

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

DuPage Medical Group LTD PAC

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

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C C00435982

3. IS THIS REPORT **NEW (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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day **PRE-Election** Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

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

Election on / / in the State of

5. Covering Period / / / / through / / / / / /

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

Type or Print Name of Treasurer Michael K. McCormick

Signature of Treasurer Michael K. McCormick [Electronically Filed] Date / / / / / /

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							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DuPage Medical Group LTD PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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) and 6(c) for Column A and Lines 6(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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DuPage Medical Group LTD PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5101.44	20392.04
(ii) Unitemized	180.21	11647.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5281.65	32039.83
(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)	5281.65	32039.83
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5281.65	32039.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5281.65	32039.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 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 ▼ **375.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 6BE783D885085E7FB67

Amount of Each Receipt this Period
20.84

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 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 ▼ **375.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : D5FBB2878321AB42B22

Amount of Each Receipt this Period
20.84

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 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 ▼ **375.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : C29E6F0863044BE5C5D

Amount of Each Receipt this Period
20.84

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 07 / 2012
Transaction ID : A5B662E9C56DCBF8C5D

Amount of Each Receipt this Period
39.00

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

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 16 / 2012
Transaction ID : 6B2A128400E04A832DE

Amount of Each Receipt this Period
39.00

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

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 30 / 2012
Transaction ID : 2C472D5451C380B85C6

Amount of Each Receipt this Period
39.00

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

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

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

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

FOR LINE NUMBER: PAGE 8 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1673 Imperial Cir
 City Naperville State IL Zip Code 60563-0132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 08 / 07 / 2012
Transaction ID : 36CA500F496DFFD82D5
 Amount of Each Receipt this Period
 39.00

B. James Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1673 Imperial Cir
 City Naperville State IL Zip Code 60563-0132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 08 / 16 / 2012
Transaction ID : C93EC8DFAA16C00EA71
 Amount of Each Receipt this Period
 39.00

C. James Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1673 Imperial Cir
 City Naperville State IL Zip Code 60563-0132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 08 / 30 / 2012
Transaction ID : D5000F295534484DFB1
 Amount of Each Receipt this Period
 39.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. David Dungan		Date of Receipt 08 / 07 / 2012 Transaction ID : 3262E838EA3F25B66E2
Mailing Address 211 Palamino Pl		Amount of Each Receipt this Period 20.00
City Wheaton	State IL	Zip Code 60189-2046
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Dungan		Date of Receipt 08 / 16 / 2012 Transaction ID : 2F0279F36B5A11E2C39
Mailing Address 211 Palamino Pl		Amount of Each Receipt this Period 20.00
City Wheaton	State IL	Zip Code 60189-2046
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Dungan		Date of Receipt 08 / 30 / 2012 Transaction ID : 8CB51EFD758E6893BB8
Mailing Address 211 Palamino Pl		Amount of Each Receipt this Period 20.00
City Wheaton	State IL	Zip Code 60189-2046
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 10 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael Fitzgerald

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 4704B24E75F2DAB6D4C

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Michael Fitzgerald

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : F98A34843950E46E6F3

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Michael Fitzgerald

Mailing Address 1207 Sanctuary Ln

City Naperville State IL Zip Code 60540-1936

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

Name of Employer DuPage Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : AFFB380C9C45B6D6B06

Amount of Each Receipt this Period
39.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
08 / 07 / 2012
Transaction ID : 67682FBDAFEB3FB973B

Amount of Each Receipt this Period
25.00

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

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
08 / 16 / 2012
Transaction ID : 64112A383EB58A24D5B

Amount of Each Receipt this Period
25.00

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

Mailing Address 65223 New Castle Rd.

