

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mary Goldsher
Signature of Treasurer Electronically Filed by Mary Goldsher Date 10 20 2008

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)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		8503.52
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	20910.40									
(c) Total Receipts (from Line 19)	769.12	13676.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21679.52	22179.52								
7. Total Disbursements (from Line 31)	1500.00	2000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20179.52	20179.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
DuPage Medical Group LTD PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	672.45	8127.82
(i) Itemized (use Schedule A)	96.67	5548.18
(ii) Unitemized	769.12	13676.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	769.12	13676.00
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))	769.12	13676.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	769.12	13676.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1500.00	2000.00
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))..	1500.00	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	2000.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	769.12	13676.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	769.12	13676.00
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 / 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)
Erik Baier

Mailing Address 949 Euclid Avenue

City State Zip Code
Elmhurst IL 60126-5104

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 09 / 2008

Transaction ID: 9c2b2c4fe1e265f9eb5

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Edward Carne

Mailing Address 6225 Blue Spruce Ct

City State Zip Code
Long Grove IL 60047-5160

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 09 / 2008

Transaction ID: 89b6b3c2fd95abc5e38

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 57 Muirfield Circle

City State Zip Code
Wheaton IL 60187-2737

FEC ID number of contributing federal political committee. C

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 09 / 2008

Transaction ID: a40a231ce57b4b87be9

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 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Terry Donat		Date of Receipt
	Mailing Address 561 Riford Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2008
	City	State	Zip Code
	Glen Ellyn	IL	60137-4236
	FEC ID number of contributing federal political committee. C		Transaction ID: b898c56b6a6e10e9f34
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) David Dungan		Date of Receipt
	Mailing Address 211 Palamino Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2008
	City	State	Zip Code
	Wheaton	IL	60187-1046
	FEC ID number of contributing federal political committee. C		Transaction ID: bcd3c7b0a453a816d7f
Name of Employer DuPage Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Thomas Gallagher		Date of Receipt
	Mailing Address 1105 Adolia Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2008
	City	State	Zip Code
	Downers Grove	IL	60516-2830
	FEC ID number of contributing federal political committee. C		Transaction ID: 423a5538305f27746a5
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 346.14	<input type="text"/> 19.23

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 59.23
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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) Mary Goldsher	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 536 Mayfair Lane	Transaction ID: dbf7a2344e609e49782
	City Naperville State IL Zip Code 60565-5387	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) L. Douglas Graham	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 15224 Summit Ave. Ste. 107	Transaction ID: f6948b12b05d4aaee4b
	City Oakbrook Terrace State IL Zip Code 60181	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00	

C.	Full Name (Last, First, Middle Initial) Linda Gruener	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 8207 Gruener Ct	Transaction ID: ca6b20eb1706889ead0
	City Palos Hills State IL Zip Code 60465-2200	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	162.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 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

A. Full Name (Last, First, Middle Initial)
James Hermann
 Mailing Address 1962 Hampton Avenue
 City State Zip Code
 Wheaton IL 60187-1020
 FEC ID number of 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 09 / 09 / 2008
Transaction ID: e62fd305bfe830ba66c
 Amount of Each Receipt this Period 41.67

B. Full Name (Last, First, Middle Initial)
Richard Krouse
 Mailing Address 4720 Lee Avenue
 City State Zip Code
 Downers Grove IL 60515-3319
 FEC ID number of 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 09 / 09 / 2008
Transaction ID: 4df107639d4a90c8440
 Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Todd Lavigne
 Mailing Address 2034 W Walton St
 City State Zip Code
 Chicago IL 60622-4960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Senior Director of IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00
 Date of Receipt 09 / 09 / 2008
Transaction ID: 8aae741acef48e276db
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 101.67
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 10 / 16
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A.	Full Name (Last, First, Middle Initial) Nicholas Mataragas	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 6105 Timber Ridge Ct	Transaction ID: fd026c620df2efd666d
	City State Zip Code Indian Head Park IL 60525-3759	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.68	

B.	Full Name (Last, First, Middle Initial) Paul Merrick	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 540 Hill Ave	Transaction ID: d1f008525914d0d2337
	City State Zip Code Glen Ellyn IL 60137-5032	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

C.	Full Name (Last, First, Middle Initial) Keith Monson	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 612 Beaver Ct	Transaction ID: 8191afd44a01c451ea4
	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 ▼ 810.00	

SUBTOTAL of Receipts This Page (optional)	84.23
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) Mark Nelson		Date of Receipt
	Mailing Address 3753 King William Court		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Saint Charles	IL	60174-7806
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Transaction ID: 29088dd349aae675d51
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Brian O'Leary		Date of Receipt
	Mailing Address 401 59th Street		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Downers Grove	IL	60516-1440
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group, Ltd.		Occupation Physician	Transaction ID: afd98d1eb27639fb033
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="378.00"/>	<input type="text" value="21.00"/>

C.	Full Name (Last, First, Middle Initial) James Oakley		Date of Receipt
	Mailing Address 605 S Grant St		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hinsdale	IL	60521-4453
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DuPage Medical Group		Occupation Physician/Radiologist	Transaction ID: cf4bd4ce7a00490fd26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="66.00"/>
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 12 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael Pacetti	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 16957 Burr Oak Dr	Transaction ID: 51ee4e39c7fe336a4cc
	City State Zip Code Homer Glen IL 60491-6946	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

B.	Full Name (Last, First, Middle Initial) John Porcelli	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 1237 N. Chicago	Transaction ID: 04e85729a1a9d460621
	City State Zip Code Arlington Heights IL 60004	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Susan Ruzek	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 25164 Churchill Lane	Transaction ID: c88c33a3cfc0566e50e
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 19.25
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00	

SUBTOTAL of Receipts This Page (optional)	59.25
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) Steven Schmitz	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 743 Godair Cir	Transaction ID: 7df58cdfbac9f025342
	City State Zip Code Hinsdale IL 60521-8104	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Grant Sievertsen	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 1304 Midwest Club Pkwy	Transaction ID: 7c3c944b50365f78cfe
	City State Zip Code Oak Brook IL 60523-2519	Amount of Each Receipt this Period 19.23
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group, Ltd. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.14	

C.	Full Name (Last, First, Middle Initial) Arnaldo Torres	Date of Receipt MM / DD / YYYY 09 / 09 / 2008
	Mailing Address 229 Wren Ct	Transaction ID: 1b35d3b278aed93ac71
	City State Zip Code Bloomington IL 60108-1433	Amount of Each Receipt this Period 20.84
	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 ▼ 333.44	

SUBTOTAL of Receipts This Page (optional)	60.07
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"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Caroline Wolfe		Date of Receipt	
Mailing Address 132 E Fremont Ave		M M / D D / Y Y Y Y 09 / 09 / 2008	
City Elmhurst	State IL	Zip Code 60126-2324	Transaction ID: ce9fd81fe0cee5aec89
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	20.00
TOTAL This Period (last page this line number only)	672.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
Citizens to Elect Patricia R. Bellock

Mailing Address 221 Grant Ave

City Clarendon Hills State IL Zip Code 60514-1326

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: db83ed942f31fe686ab
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Friends of Sandra Pihos

Mailing Address Bldg 2, Ste 111B
799 Roosevelt Rd

City Glen Ellyn State IL Zip Code 60137-5908

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: e1a046dc5b7b93b25be
Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

1500.00

Image# 28933594766

Form/Schedule: **F3X**

Transaction ID:
