of | f Po | coint | | | | |
| | Mailing Address 8207 Gruener Ct | | | - | | | | | v | Y | V |
| | Maining Address 8207 Gruener Ct | | | | 08 | / | 16 | | | 12 | Ť |
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| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | |
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| | Primary General | | 1000.00 | 11. | | | | | | | |
| | Other (specify) | | 1800.00 | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Linda Gruener | | | | Date of | f Re | ceipt | | | | |
| | Mailing Address 8207 Gruener Ct | | | | м м 08 | / | 30 | | |)12 | Y |
| | City | State | Zip Code | | Trans | sacti | on ID : | 4BA837 | | | 02B253 |
| | Palos Hills | IL | 60465-2200 | , | Amoun | t of | Each F | Receipt th | nis P | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 100 | .00 |
| | Name of Employer | Occupation | | _ | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | |
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | DuPage Medical Group LTD PA | AC | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| Α. | | | | | Date of | f Receipt | | | | |
| | Mailing Address 640 S Washington St | | | | M M | | | | 040 | Y |
| | City Ste 268 | State | Zip Code | | 08 Trans | 0 action ID | 7 : 9F1BD4 | | 012 08830 | E9685D |
| | Naperville | IL | 60540-6694 | | | | Receipt th | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | .00 |
| | Name of Employer | Occupation | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | |
| | Other (specify) | | 378.00 | | | | | | | |
| — B. | Full Name (Last, First, Middle Initial) Naira Hashmi | | | | Date of | f Receipt | | | | |
| | Mailing Address 640 S Washington St | | | | M M | · · | D / Y | Y | Y | Y |
| | Ste 268 | | | | 08 | 1 | 6 | 20 |)12 | |
| | City | State | Zip Code | | Trans | action ID | : 218897E | 9E5 | 57191 | AA4FB |
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| | Name of Employer DuPage Medical Group, Ltd. | Occupation Physician | | | | | | | | |
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| | Primary General | , iggi oguto | | 11. | | | | | | |
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| C. | Full Name (Last, First, Middle Initial) Naira Hashmi | | | | Date of | f Receipt | | | | |
| | Mailing Address 640 S Washington St Ste 268 | | | | м м 08 | | D / Y | |) 12 | Y |
| | City | State | Zip Code | | Trans | saction ID |):4FFA14(| 039 | 5EF9 | 5DC50F |
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD | PAC | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 640 S Washington St Ste 268 | | | | м м 08 | / | 07 |) / | | 2012 | Υ |
| | City Naperville | State IL | Zip Code 60540-6694 | | | | ion ID : Each F | | | | 27E9F6 |
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| | Name of Employer DuPage Medical Group, Ltd. | Occupation Physician | | | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 640 S Washington St Ste 268 | | | | | | | | 012 | Y | |
| | City Naperville | State IL | Zip Code 60540-6694 | | | | ion ID : Each F | | | | 27CFCC |
| | FEC ID number of contributing federal political committee. | С | | | | | .00 | | | | |
| | Name of Employer DuPage Medical Group, Ltd. | Occupation Physician | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 360.00 |] | | | | | | | |
| — C. | Full Name (Last, First, Middle Initial) Maleeha Hashmi-Basha | | | | Date of | f Re | eceipt | | | | |
| | Mailing Address 640 S Washington St Ste 268 | | | | м м 08 | / | 30 | | | 012 | Y |
| | City Naperville | State IL | Zip Code 60540-6694 | | | | ion ID : Each F | | | | 3C0B73 |
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| | Name of Employer | Occupation | | | | | | | | | |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | | f any political committee | e to so | olicit cor | ntrib | utions | from suc | h co | mmitte | e. | |
| Full Name (Last, First, Middle Initial) James Hermann Mailing Address 1962 Hampton Dr City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | | Code 89-2020 Date ▼ 750.06 | | | / acti | 07 ion ID : | B068EA Receipt th | 20 9571 | | _ | <u>D4</u> |
| Full Name (Last, First, Middle Initial) B. James Hermann Mailing Address 1962 Hampton Dr City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | | Code 89-2020 Date ▼ 750.06 | | | / acti | 16 on ID : | | 20 A24 | | _ | |
| Full Name (Last, First, Middle Initial) James Hermann Mailing Address 1962 Hampton Dr City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | | Code 89-2020 Date ▼ 750.06 | | | / sact | 30 ion ID : | | 20 D29 | eriod | | 1 |
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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| | d Statements may not be sold or used by any p the name and address of any political committee | |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD | PAC | |
| Full Name (Last, First, Middle Initial) Te-Shao Hsu Mailing Address 1155 N Dearborn St Apt. 804 City Chicago FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60610-6539 C Occupation Physician Aggregate Year-to-Date ▼ 702.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Te-Shao Hsu Mailing Address 1155 N Dearborn St | State Zip Code IL 60610-6539 C Occupation Physician Aggregate Year-to-Date ▼ 702.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) C. Te-Shao Hsu Mailing Address Apt. 804 City Chicago FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60610-6539 C Occupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 702.00 | Date of Receipt 08 2012 Transaction ID : 928170D63AF5FEBAABB Amount of Each Receipt this Period 39.00 |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD F | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Robert Hurst | | | | Date o | f Re | eceipt | | | | |
| | Mailing Address 1348 Richmond Ln | | | | м м | / | 07 | | 2012 | | Y |
| | City Bartlett | State IL | Zip Code 60103-8939 | | | | | : 59B15F Receipt th | | | 2FB09 |
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| | Name of Employer DuPage Medical Group, Ltd. | Occupation Physician | 1 | | | | | | | | |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD I | PAC | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Robert Janowitz Mailing Address 8401 Clynderven Rd City Burr Ridge FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | State IL C Occupation Physician Aggregate | Zip Code 60527-6247 Year-to-Date ▼ 720.00 | | | / sact | 07 | B60EDS | 201 596E76 | 63A42 | - |
| Full Name (Last, First, Middle Initial) Robert Janowitz Mailing Address 8401 Clynderven Rd | | | (| Date of | f Re | eceipt 16 | | 2012 | | ſ |
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| Full Name (Last, First, Middle Initial) C. Robert Janowitz Mailing Address 8401 Clynderven Rd | | | | Date of | | eceipt 30 | | 2012 | 2 | Ŷ |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LT | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Robert King Mailing Address 2796 Crestfield Ct City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60565-3043 Year-to-Date ▼ 750.06 | | 08 Trans | saction | 07 | | his Period | 6EE1553 |
| B. Full Name (Last, First, Middle Initial) Mailing Address 2796 Crestfield Ct | | | | M M | f Rece | D | | 2012 | Y |
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| \square | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | NC. | | | | | | | | | |
| | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Richard Krouse | | | | Date of | of R | eceipt | | | | |
| | Mailing Address 4720 Lee Ave | | | | M | VI . | / D | | | Y | Y |
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| c. | Full Name (Last, First, Middle Initial) Richard Krouse | | | | Date of | of R | eceipt | | | | |
| | Mailing Address 4720 Lee Ave | | | | 08 | M | 3 | D / | | 012 | Y |
| | City | State | Zip Code | | Tran | sac | tion ID | : 62A149 | | | 41422 |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LT | D PAC | | | | | | | |
| Full Name (Last, First, Middle Initial) Norman Kumins Mailing Address 677 Duane St City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60137-4611 Year-to-Date ▼ 702.00 | | M M 08 Trans | 0 action ID | | nis Perioc | FE95AD |
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| Full Name (Last, First, Middle Initial) Norman Kumins Mailing Address 677 Duane St City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60137-4611 Year-to-Date ▼ 702.00 | | 08 Trans | action ID | D / Y i0 : 9CD6EA Receipt th | iis Perioc | 56B09C0 |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PAC | C | |
| Full Name (Last, First, Middle Initial) David Labotka Mailing Address 1312 S Ridge Rd City Willowbrook FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60527-1896 C C Occupation Physician Aggregate Year-to-Date ▼ 374.94 | Date of Receipt |
| Full Name (Last, First, Middle Initial) David Labotka Mailing Address 1312 S Ridge Rd City Willowbrook FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60527-1896 C Occupation Physician Aggregate Year-to-Date ▼ 374.94 | Date of Receipt |
| Full Name (Last, First, Middle Initial) David Labotka Mailing Address 1312 S Ridge Rd City Willowbrook FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | State Zip Code IL 60527-1896 C Occupation Physician Aggregate Year-to-Date ▼ 374.94 | Date of Receipt 08 / 30 / 2012 Transaction ID : 64A0F0BB9863D57914E Amount of Each Receipt this Period 20.83 |
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| Full Name (Last, First, Midd Aaron Lazar Mailing Address 1564 Abbor City Naperville FEC ID number of contribut federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary Gen Other (specify) ▼ | tsford Dr State IL ing Occupation Physician Aggregate | Zip Code 60563-2088 Year-to-Date ▼ 450.00 | | | sact | 07 | | 20 BD0 | | BACBC |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PAC | C | |
| Full Name (Last, First, Middle Initial) Thomas Lee Mailing Address 385 Maple St City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60137-3811 C Occupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 360.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Thomas Lee Mailing Address 385 Maple St City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60137-3811 C C Occupation Physician Aggregate Year-to-Date ▼ 360.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Thomas Lee Mailing Address 385 Maple St City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60137-3811 C Occupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 360.00 | Date of Receipt M M J J 2012 Transaction ID : 021066F9D5CB888B3E2 Amount of Each Receipt this Period 20.00 |
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| ✓ Full Name (Last, First, Middle Initial) A. Steve Lieberman Mailing Address 819 E Hillside Rd City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | State Zip C IL 60540 C Occupation Physician Aggregate Year-to-Da |)-6806 | | | / acti | 07 ion ID : | Acceipt th | 20 3FCI | | 05229 |)C |