City Naperville State IL Zip Code 60540

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
08 / 30 / 2012
Transaction ID : BA33F15DF2E4E85785D

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 12 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2012

Transaction ID : 2044D2802966B69BFF0

Amount of Each Receipt this Period
50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : D80ED903E65970982B6

Amount of Each Receipt this Period
50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : E37A6D75C3B3DE15A99

Amount of Each Receipt this Period
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 13 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 540357EE915F8995D69

Amount of Each Receipt this Period
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : 45C8BA64A2C0AB4C177

Amount of Each Receipt this Period
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : BAA6F2BBB40E169A8D0

Amount of Each Receipt this Period
39.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. John Giardina
Mailing Address 832 Abbey Dr
City State Zip Code
Glen Ellyn IL 60137-6130
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
692.28

Date of Receipt
08 / 07 / 2012
Transaction ID : 4448A0525C3852D891D
Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
B. John Giardina
Mailing Address 832 Abbey Dr
City State Zip Code
Glen Ellyn IL 60137-6130
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
692.28

Date of Receipt
08 / 16 / 2012
Transaction ID : F2F0928D3606EC498F6
Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
c. John Giardina
Mailing Address 832 Abbey Dr
City State Zip Code
Glen Ellyn IL 60137-6130
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
DuPage Medical Group, Ltd. Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
692.28

Date of Receipt
08 / 30 / 2012
Transaction ID : 6A95FBDE89F3EF80A39
Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ► **115.38**
TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : BB76FFE229B072A8D8E
 Amount of Each Receipt this Period
 42.00

B. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : 971DCC8F7E83DA29C4B
 Amount of Each Receipt this Period
 42.00

C. L. Douglas Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 15224 Summit Ave.
 Ste. 107
 City State Zip Code
 Oakbrook Terrace IL 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 1923499250E8D4D76E7
 Amount of Each Receipt this Period
 42.00

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: PAGE 16 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Glenn Grobe

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 7263426E1F1577BB271

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Glenn Grobe

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : 5DF35BDF6E6B42599CE

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Glenn Grobe

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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 ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 258BF74615C2961F4FB

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 59
<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. Linda Gruener
Full Name (Last, First, Middle Initial)
Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : 0E4EEBA9BF0DAB997CC

Amount of Each Receipt this Period
100.00

B. Linda Gruener
Full Name (Last, First, Middle Initial)
Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2012

Transaction ID : B257FC6DD658A6B7D9D

Amount of Each Receipt this Period
100.00

C. Linda Gruener
Full Name (Last, First, Middle Initial)
Mailing Address 8207 Gruener Ct

City Palos Hills	State IL	Zip Code 60465-2200
---------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : 4BA837244BF2402B253

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
08 / 07 / 2012

Transaction ID : 9F1BD4D4D883CE96B5D

Amount of Each Receipt this Period
21.00

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
08 / 16 / 2012

Transaction ID : 218897E9E57191AA4FB

Amount of Each Receipt this Period
21.00

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
08 / 30 / 2012

Transaction ID : 4FFA140395EF95DC50F

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... **63.00**

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 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Maleeha Hashmi-Basha

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
08 / 07 / 2012
Transaction ID : 5431A68EDC44127E9F6

Amount of Each Receipt this Period
20.00

B. Maleeha Hashmi-Basha

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
08 / 16 / 2012
Transaction ID : F44CC11FC9BA727CFCC

Amount of Each Receipt this Period
20.00

C. Maleeha Hashmi-Basha

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
08 / 30 / 2012
Transaction ID : 57696A6EE7BC43C0B73

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 20 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. James Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1962 Hampton Dr
 City Wheaton State IL Zip Code 60189-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 08 / 07 / 2012
Transaction ID : B068EA957BDA254EDD4
 Amount of Each Receipt this Period 41.67

B. James Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1962 Hampton Dr
 City Wheaton State IL Zip Code 60189-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 08 / 16 / 2012
Transaction ID : E50442FA24B91FC9CBD
 Amount of Each Receipt this Period 41.67

C. James Hermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1962 Hampton Dr
 City Wheaton State IL Zip Code 60189-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 08 / 30 / 2012
Transaction ID : B013D1D29F454583481
 Amount of Each Receipt this Period 41.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 07 / 2012
Transaction ID : 579418315C6D16C20A0

Amount of Each Receipt this Period
39.00

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 16 / 2012
Transaction ID : E5EE4634CC6966F5B64

Amount of Each Receipt this Period
39.00

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

Mailing Address 1155 N Dearborn St
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 30 / 2012
Transaction ID : 928170D63AF5FEBAABB

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<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. Robert Hurst
Full Name (Last, First, Middle Initial)

Mailing Address 1348 Richmond Ln

City Bartlett	State IL	Zip Code 60103-8939
------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : 59B15F82A0671B2FB09

Amount of Each Receipt this Period

39.00

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

Mailing Address 1348 Richmond Ln

City Bartlett	State IL	Zip Code 60103-8939
------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2012

Transaction ID : 69185CD4C1A21E656FF

Amount of Each Receipt this Period

39.00

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

Mailing Address 1348 Richmond Ln

City Bartlett	State IL	Zip Code 60103-8939
------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : F2F5115B0321A62DB8A

Amount of Each Receipt this Period

39.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 59
(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. Robert Janowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Clynderven Rd
 City Burr Ridge State IL Zip Code 60527-6247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : B60ED596E763A4292A3
 Amount of Each Receipt this Period
 40.00

B. Robert Janowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Clynderven Rd
 City Burr Ridge State IL Zip Code 60527-6247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : 8EA5D5BA52C1309E0AD
 Amount of Each Receipt this Period
 40.00

C. Robert Janowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 8401 Clynderven Rd
 City Burr Ridge State IL Zip Code 60527-6247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 910CE3E20576778CE2D
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Full Name (Last, First, Middle Initial) A. Robert King			Date of Receipt 08 / 07 / 2012 Transaction ID : 89AE26DBE0646EE1553
Mailing Address 2796 Crestfield Ct			Amount of Each Receipt this Period 41.67
City Naperville	State IL	Zip Code 60565-3043	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 750.06
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert King			Date of Receipt 08 / 16 / 2012 Transaction ID : 3CAB3285F1195B836A0
Mailing Address 2796 Crestfield Ct			Amount of Each Receipt this Period 41.67
City Naperville	State IL	Zip Code 60565-3043	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 750.06
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert King			Date of Receipt 08 / 30 / 2012 Transaction ID : 000BC7A4E0711532E3E
Mailing Address 2796 Crestfield Ct			Amount of Each Receipt this Period 41.67
City Naperville	State IL	Zip Code 60565-3043	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 750.06
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 25 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 07 / 2012
Transaction ID : 0ADEE441F5581293362
 Amount of Each Receipt this Period 20.00

B. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 16 / 2012
Transaction ID : 01530892E1049382742
 Amount of Each Receipt this Period 20.00

C. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 30 / 2012
Transaction ID : 62A1492A94769C41422
 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 26 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Full Name (Last, First, Middle Initial) A. Norman Kumins		Date of Receipt										
Mailing Address 677 Duane St		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		07		2012
M M	/	D D	/	Y Y Y Y								
08		07		2012								
City State Zip Code Glen Ellyn IL 60137-4611		Transaction ID : AD2506D91D557FE95AD										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation DuPage Medical Group, Ltd. Physician		39.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼										
		702.00										

Full Name (Last, First, Middle Initial) B. Norman Kumins		Date of Receipt										
Mailing Address 677 Duane St		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>16</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		16		2012
M M	/	D D	/	Y Y Y Y								
08		16		2012								
City State Zip Code Glen Ellyn IL 60137-4611		Transaction ID : E3C5925EFD36A5AD57E										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation DuPage Medical Group, Ltd. Physician		39.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼										
		702.00										

Full Name (Last, First, Middle Initial) C. Norman Kumins		Date of Receipt										
Mailing Address 677 Duane St		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>30</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		30		2012
M M	/	D D	/	Y Y Y Y								
08		30		2012								
City State Zip Code Glen Ellyn IL 60137-4611		Transaction ID : 9CD6EAF87DA56B09C0										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation DuPage Medical Group, Ltd. Physician		39.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼										
		702.00										

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City Willowbrook State IL Zip Code 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt
 08 / 07 / 2012
Transaction ID : 8E31F22675618690177
 Amount of Each Receipt this Period
 20.83

B. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City Willowbrook State IL Zip Code 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt
 08 / 16 / 2012
Transaction ID : 76D2B872CA6EF86B5BC
 Amount of Each Receipt this Period
 20.83

C. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City Willowbrook State IL Zip Code 60527-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt
 08 / 30 / 2012
Transaction ID : 64A0F0BB9863D57914E
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional).....▶	62.49
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 OF 59
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Aaron Lazar		Date of Receipt MM / DD / YYYY 08 / 07 / 2012 Transaction ID : 226F6DBD0918C6BACBC
Mailing Address 1564 Abbotsford Dr		Amount of Each Receipt this Period 25.00
City Naperville	State IL	Zip Code 60563-2088
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Aaron Lazar		Date of Receipt MM / DD / YYYY 08 / 16 / 2012 Transaction ID : 7484D4B3C2F7C5EEEEF
Mailing Address 1564 Abbotsford Dr		Amount of Each Receipt this Period 25.00
City Naperville	State IL	Zip Code 60563-2088
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Aaron Lazar		Date of Receipt MM / DD / YYYY 08 / 30 / 2012 Transaction ID : 19D1CDBC1DD0C32EA11
Mailing Address 1564 Abbotsford Dr		Amount of Each Receipt this Period 25.00
City Naperville	State IL	Zip Code 60563-2088
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 29 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
08 / 07 / 2012
Transaction ID : 72A32A853EBE6E7F57B

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
08 / 16 / 2012
Transaction ID : C80DEFDF2ECBD3E640

Amount of Each Receipt this Period
20.00

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

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
08 / 30 / 2012
Transaction ID : 021066F9D5CB888B3E2

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 30 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Steve Lieberman
 Full Name (Last, First, Middle Initial)
 Mailing Address 819 E Hillside Rd
 City Naperville State IL Zip Code 60540-6806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 08 / 07 / 2012
Transaction ID : 466BC03FCDB0105229C
 Amount of Each Receipt this Period
 21.00

B. Steve Lieberman
 Full Name (Last, First, Middle Initial)
 Mailing Address 819 E Hillside Rd
 City Naperville State IL Zip Code 60540-6806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 08 / 16 / 2012
Transaction ID : 784788E24DB9713B2FC
 Amount of Each Receipt this Period
 21.00

C. Steve Lieberman
 Full Name (Last, First, Middle Initial)
 Mailing Address 819 E Hillside Rd
 City Naperville State IL Zip Code 60540-6806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 08 / 30 / 2012
Transaction ID : 33E592BE5CFDC55CA55
 Amount of Each Receipt this Period
 21.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
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 31 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Ernest Lizek		Date of Receipt 08 / 07 / 2012 Transaction ID : FF50995850DF164070C
Mailing Address 416 S Sleight St		Amount of Each Receipt this Period 39.00
City Naperville	State IL	Zip Code 60540-5441
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.00	

Full Name (Last, First, Middle Initial) B. Ernest Lizek		Date of Receipt 08 / 16 / 2012 Transaction ID : A27081A1E7519A5BBD1
Mailing Address 416 S Sleight St		Amount of Each Receipt this Period 39.00
City Naperville	State IL	Zip Code 60540-5441
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.00	

Full Name (Last, First, Middle Initial) C. Ernest Lizek		Date of Receipt 08 / 30 / 2012 Transaction ID : 5B9ABEEA1B1ACDC7328
Mailing Address 416 S Sleight St		Amount of Each Receipt this Period 39.00
City Naperville	State IL	Zip Code 60540-5441
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 702.00	

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

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

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

FOR LINE NUMBER: PAGE 32 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Nicholas Mataragas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Timber Ridge Ct
 City Indian Head Park State IL Zip Code 60525-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 07 / 2012
Transaction ID : E5CCDD849F1AF1EE328
 Amount of Each Receipt this Period
 19.23

B. Nicholas Mataragas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Timber Ridge Ct
 City Indian Head Park State IL Zip Code 60525-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 16 / 2012
Transaction ID : 5E06B8790C221AE4401
 Amount of Each Receipt this Period
 19.23

C. Nicholas Mataragas
 Full Name (Last, First, Middle Initial)
 Mailing Address 6105 Timber Ridge Ct
 City Indian Head Park State IL Zip Code 60525-3759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt
 08 / 30 / 2012
Transaction ID : F195435F0CC56643D3A
 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 33 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul Merrick
 Full Name (Last, First, Middle Initial)
 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 Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : B845CBD80F58C582926
 Amount of Each Receipt this Period
 20.00

B. Paul Merrick
 Full Name (Last, First, Middle Initial)
 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 Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : EE4BB68E529C4CB66C1
 Amount of Each Receipt this Period
 20.00

C. Paul Merrick
 Full Name (Last, First, Middle Initial)
 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 Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 4E00F9A50E79FD194D3
 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 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 144F21ABFA4A0A9BBB4

Amount of Each Receipt this Period
39.00

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

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : 201F14DBDEA739D0B1C

Amount of Each Receipt this Period
39.00

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

Mailing Address 1801 S Highland Ave

City Lombard State IL Zip Code 60148-4932

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 2AF78C9F8DF1DB9E931

Amount of Each Receipt this Period
39.00

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

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

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

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

FOR LINE NUMBER: PAGE 35 OF 59
(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. Yoko Momoyama
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2012

Transaction ID : C50BD80C3EE2680BC97

Amount of Each Receipt this Period
39.00

B. Yoko Momoyama
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2012

Transaction ID : 7EDBDAF61359B8403DE

Amount of Each Receipt this Period
39.00

C. Yoko Momoyama
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : 55D574D478BECD3C4B3

Amount of Each Receipt this Period
39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mark Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3753 King Williams Ct
 City Saint Charles State IL Zip Code 60174-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 07 / 2012
Transaction ID : 0C1493D60DAC6DF461D
 Amount of Each Receipt this Period
 20.00

B. Mark Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3753 King Williams Ct
 City Saint Charles State IL Zip Code 60174-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2012
Transaction ID : 6AA7246EAEE3535A6A
 Amount of Each Receipt this Period
 20.00

C. Mark Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3753 King Williams Ct
 City Saint Charles State IL Zip Code 60174-7806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2012
Transaction ID : 2C44ACF3F8522041C33
 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 37 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Ravi Nemivant
Full Name (Last, First, Middle Initial)
Mailing Address 561 Hevern Dr
City Wheaton State IL Zip Code 60189-7396
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 07 / 2012
Transaction ID : A349D6D96E66931A30A
Amount of Each Receipt this Period 25.00

B. Ravi Nemivant
Full Name (Last, First, Middle Initial)
Mailing Address 561 Hevern Dr
City Wheaton State IL Zip Code 60189-7396
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 16 / 2012
Transaction ID : 2F2E8DA6FEDCC1B8AB8
Amount of Each Receipt this Period 25.00

C. Ravi Nemivant
Full Name (Last, First, Middle Initial)
Mailing Address 561 Hevern Dr
City Wheaton State IL Zip Code 60189-7396
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2012
Transaction ID : EC51A7CFD49CDE87A66
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 38 OF 59
	<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. Don Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 W Park Ave
 City Wheaton State IL Zip Code 60189-6354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 07 / 2012
Transaction ID : BBB680AEF357633E507
 Amount of Each Receipt this Period
 20.00

