

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 05 01 2010 through 05 31 2010

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

Type or Print Name of Treasurer Mary Goldsher

Signature of Treasurer Electronically Filed by Mary Goldsher Date 06 18 2010

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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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		40637.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	47641.74									
(c) Total Receipts (from Line 19)	2146.04	11570.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49787.78	52207.78								
7. Total Disbursements (from Line 31)	0.00	2420.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49787.78	49787.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	1117.20	3518.60
(ii) Unitemized	1028.84	8051.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2146.04	11570.20
(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)	2146.04	11570.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2146.04	11570.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2146.04	11570.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2400.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	20.00
(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	20.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	2420.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	2420.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2146.04	11570.20
34. Total Contribution Refunds (from Line 28(d))	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2146.04	11550.20
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 7 / 16
(check only one)

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

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

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

A.

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

Mailing Address 3 Briar Ln

City State Zip Code
West Chicago IL 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.40

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: C549A267ADAC88E2037

Amount of Each Receipt this Period
20.84

B.

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

Mailing Address 15224 Summit Ave.
Ste. 107

City State Zip Code
Oakbrook Terrace IL 60181

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: 1B37EFDD651EE93ED21

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 15224 Summit Ave.
Ste. 107

City State Zip Code
Oakbrook Terrace IL 60181

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: C8B9BA3D3D1B75442CA

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **104.84**

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 8 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt
	Mailing Address 8207 Gruener Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 07 / 2010
	City	State	Zip Code
	Palos Hills	IL	60465-2200
	FEC ID number of contributing federal political committee.		Transaction ID: 10205C89D466FF3CA3A
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Linda Gruener		Date of Receipt
	Mailing Address 8207 Gruener Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 20 / 2010
	City	State	Zip Code
	Palos Hills	IL	60465-2200
	FEC ID number of contributing federal political committee.		Transaction ID: CD751AC1546C4A698A2
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Naira Hashmi		Date of Receipt
	Mailing Address 640 S Washington St Ste 268		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 20 / 2010
	City	State	Zip Code
	Naperville	IL	60540-6694
	FEC ID number of contributing federal political committee.		Transaction ID: 7514F0E055AA114591F
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	<input type="text"/> 210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 210.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 221.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 16
(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

<p>A. Full Name (Last, First, Middle Initial) James Hermann</p> <p>Mailing Address 1962 Hampton Avenue</p> <p>City State Zip Code Wheaton IL 60187-1020</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.70</p>	<p>Date of Receipt 05 / 07 / 2010</p> <p>Transaction ID: 708EB43FD46B0C8D138</p> <p>Amount of Each Receipt this Period 41.67</p>
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<p>B. Full Name (Last, First, Middle Initial) James Hermann</p> <p>Mailing Address 1962 Hampton Avenue</p> <p>City State Zip Code Wheaton IL 60187-1020</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.70</p>	<p>Date of Receipt 05 / 20 / 2010</p> <p>Transaction ID: 9C1006240671EDA59D6</p> <p>Amount of Each Receipt this Period 41.67</p>
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<p>C. Full Name (Last, First, Middle Initial) David Labotka</p> <p>Mailing Address 1312 S Ridge Rd</p> <p>City State Zip Code Willowbrook IL 60527-1896</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer DuPage Medical Group, Ltd. Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.30</p>	<p>Date of Receipt 05 / 20 / 2010</p> <p>Transaction ID: 3F8F3A9784D00206F88</p> <p>Amount of Each Receipt this Period 20.83</p>
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SUBTOTAL of Receipts This Page (optional)	104.17
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 / 16
(check only one)

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

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

A.

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

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 07 / 2010

Transaction ID: 0349C5A441259A8589D

Amount of Each Receipt this Period 40.00

B.

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

Mailing Address 2034 W Walton St

City Chicago State IL Zip Code 60622-4960

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

Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 20 / 2010

Transaction ID: 18C822C4D7BF17DEA46

Amount of Each Receipt this Period 40.00

C.