| Full Name (Last, First, Middle Initial) B. Steve Lieberman Mailing Address 819 E Hillside Rd City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. | State Zip C IL 60540 Occupation Physician | ode 0-6806 | | | / acti | 16 on ID : | | 20 24D | B971: | _ | <u> </u> |
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| \square | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD | | | | | | | | | | |
| | Durage Medical Group LTD | FAC | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ernest Lizek | | | | Date o | fR | acaint | | | | |
| ~ . | Mailing Address 416 S Sleight St | | | | | | | | Y | Y | V |
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| | FEC ID number of contributing federal political committee. | С | | | | | , | 7 | | 39 | .00 |
| | Name of Employer | Occupation | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Primary General | | 700.00 | 11. | | | | | | | |
| | Other (specify) | | 702.00 | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) |) | | ▶ _ | | | , | 7 | _ | 117. | 00 |

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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| | | | Detailed Summary Page | | 11a 13 | | 11b 14 | 11c | 12 | | 17 |
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| \square | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | C | | | | | | | | | |
| V | Durage Medical Gloup LTD FA | C | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | D . | | | | | | |
| Α. | Nicholas Mataragas Mailing Address 6105 Timber Ridge Ct | | | _ | Date of | _ | | | | | |
| | Maining Address 6105 Timber Ridge Ct | | | | 08 | / | 07 |) / Y | 2012 | | Y |
| | City | State | Zip Code | | Trans | sact | ion ID : | E5CCDI | | | EE328 |
| | Indian Head Park | IL | 60525-3759 | _ | Amoun | t of | Each R | leceipt th | is Peri | iod | |
| | FEC ID number of contributing federal political committee. | | | | | | 7 | | _ | 19.2 | 23 |
| | Name of Employer | Occupation | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Surgeon | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 346.14 | | | | | | | | |
| | | | J /J | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| В. | Nicholas Mataragas | | | _ | Date of | _ | · · · | | | | |
| | Mailing Address 6105 Timber Ridge Ct | | | | 08 | 1 | 16 | | 2012 | | Y |
| | City | State | Zip Code | | | act | | 5E06B87 | | | E4401 |
| | Indian Head Park | IL | Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | , | | | 19.2 | 23 |
| | Name of Employer | Occupation | | _ | | | | | | | |
| | DuPage Medical Group, Ltd. | Surgeon | | | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 346.14 | | | | | | | | |
| | | | | | | | | | | | |
| c. | Full Name (Last, First, Middle Initial) Nicholas Mataragas | | | | Date o | f Re | eceipt | | | | |
| | Mailing Address 6105 Timber Ridge Ct | | | | м м 08 | / | 30 |) / Y | y 2012 | | Y |
| | City Indian Head Park | State IL | Zip Code 60525-3759 | - | | | | F195435 | | | 3D3A |
| | | | 00525-5759 | _ | Amoun | t of | Each R | leceipt th | is Peri | iod | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | 19. | 23 |
| | Name of Employer | Occupation | | | | | | | | | |
| | DuPage Medical Group, Ltd. Receipt For: | Surgeon | | | | | | | | | |
| | Primary General | Aggregate | Year-to-Date ▼ | | | | | | | | |
| | Other (specify) | | 346.14 | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| TIEMIZED RECEIPTS | | | for each category of the Detailed Summary Page | | - | | - | 1b | 11c | | 12 | | | | |
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| <u> </u> | r commercial purposes, other than using the | name and a | ddress of any political committee | to so | olicit c | ontri | buti | ions f | rom suc | :h co | ommitte | ee. | | | |
| | AME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | VC | | | | | | | | | | | | | |
| | ull Name (Last, First, Middle Initial) Paul Merrick | | | | Date | of R | lece | eipt | | | | | | | |
| M | ailing Address 540 Hill Ave | | | | 08 | | / | D D | / Y | | 012 | Y | | | |
| C | ity | State | Zip Code | | Tra | nsac | tior | n ID : | B845CE | | | 582926 | | | |
| 0 | Glen Ellyn | IL | 60137-5032 | _ | Amou | nt of | f Ea | ach R | eceipt t | his F | Period | | | | |
| | EC ID number of contributing deral political committee. | С | | | | | 1 | | | _ | 20. | 00 | | | |
| N | ame of Employer | Occupation | | | | | | | | | | | | | |
| D | uPage Medical Group, Ltd. | Physician | | | | | | | | | | | | | |
| R | eceipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | 33 - 3 | | | | | | | | | | | | | |
| | Other (specify) | | 360.00 | | | | | | | | | | | | |
| | ull Name (Last, First, Middle Initial) Paul Merrick | | | | Date | of R | ece | eipt | | | | | | | |
| _ | ailing Address 540 Hill Ave | | | | M 08 | M | / | D D 16 | / Y | |) 012 | Y | | | |
| C | ity | State | Zip Code | | | | tior | | EE4BB6 | | | CB66C1 | | | |
| G | ilen Ellyn | IL | 60137-5032 | | | | | | eceipt t | | | | | | |
| | EC ID number of contributing deral political committee. | ng C | | | | | | 20.00 | | | | | | | |
| N | ame of Employer | Occupation | | _ | | | | | | | | | | | |
| D | uPage Medical Group, Ltd. | Physician | | | | | | | | | | | | | |
| R | eceipt For: | | Year-to-Date ▼ | | | | | | | | | | | | |
| [| Primary General | riggrogato | | | | | | | | | | | | | |
| | Other (specify) ▼ | L | 360.00 | | | | | | | | | | | | |
| | ull Name (Last, First, Middle Initial) Paul Merrick | | | | Date | of R | lece | eipt | | | | | | | |
| M | ailing Address 540 Hill Ave | | | | M 08 | | / | 30 | / Y | | 012 | Y | | | |