B. Don Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 W Park Ave
 City Wheaton State IL Zip Code 60189-6354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 16 / 2012
Transaction ID : 69C1C5697F86A18A1D1
 Amount of Each Receipt this Period
 20.00

C. Don Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 W Park Ave
 City Wheaton State IL Zip Code 60189-6354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 08 / 30 / 2012
Transaction ID : 6A8E39ED3553460DE55
 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 39 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

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

Mailing Address 401 59th St

City Downers Grove	State IL	Zip Code 60516-1440
-----------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : DFD0A0C862D8458FD84

Amount of Each Receipt this Period
21.00

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

Mailing Address 401 59th St

City Downers Grove	State IL	Zip Code 60516-1440
-----------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : 89EC41EA5342AD6F0B8

Amount of Each Receipt this Period
21.00

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

Mailing Address 401 59th St

City Downers Grove	State IL	Zip Code 60516-1440
-----------------------	-------------	------------------------

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

Name of Employer DuPage Medical Group, Ltd.	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : E2B82ACFFA86F71DD79

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional).....▶	63.00
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 40 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 07 / 2012
Transaction ID : 27A0A5E03D81E318B64

Amount of Each Receipt this Period 25.00

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 16 / 2012
Transaction ID : A3D49006A2A58A32ECA

Amount of Each Receipt this Period 25.00

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2012
Transaction ID : 884D0382B521218D60F

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 41 OF 59
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael Pacetti		Date of Receipt
Mailing Address 16957 Burr Oak Dr		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City Homer Glen	State IL	Zip Code 60491-6946
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : F2CBED25C8FCA66F3CB
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Chief Financial Officer		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) B. Michael Pacetti		Date of Receipt
Mailing Address 16957 Burr Oak Dr		<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Homer Glen	State IL	Zip Code 60491-6946
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 309F1F44D0115ED3468
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Chief Financial Officer		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) C. Michael Pacetti		Date of Receipt
Mailing Address 16957 Burr Oak Dr		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Homer Glen	State IL	Zip Code 60491-6946
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 76BB8496BB50714BBAA
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Chief Financial Officer		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="360.00"/>	

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 42 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mathew Philip
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 W North Ave
 Apt. 3
 City Chicago State IL Zip Code 60622-2245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : C91D27707A610F5CD50
 Amount of Each Receipt this Period
 39.00

B. Mathew Philip
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 W North Ave
 Apt. 3
 City Chicago State IL Zip Code 60622-2245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : 7006ED2DDA98F751759
 Amount of Each Receipt this Period
 39.00

C. Mathew Philip
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 W North Ave
 Apt. 3
 City Chicago State IL Zip Code 60622-2245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 293FB6A5F48E2F970B2
 Amount of Each Receipt this Period
 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)
A. Stephen Pierson

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 4BF81B3403DB7260237

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
B. Stephen Pierson

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : BF1553FBEEEDB1685C55

Amount of Each Receipt this Period
21.00

Full Name (Last, First, Middle Initial)
C. Stephen Pierson

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : AECCDA08875AE592DDE

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional).....▶	63.00
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 44 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John Porcelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 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 ▼ 360.00

Date of Receipt 08 / 07 / 2012
Transaction ID : 8CBEA07B85FF4BB4E35
 Amount of Each Receipt this Period 20.00

B. John Porcelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 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 ▼ 360.00

Date of Receipt 08 / 16 / 2012
Transaction ID : 7847F9F0D2AFFC960C5
 Amount of Each Receipt this Period 20.00

C. John Porcelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 4530 Lee Ave
 City Downers Grove State IL Zip Code 60515-2607
 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 ▼ 360.00