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

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 ▼ 210.00

Date of Receipt 05 / 20 / 2010

Transaction ID: 6088473D098CF4CA37C

Amount of Each Receipt this Period 21.00

SUBTOTAL of Receipts This Page (optional) ► 101.00

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

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

A.	Full Name (Last, First, Middle Initial) M. Paul Meyer	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 1801 S Highland Ave	Transaction ID: 8EA6CB4CBA4CE025B78
	City State Zip Code Lombard IL 60148-4932	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70	

B.	Full Name (Last, First, Middle Initial) M. Paul Meyer	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 1801 S Highland Ave	Transaction ID: FF7807B66C252209DDB
	City State Zip Code Lombard IL 60148-4932	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70	

C.	Full Name (Last, First, Middle Initial) Keith Monson	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 612 Beaver Ct	Transaction ID: 86A8210662217D8FF00
	City State Zip Code Naperville IL 60563-9782	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: DuPage Medical Group, Ltd. Occupation: Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	128.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 16
(check only one)

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

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

A.

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

Mailing Address 612 Beaver Ct

City Naperville State IL Zip Code 60563-9782

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 20 / 2010
Transaction ID: ECAB89F119EBAF1D300
 Amount of Each Receipt this Period 45.00

B.

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

Mailing Address 561 Hevern Dr

City Wheaton State IL Zip Code 60187-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 07 / 2010
Transaction ID: E6BF6E224F2FFB6F903
 Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 561 Hevern Dr

City Wheaton State IL Zip Code 60187-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2010
Transaction ID: 8181218BEA820B63FB6
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

A.	Full Name (Last, First, Middle Initial) Brian O'Leary	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 401 59th Street	Transaction ID: 9D4033E6E8454980A4C
	City Downers Grove State IL Zip Code 60516-1440	Amount of Each Receipt this Period 21.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) James Oakley	Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address 605 S Grant St	Transaction ID: 4E32A1A295E86307A5B
	City Hinsdale State IL Zip Code 60521-4453	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) James Oakley	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 605 S Grant St	Transaction ID: 729E9CA45CE836CB29C
	City Hinsdale State IL Zip Code 60521-4453	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 16
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Stephen Pierson		Date of Receipt
	Mailing Address 1800 N Main St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 20 / 2010
	City	State	Zip Code
	Wheaton	IL	60187-3112
	FEC ID number of contributing federal political committee.		Transaction ID: 4D08442475F4A98D480
		Amount of Each Receipt this Period	
		<input type="text"/> 21.00	
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 210.00	

B.	Full Name (Last, First, Middle Initial) Soujanya Pulluru		Date of Receipt
	Mailing Address 3908 Littlestone Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 07 / 2010
	City	State	Zip Code
	Naperville	IL	60564-5915
	FEC ID number of contributing federal political committee.		Transaction ID: 4D359AFFDF593FDBE8B
		Amount of Each Receipt this Period	
		<input type="text"/> 41.67	
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 416.70	

C.	Full Name (Last, First, Middle Initial) Soujanya Pulluru		Date of Receipt
	Mailing Address 3908 Littlestone Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 20 / 2010
	City	State	Zip Code
	Naperville	IL	60564-5915
	FEC ID number of contributing federal political committee.		Transaction ID: 567CC847B14FAB57BFF
		Amount of Each Receipt this Period	
		<input type="text"/> 41.67	
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 416.70	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 104.34
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 15 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 60137-4102

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: C01B2FEF60688F6C297

Amount of Each Receipt this Period
41.67

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

Mailing Address 532 Deerpath Rd

City State Zip Code
Glen Ellyn IL 60137-4102

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: CF58EDF2C21FA6F3DAD

Amount of Each Receipt this Period
41.67

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

Mailing Address 412 S Columbia St

City State Zip Code
Naperville IL 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: 6EE01F973C9A9541DC2

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

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

A.

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

Mailing Address 412 S Columbia St

City Naperville State IL Zip Code 60540-5418

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 05 / 20 / 2010
Transaction ID: 4FB1EA2E984503D96E2
 Amount of Each Receipt this Period 41.67

B.

Full Name (Last, First, Middle Initial)
Andrew Yu

Mailing Address 1601 S Highland Ave

City Lombard State IL Zip Code 60148-4928

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 20 / 2010
Transaction ID: 4490BDEB7AB11E0A6E7
 Amount of Each Receipt this Period 20.83

SUBTOTAL of Receipts This Page (optional)	▶	62.50
TOTAL This Period (last page this line number only)	▶	1117.20