| C | ity | State | Zip Code | | Trai | nsac | tio | n ID : | 4E00F9 | A50 | E79FC | 194D3 | | | |
| 0 | Glen Ellyn | IL | 60137-5032 | | Amou | nt of | f Ea | ach R | eceipt t | his F | Period | | | | |
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| N | ame of Employer | Occupation | | | | | | | | | | | | | |
| D | uPage Medical Group, Ltd. | Physician | | | | | | | | | | | | | |
| R | eceipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | | | | | | | | | | | | | |
| | Other (specify) | L | 360.00 | | | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | | | e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In F DuPage Medical Gro | | | |
| Full Name (Last, First, Middle M. Paul Meyer Mailing Address 1801 S Highla City Lombard FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary Other (specify) | and Ave State IL C Occupation Physician Aggregate | Zip Code 60148-4932 Year-to-Date ▼ 702.00 | Date of Receipt |
| Full Name (Last, First, Middle B. M. Paul Meyer Mailing Address 1801 S Highla City Lombard FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | And Ave State IL C Occupation Physician Aggregate | Zip Code 60148-4932 Year-to-Date ▼ 702.00 | Date of Receipt |
| Full Name (Last, First, Middle M. Paul Meyer Mailing Address 1801 S Highla City Lombard FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | And Ave State IL C Occupation Physician Aggregate | Zip Code 60148-4932 Year-to-Date ▼ 702.00 | Date of Receipt |
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| SCHEDULE A | (FEC Form 3X) |
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| or | for commercial purposes, other than using the | name and a | ddress of any political committee | e to so | olicit co | ontrik | outior | ns f | rom suc | h co | mmitte | e. | | | |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | C | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Yoko Momoyama | | | | | of Re | eceip | t | | | | | | | |
| | Mailing Address PO Box 7144 | | | | | | | 07 | / Y | | 012 | Y | | | |
| | City | | Tran | sact | ion I | D : | C50BD8 | 30C3 | EE268 | B0BC97 | | | | | |
| | Villa Park | IL | 60181-7144 | _ | Amour | nt of | Each | h R | eceipt th | nis P | eriod | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 39.00 | | | | | | | | | | |
| | Name of Employer | Occupation | | - | - | | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | | 11 | | | | | | | | | | | |
| | Other (specify) | | 702.00 | | | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Yoko Momoyama | | | | Date o | of Be | ecein | t | | | | | | | |
| | Mailing Address PO Box 7144 | | | | Date of Receipt | | | | | | | | | | |
| | | | 08 16 2012 | | | | | | | | | | | | |
| | City | State | Zip Code | | | sact | | | 7EDBDA | | | 3403DE | | | |
| | Villa Park | IL | 60181-7144 | | Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | | | | | | | | | | | |
| | Name of Employer | Occupation | | _ | | | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | | | | |
| | Receipt For: | , | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | , iggi oguto | | 11 | | | | | | | | | | | |
| | Other (specify) | L | 702.00 | | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Yoko Momoyama | | | | Date of | of Re | eceip | t | | | | | | | |
| | Mailing Address PO Box 7144 | | M 08 | / | | 30 | / Y | |)12 | Y | | | | | |
| | City | State | Zip Code | | Tran | sact | tion I | D : | 55D574 | D478 | BBECI | D3C4B3 | | | |
| | Villa Park | IL | 60181-7144 | | Amour | nt of | Each | h R | eceipt th | nis P | eriod | | | | |
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| | federal political committee. | C | | | 39.00 | | | | | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | |
| | Primary General | | 702.00 | | | | | | | | | | | | |
| | Other (specify) | | 702.00 | | | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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

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| 11 | | | Detailed Summary Page | | - | | - | 1b | 11c | | 12 | _ |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD P | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Mark Nelson | | | | | of Re | ece | eipt | | | | |
| | Mailing Address 3753 King Williams Ct City State Zip Code | | | | | | 1 | D D D 07 | | | ү 012 | Y |
| | City Saint Charles | _ | | | | | OC1493 eceipt 1 | | | DF461D | | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | | | 20. | 00 |
| | Name of Employer | Occupation | | - | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 360.00 | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Mark Nelson | l | | | Date of | of Re | ece | eipt | | | | |
| | Mailing Address 3753 King Williams Ct | | | | м 08 | Л / | ′ | D D 16 | | | ү)12 | Y |
| | City | State | Zip Code | | Tran | sact | tior | ו ID : | 6AA724 | 16EA | EE353 | 55A6A |
| | Saint Charles | IL | 60174-7806 | | Amoui | nt of | Ea | ach R | eceipt t | his F | Period | |
| | FEC ID number of contributing federal political committee. | С | | | 20.00 | | | | | | 00 | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| | Primary General Other (specify) ▼ | | 360.00 | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Mark Nelson | 1 | | | Date of | of Re | ece | eipt | | | | |
| | Mailing Address 3753 King Williams Ct | | | | M 08 | л / | ′ | D D D | | |) 12 | Y |
| | City | State | Zip Code | | Tran | sac | tior | n ID : | 2C44A | CF3F | 85220 | 41C33 |