Date of Receipt 08 / 30 / 2012
Transaction ID : 77DDEF87A1FF2962B54
 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 45 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Soujanya Pulluru
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City Naperville State IL Zip Code 60564-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : BD271BC891112059E6D
 Amount of Each Receipt this Period
 41.67

B. Soujanya Pulluru
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City Naperville State IL Zip Code 60564-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : BB08575B5D7190AC4B6
 Amount of Each Receipt this Period
 41.67

C. Soujanya Pulluru
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Littlestone Cir
 City Naperville State IL Zip Code 60564-5915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : E95B6F5A299AA4C77E2
 Amount of Each Receipt this Period
 41.67

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

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

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

FOR LINE NUMBER: PAGE 46 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : 09EEEF106522F23520C

Amount of Each Receipt this Period
38.46

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : 23F4ED1DC2A3DB3CAE

Amount of Each Receipt this Period
38.46

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 27575E61CEEEB540EF7

Amount of Each Receipt this Period
38.46

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.50

Date of Receipt
08 / 07 / 2012
Transaction ID : 72CA2D856F19A4A2A51

Amount of Each Receipt this Period
19.25

B. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.50

Date of Receipt
08 / 16 / 2012
Transaction ID : 66D29EFF5B0BAC2391A

Amount of Each Receipt this Period
19.25

C. Susan Ruzek
Full Name (Last, First, Middle Initial)

Mailing Address 25164 Churchill Lane

City State Zip Code
Glen Ellyn IL 60137

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.50

Date of Receipt
08 / 30 / 2012
Transaction ID : 45A4AEF77DE8FC1615C

Amount of Each Receipt this Period
19.25

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: (check only one)	PAGE 48 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Yasser Said
Full Name (Last, First, Middle Initial)

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 07 / 2012
Transaction ID : 5BEC1154D5F73D58793

Amount of Each Receipt this Period
39.00

B. Yasser Said
Full Name (Last, First, Middle Initial)

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 16 / 2012
Transaction ID : 417387524A7194BFF00

Amount of Each Receipt this Period
39.00

C. Yasser Said
Full Name (Last, First, Middle Initial)

Mailing Address 914 W Hubbard St
Apt. 202

City Chicago State IL Zip Code 60642-7500

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 30 / 2012
Transaction ID : 27E1DD8E76BB116AC0E

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 07 / 2012**

Transaction ID : C24BC794775E20168FB

Amount of Each Receipt this Period **20.00**

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

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, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 16 / 2012**

Transaction ID : 0BFF730E83B90DD5000

Amount of Each Receipt this Period **20.00**

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

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, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **08 / 30 / 2012**

Transaction ID : 75C76FC30AED3CEA7A3

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 50 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 07 / 2012
Transaction ID : 2F83600549EB613ADE0

Amount of Each Receipt this Period
19.23

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 16 / 2012
Transaction ID : 4783409BF37A3C1C4FD

Amount of Each Receipt this Period
19.23

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 30 / 2012
Transaction ID : A28D1B98414D4A5ABA6

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 51 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 60137-4102

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
08 / 07 / 2012
Transaction ID : 775CB578E4109AA2859

Amount of Each Receipt this Period
41.67

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

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 60137-4102

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
08 / 16 / 2012
Transaction ID : 54A9D7764284EA8FE96

Amount of Each Receipt this Period
41.67

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

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 60137-4102

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
08 / 30 / 2012
Transaction ID : 6A4CC74C1FE6B4B3071

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Lenora Su
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Chelsea Ln
 City Naperville State IL Zip Code 60565-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **702.00**

Date of Receipt **08 / 07 / 2012**
Transaction ID : 888534E2089182F9BF1
 Amount of Each Receipt this Period **39.00**

B. Lenora Su
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Chelsea Ln
 City Naperville State IL Zip Code 60565-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **702.00**

Date of Receipt **08 / 16 / 2012**
Transaction ID : 939F77B8C51FF0DBE19
 Amount of Each Receipt this Period **39.00**