| | Saint Charles | IL | 60174-7806 | | Amou | nt of | Εa | ach R | eceipt 1 | his F | Period | |
| | FEC ID number of contributing federal political committee. | С | | | 20.00 | | | | | | | |
| | Name of Employer | Occupation | | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| TIEMIZED RECEIPTS | | | Detailed Summary Page | | < 11a 13 | | 11 | H | 11c | | 12 | 47 |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD F | | | | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Ravi Nemivant | | | | Date | of R | ecei | ipt | | | | |
| | Mailing Address 561 Hevern Dr | | | | | | / | 0 07 | / Y | | 012 | Y |
| | City Wheaton | State IL | Zip Code 60189-7396 | | | | | | A349D6 eceipt tl | | | 1A30A |
| | FEC ID number of contributing federal political committee. | C | | | | | , | | | | 25. | 00 |
| | Name of Employer DuPage Medical Group, Ltd. | Occupation Physician | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 450.00 |] | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Ravi Nemivant | · | | | Date | of R | ecei | ipt | | | | |
| | Mailing Address 561 Hevern Dr | | | | | | | 16 | / Y | |) 12 | Y |
| | City | State | Zip Code | | Tran | sact | tion | ID : 2 | 2F2E8D | A6F | EDCC | 1B8AB8 |
| | Wheaton | IL | 60189-7396 | | Amou | nt of | Ea | ich R | eceipt tl | his F | Period | |
| | FEC ID number of contributing federal political committee. | С | | | | | 7 | | . , | | 25. | 00 |
| | Name of Employer | Occupation | l | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | |
| | Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| | Other (specify) | | 450.00 | 1 | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) Ravi Nemivant | | | | Date | of R | ecei | ipt | | | | |
| | Mailing Address 561 Hevern Dr | | | | M 08 | | / | D D 30 | / Y | |) 12 | Y |
| | City Wheaton | State IL | Zip Code 60189-7396 | | | | | | EC51A | | | E87A66 |
| | FEC ID number of contributing federal political committee. | ů – L | | | | | | | | | 25. | 00 |
| | Name of Employer | Occupation | l | | | | | | | | | |
| | DuPage Medical Group, Ltd. | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 450.00 | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD P | | |
| Full Name (Last, First, Middle Initial) Don Nichols Mailing Address 515 W Park Ave City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60189-6354 C Occupation Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 360.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Don Nichols Mailing Address 515 W Park Ave City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60189-6354 C Occupation Physician Aggregate Year-to-Date ▼ 360.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Don Nichols Mailing Address 515 W Park Ave City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State Zip Code IL 60189-6354 C Occupation Physician Aggregate Year-to-Date ▼ 360.00 360.00 | Date of Receipt |
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| | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
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| | and Statements may not be sold or used by any pering the name and address of any political committee | |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTI | D PAC | |
| A. Full Name (Last, First, Middle Initial) Mailing Address 401 59th St City Downers Grove | State Zip Code IL 60516-1440 | Date of Receipt 08 / 07 / 2012 Transaction ID : DFD0A0C862D8458FD84 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Occupation | |
| Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 378.00 | |
| B. Brian O'Leary Mailing Address 401 59th St | | Date of Receipt |
| City Downers Grove FEC ID number of contributing federal political committee. | State Zip Code IL 60516-1440 | Ite 2012 Transaction ID : 89EC41EA5342AD6F0B8 Amount of Each Receipt this Period 21.00 |
| Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Occupation Physician Aggregate Year-to-Date ▼ 378.00 | |
| Full Name (Last, First, Middle Initial) C. Brian O'Leary | | Date of Receipt |
| Mailing Address 401 59th St City Downers Grove FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. | State Zip Code IL 60516-1440 C Occupation Physician | M M / D D / Y Y Y Y Y 08 30 2012 Transaction ID : E2B82ACFFA86F71DD79 Amount of Each Receipt this Period 21.00 |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group | LTD PAC | | | | | | | | |
| A. James Oakley Mailing Address 605 S Grant St City Hinsdale FEC ID number of contributing federal political committee. Name of Employer |) State IL C Occupation | Zip Code 60521-4453 | | | sac | tion ID | | his Period | E318B64 |
| DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Physician/R Aggregate | tadiologist Year-to-Date ▼ 450.00 |] | | | | | | |
| Full Name (Last, First, Middle Initia B. James Oakley Mailing Address 605 S Grant St City | State | Zip Code | | | sact | 16 tion ID | 3 : A3D490 | | BA32ECA |
| Hinsdale FEC ID number of contributing federal political committee. Name of Employer | С | IL 60521-4453 | | | | | Receipt th | | d 5.00 |
| DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) v | Physician/R | adiologist Year-to-Date ▼ 450.00 | 1 | | | | | | |
| C. Full Name (Last, First, Middle Initia James Oakley Mailing Address 605 S Grant St |) | | | Date o | fR | / D | | Y Y | Y |
| City Hinsdale | State IL | Zip Code 60521-4453 | | | | |) <u>: 884D03</u> Receipt th | | |
| FEC ID number of contributing federal political committee. | s l | | | | | | | 2 | 5.00 |
| Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | Occupation Physician/F Aggregate | |] | | | | | | |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | С | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Michael Pacetti Mailing Address 16957 Burr Oak Dr | | | | | Date o | _ | | | | | | | |
| | Maining Address 10937 Bull Oak Di | | | | | м м 08 | | 07 | 7 / | | 2012 | Y | | |
| | City | State | Zip Code | | Transaction ID : F2CBED25C8FCA66F3CB | | | | | | | | | |
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| в. | Michael Pacetti Mailing Address 16957 Burr Oak Dr | | | | - | Date o | | · · | D (| | · | 1 | | |
| | Maining Address 16957 Burr Oak Dr | | | | | M M | / | 16 | | | 012 | Y | | |
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| | Other (specify) ▼ | | 3 | 60.00 | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Michael Pacetti | | | | | Date o | f Re | ceipt | | | | | | |
| | Mailing Address 16957 Burr Oak Dr | | | | | M M 08 | / | D 3(| | | 012 | Y | | |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD I | PAC | | |
| Full Name (Last, First, Middle Initial) Mathew Philip Mailing Address 1608 W North Ave Apt. 3 City Chicago FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60622-2245 Year-to-Date ▼ 702.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) B. Mathew Philip Mailing Address 1608 W North Ave Apt. 3 City Chicago FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | State IL C Occupation Physician Aggregate | Zip Code 60622-2245 Year-to-Date ▼ 702.00 | Date of Receipt |
| Full Name (Last, First, Middle Initial) Mathew Philip Mailing Address 1608 W North Ave Apt. 3 City Chicago FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | State IL C Occupation Physician Aggregate | Zip Code 60622-2245 Year-to-Date ▼ 702.00 | Date of Receipt 08 / 09 / 2012 Transaction ID : 293FB6A5F48E2F970B2 Amount of Each Receipt this Period 39.00 |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | | | | | | | nom suc | | | |
| Full Name (Last, First, Middle Initial) A. Stephen Pierson Mailing Address 1800 N Main St City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60187-3112 Year-to-Date ▼ 378.00 | | | / sact | 07 | P / Y : 4BF81B Receipt th | 20 3 3403 | | |
| Full Name (Last, First, Middle Initial) B. Stephen Pierson Mailing Address 1800 N Main St City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | State IL Occupation Physician Aggregate | Zip Code 60187-3112 Year-to-Date ▼ 378.00 | | | / | 16 ion ID : | | 20 FBEE | EDB16 | |
| Full Name (Last, First, Middle Initial) Stephen Pierson Mailing Address 1800 N Main St City Wheaton FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60187-3112 Year-to-Date ▼ 378.00 | | | sact | 30 | | 20 A088 | 875AE | 592DDE |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTI | D PAC | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) John Porcelli Mailing Address 4530 Lee Ave City Downers Grove FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60515-2607 Year-to-Date ▼ 360.00 | | | sact | tion ID | 7 : 8CBEA | this Perio | 4BB4E35 | | | | |
| B. Full Name (Last, First, Middle Initial) Mailing Address 4530 Lee Ave | John Porcelli | | | | | | D / | 2012 | Ý | | | | |
| City Downers Grove FEC ID number of contributing federal political committee. | State IL | Zip Code 60515-2607 | | | | | 08 16 2012 Transaction ID : 7847F9F0D2AFFC960C Amount of Each Receipt this Period 20.00 | | | | | | |
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| Full Name (Last, First, Middle Initial) C. John Porcelli | | | | Date c | of Re | eceipt | | | | | | | |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LT | D PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Soujanya Pulluru Mailing Address 3908 Littlestone Cir City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: | State IL C Occupation Physician Aggregate Y | Zip Code 60564-5915 | | | / sactio | 07 on ID | , : BD271E | 2012 3 C891112 his Period 41 | 2059E6D |
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| Full Name (Last, First, Middle Initial) B. Soujanya Pulluru Mailing Address 3908 Littlestone Cir | | | Date of | f Rec | ceipt | | 2012 | Y | |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD I | PAC | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Kevin Regan Mailing Address 31808 Village Green Ct | | | | Dat | | f R | eceipt | | Y | / Y | Y | | |
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| | City Warrenville | State IL | Zip Code 60555-5923 | Transaction ID : 09EEEF106522F23520C Amount of Each Receipt this Period | | | | | | | | | | |
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| в. | Full Name (Last, First, Middle Initial) Kevin Regan | | | | Dat | e o | f R | eceipt | | | | | | |
| | Mailing Address 31808 Village Green Ct | iling Address 31808 Village Green Ct | | | | | 1 | 16 | D / 6 | | 012 | Y | | |
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| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | | | |
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| <u>с</u> . | Full Name (Last, First, Middle Initial) Kevin Regan | | | | Dat | e o | f R | eceipt | | | | | | |
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| <u> </u> | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | | | · | | | | | | | | |
| A. | Full Name (Last, First, Middle Initial) Susan Ruzek | | | | | | Date of | f Red | ceipt | | | |
| | Mailing Address 25164 Churchill Lane | M = M / D = D / Y = Y = Y Y 08 07 2012 | | | | | | | | | | |
| | City Glen Ellyn | State IL | Zip Code 60137 | • | | | | | | 72CA2D8 | | A2A51 |
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| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date | 34 | 6.50 | | | | | | | |
| | Full Name (Last, First, Middle Initial) Susan Ruzek | | | | | | Date of | f Red | ceipt | | | |
| | Mailing Address 25164 Churchill Lane | | | | | | м м 08 | 1 | 16 | | 2012 | Y |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group L | TD PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Yasser Said Mailing Address 914 W Hubbard St Apt. 202 City Chicago FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60642-7500 Year-to-Date ▼ 702.00 | | | sac | tion ID | | his Period | 3D58793 |
| B. Full Name (Last, First, Middle Initial) Yasser Said Mailing Address 914 W Hubbard St Apt. 202 City | State | Zip Code | | Date of Receipt 08 16 2012 Transaction ID : 417387524A7194BFF00 | | | | | |
| Chicago FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General | IL Occupation Physician | 60642-7500 | | | | | Receipt tl | his Period | |
| C. Full Name (Last, First, Middle Initial) Yasser Said Mailing Address 914 W Hubbard St Apt. 202 City Chicago | State | Zip Code 60642-7500 | | | sac | tion ID | 0 | | 116AC0E |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | С | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Steven Schmitz Mailing Address 743 Godair Cir City Hinsdale FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate Ye | Zip Code 60521-8104 ear-to-Date ▼ 360.00 | | | / sacti | ion ID | r C24BC Receipt t | 2 7947 | | | B |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LT | D PAC | | | | | | | |
| Full Name (Last, First, Middle Initial) Grant Sievertsen Mailing Address 1304 Midwest Club Pkg City Oak Brook FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician | Zip Code 60523-2519 Year-to-Date ▼ 346.14 | | / sact | 07 | 2F8360 | 2012 0549EB6 his Perioc 1 | 13ADE0 |
| Full Name (Last, First, Middle Initial) B. Grant Sievertsen Mailing Address 1304 Midwest Club Pkv City Oak Brook FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Beceint For: | State IL Occupation Physician | | | act | 16 ion ID : | 4783409 | 2012 9 BF37A3 his Period | C1C4FD |
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| | Detailed Summary Page | | 11a | | 11b 14 | 11c | 12 | 17 | | | | | |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD P | AC | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Amy Stoeffler Mailing Address 532 Deerpath Rd | | | | Date c | of Re | · · | | | | | | | |
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| City Glen Ellyn | State IL | Zip Code 60137-4102 | | | | | : 775CB5 Receipt th | | | | | | |
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| Full Name (Last, First, Middle Initial) B. Amy Stoeffler | 1 | | | Date c | of Re | eceipt | | | | | | | |
| Mailing Address 532 Deerpath Rd | | | | M N 08 | / | 16 | | у у 2012 | Y | | | | |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD F | PAC | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Lenora Su Mailing Address 1404 Chelsea Ln | | | | Date | М | Re ⁄ | D | | | Y 1040 | Ŷ | | |
| | City | State | Zip Code | 08 07 2012 Transaction ID : 888534E2089182F9BF1 | | | | | | | | | | |
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| | FEC ID number of contributing federal political committee. | С | | 39.00 | | | | | | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | | | |
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| | Primary General | | 702.00 | 11 | | | | | | | | | | |
| | Other (specify) | | 702.00 | 4 | | | | | | | | | | |
| В. | Full Name (Last, First, Middle Initial) Lenora Su | | | | Date | of | Re | ceipt | | | | | | |
| | Mailing Address 1404 Chelsea Ln | | | | M 0 | M | / | 16 | | | 012 | Y | | |
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| | Name of Employer DuPage Medical Group, Ltd. | Occupation | I | | | | | | | | | | | |
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| | Mailing Address 1404 Chelsea Ln | | | | м 0 | | / | D 30 | | | 012 | Y | | |
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| | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | DuPage Medical Group LTD | PAC | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Arnaldo Torres | | | | Date c | of Re | eceipt | | | | | | |
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| | City | State IL | Zip Code 60108-1433 | | | | | | 74CFBI | | | | 4A13 |
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| | Primary General Other (specify) ▼ | | 702.00 |] | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Arnaldo Torres | | | | Date c | of Re | eceipt | | | | | | |
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| | | Detailed Summary Page | | 11a | | 11b 14 | 11c | 12 | 17 | | | | |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD | PAC | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Joseph Towers | | | | Date o | f Re | eceipt | | | | | | | |
| Mailing Address 412 S Columbia St | | | | 08 07 2012 | | | | | | | | | |
| City Naperville | State IL | Zip Code 60540-5418 | Transaction ID : 19CE186F7982328A85E Amount of Each Receipt this Period | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LT | D PAC | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Feodor Ung Mailing Address 711 Wellner Rd City Naperville FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60540-6727 Year-to-Date ▼ 702.00 | | 08 Trans | saction | 07 ID : E3E2 | 2012 23E1C4C72 ot this Perio | 25D12500 | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Mailing Address 711 Wellner Rd | | | | Date o | 2012 | Y | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | _ | | | | | | | | | | | | | | | |
| | DuPage Medical Group LTD | PAC | | | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Van Vallina | | | | | | Date of Receipt | | | | | | | | | | |
| | Mailing Address 241 Lorraine St | | M M / D D / Y Y Y Y Y 08 07 _ 2012 _ | | | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID : 512BB2A3013D4B036E1 | | | | | | | | | | | | | |
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| | Primary General | | | | | | | | | | | | | | | | |
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| В. | Full Name (Last, First, Middle Initial) Van Vallina | | | | | | eceipt | | | | | | | | | | |
| | Mailing Address 241 Lorraine St | | | | | 08 16 _2012 _ | | | | | | | | | | | |
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| <u>с</u> . | Full Name (Last, First, Middle Initial) Van Vallina | | | | Date of Receipt | | | | | | | | | | | | |
| | Mailing Address 241 Lorraine St | | | | | / | 30 | | 201 | | Y | | | | | | |
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| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD P | AC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Jaime Villanueva Mailing Address 1610 Midwest Club Pkwy City Oak Brook FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | State IL Occupation Physician Aggregate | Zip Code 60523-2522 Year-to-Date ▼ 360.00 | | | / acti | 07 on ID : | | nis Perio | B37B420 |
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| A . | Full Name (Last, First, Middle Initial) Caroline Wolfe Mailing Address 132 E Fremont Ave City Elmhurst FEC ID number of contributing federal political committee. Name of Employer DuPage Medical Group, Ltd. | State IL Occupation Physician | Zip Code 60126-2324 | Date of Receipt 08 07 2012 Transaction ID : A7013CE9E167CDD505 Amount of Each Receipt this Period 20.00 | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ |] | | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Caroline Wolfe Mailing Address 132 E Fremont Ave | | | | Date o | | eceipt | | 2012 | _ | Y | | | | |
| | City | | Transaction ID : 40B90A6361F263C38F0 | | | | | | | | | | | | |
| | Elmhurst | IL 60126-2324 | | | | | | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | | | | | 7 | | 2 | 20.0 | 0 | | | | | |
| | Name of Employer DuPage Medical Group, Ltd. | Occupation Physician | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 360.00 |] | | | | | | | | | | | |
| с. | Full Name (Last, First, Middle Initial) Caroline Wolfe | | | Date of Receipt | | | | | | | | | | | |
| | Mailing Address 132 E Fremont Ave | | | | | | / D 3 | | y y 2012 | | Y | | | | |
| | City Elmhurst | State IL | Zip Code 60126-2324 | | | | | : 169783 Receipt th | | | 0034 | | | | |
| | FEC ID number of contributing federal political committee. | ů – Elektrik | | | | | | | | 20.0 | 00 | | | | |
| | Name of Employer | | | | | | | | | | | | | | |
| | DuPage Medical Group, Ltd. | Physician | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | 1 | | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional). | | | | | | 7 | 3 | 6 | 60.0 | 0 | | | | |

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

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 59 OF

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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | | (11a 13 | | 11b 14 | 11c | 12 | 17 | | | | | |
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| | ny information copied from such Reports and for commercial purposes, other than using | | | | | | | f soliciting | g contribu | utions | | | | | |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD I | PAC | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Andrew Yu Mailing Address 76 Mitchell Cir | | | | | Date of Receipt | | | | | | | | | |
| | City Wheaton | | 08 07 2012 Transaction ID : 8CD78B2CC1E85BC505F Amount of Each Receipt this Period | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 20.83 | | | | | | | | | | |
| | Name of Employer DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | Occupation Physician Aggregate | Year-to-Date ▼ 374.94 |] | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) Andrew Yu Mailing Address 76 Mitchell Cir | | | Date of Receipt | | | | Y | | | | | | | |
| | City | State | | 08 16 2012 | | | | | | | | | | | |
| | Wheaton FEC ID number of contributing federal political committee. | C | 60189-5928 | Amount of Each Receipt this Period | | | | | | | | | | | |
| | Name of Employer DuPage Medical Group, Ltd. | Occupation Physician | 1 | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 374.94 | 1 | 1 | | | | | | | | | | |
| <u>с</u> . | Full Name (Last, First, Middle Initial) Andrew Yu | | | | Date c | of Re | eceipt | | | | | | | | |
| | Mailing Address 76 Mitchell Cir | 7. 0.4 | | 08 | / | 30 |) | y y 2012 | _ | | | | | | |
| | City Wheaton | State IL | Zip Code 60189-5928 | | | | | : E562E6 Receipt th | | | | | | | |
| | FEC ID number of contributing federal political committee. | | | | 7 | 5 | 2 | 0.83 | | | | | | | |
| | Name of Employer DuPage Medical Group, Ltd. | Occupation Physician | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ |] | | | | | | | | | | | | | |
| s | UBTOTAL of Receipts This Page (optional) | | | • | | | 7 | | 62 | 2.49 | | | | | |

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