C. Lenora Su
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Chelsea Ln
 City Naperville State IL Zip Code 60565-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **702.00**

Date of Receipt **08 / 30 / 2012**
Transaction ID : 29C8079144FC48F78B3
 Amount of Each Receipt this Period **39.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 53 OF 59
(check only one)	
<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 229 Wren Ct

City State Zip Code
Bloomingdale IL 60108-1433

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 07 / 2012
Transaction ID : 874CFBE2DD8DBAD4A13

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City State Zip Code
Bloomingdale IL 60108-1433

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 16 / 2012
Transaction ID : EF124C20C32636E2913

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City State Zip Code
Bloomingdale IL 60108-1433

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt
08 / 30 / 2012
Transaction ID : C9902084517A5EDC51C

Amount of Each Receipt this Period
39.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

A. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 08 / 07 / 2012
Transaction ID : 19CE186F7982328A85E
 Amount of Each Receipt this Period
 41.67

B. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 08 / 16 / 2012
Transaction ID : 0E365CE914BD199283D
 Amount of Each Receipt this Period
 41.67

C. Joseph Towers
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 S Columbia St
 City Naperville State IL Zip Code 60540-5418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt
 08 / 30 / 2012
Transaction ID : 1AD88B4A080F5322910
 Amount of Each Receipt this Period
 41.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt **08 / 07 / 2012**

Transaction ID : E3E23E1C4C725D12500

Amount of Each Receipt this Period **39.00**

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

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt **08 / 16 / 2012**

Transaction ID : 9AF53933F59318DF7E2

Amount of Each Receipt this Period **39.00**

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

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt **08 / 30 / 2012**

Transaction ID : 18FD6085FEFA2C62501

Amount of Each Receipt this Period **39.00**

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

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

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

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

FOR LINE NUMBER: PAGE 56 OF 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : 512BB2A3013D4B036E1
 Amount of Each Receipt this Period
 39.00

B. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012
Transaction ID : 4036B0CCB7C049B89D5
 Amount of Each Receipt this Period
 39.00

C. Van Vallina
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lorraine St
 City State Zip Code
 Glen Ellyn IL 60137-5326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DuPage Medical Group, Ltd. Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 59302B477A0A1ECD567
 Amount of Each Receipt this Period
 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012

Transaction ID : 064F02CACF05B37B420

Amount of Each Receipt this Period
 20.00

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

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : 19F595ED73C78E3802E

Amount of Each Receipt this Period
 20.00

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

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : 783D5BDC104FCA3ED40

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 58 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : A7013CE9E167CDD505D

Amount of Each Receipt this Period
20.00

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

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2012

Transaction ID : 40B90A6361F263C38F0

Amount of Each Receipt this Period
20.00

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

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2012

Transaction ID : 1697835493959FA0034

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 59 OF 59
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Andrew Yu		Date of Receipt 08 / 07 / 2012 Transaction ID : 8CD78B2CC1E85BC505F
Mailing Address 76 Mitchell Cir		Amount of Each Receipt this Period 20.83
City Wheaton	State IL	Zip Code 60189-5928
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 ▼ 374.94	

Full Name (Last, First, Middle Initial) B. Andrew Yu		Date of Receipt 08 / 16 / 2012 Transaction ID : FE31073093B613A5E53
Mailing Address 76 Mitchell Cir		Amount of Each Receipt this Period 20.83
City Wheaton	State IL	Zip Code 60189-5928
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 ▼ 374.94	

Full Name (Last, First, Middle Initial) C. Andrew Yu		Date of Receipt 08 / 30 / 2012 Transaction ID : E562E6FB39941BE3A9C
Mailing Address 76 Mitchell Cir		Amount of Each Receipt this Period 20.83
City Wheaton	State IL	Zip Code 60189-5928
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 ▼ 374.94	

SUBTOTAL of Receipts This Page (optional).....	62.49
TOTAL This Period (last page this line number only).....	5101.44