

**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="2013"/>		142070.37
(b) Cash on Hand at Beginning of Reporting Period.....	142070.37	
(c) Total Receipts (from Line 19)	22087.11	22087.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	164157.48	164157.48
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	164157.48	164157.48
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).....	11481.33	11481.33
(ii) Unitemized	10605.78	10605.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22087.11	22087.11
(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)	22087.11	22087.11
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))..... ▶	22087.11	22087.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22087.11	22087.11

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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	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	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	22087.11	22087.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22087.11	22087.11
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: (check only one)	PAGE 6 OF 107
	<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. Craig Anderson

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 ▼ **270.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : **F2A3CE8608E04F4EA08E**

Amount of Each Receipt this Period
20.84

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

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 ▼ **270.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : **A1BD24EC760C409BB628**

Amount of Each Receipt this Period
20.84

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

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 ▼ **270.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : **328E2788D34C4A8DA128**

Amount of Each Receipt this Period
20.84

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 107
	<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. 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 ▼ **270.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : AF30F90E55324C44985E

Amount of Each Receipt this Period
20.84

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

Mailing Address 750 Brentwood Ct

City Glen Ellyn State IL Zip Code 60137-6365

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 ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : 0FF33E1B3A724C239C90

Amount of Each Receipt this Period
39.00

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

Mailing Address 750 Brentwood Ct

City Glen Ellyn State IL Zip Code 60137-6365

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 ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : EF78ADE8C0D04736BA4E

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... **98.84**

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 OF 107
	<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. Marc Asselmeier
Full Name (Last, First, Middle Initial)

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 ▼
507.00

Date of Receipt
04 / 12 / 2013
Transaction ID : AEA9BF1DEDAB43689382

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
04 / 26 / 2013
Transaction ID : 92FD1C9244054C2C8D71

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
05 / 10 / 2013
Transaction ID : E2EE891910D342D4932D

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 9 OF 107
	(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. Marc Asselmeier
Full Name (Last, First, Middle Initial)

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 ▼
507.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013
Transaction ID : 90A7D5CD3B39488BA863

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013
Transaction ID : 49271448147442A38D99

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013
Transaction ID : 6911B7F0F7F949049A1A

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 10 OF 107
(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 ▼ 507.00

Date of Receipt 03 / 15 / 2013
Transaction ID : 5DB8FDC8EF0C473FA566
 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 ▼ 507.00

Date of Receipt 03 / 29 / 2013
Transaction ID : ED3F290DC8E24F99BDB9
 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 ▼ 507.00

Date of Receipt 04 / 12 / 2013
Transaction ID : D665372F43E14C7381EA
 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 11 OF 107
	<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	<input type="checkbox"/> 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 ▼ **507.00**

Date of Receipt
04 / 26 / 2013
Transaction ID : 06A077A70C9D44119003

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 ▼ **507.00**

Date of Receipt
05 / 10 / 2013
Transaction ID : 019BB2A812F44A50A96D

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 ▼ **507.00**

Date of Receipt
05 / 24 / 2013
Transaction ID : 3FC9FC08E3704EC8A800

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 12 OF 107
	<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	<input type="checkbox"/> 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 **507.00**

Date of Receipt **06 / 07 / 2013**
Transaction ID : 6E64292298364DD1B2AF
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 **507.00**

Date of Receipt **06 / 21 / 2013**
Transaction ID : 4A0883F833C241CAAE4B
Amount of Each Receipt this Period **39.00**

C. David Dungan
Full Name (Last, First, Middle Initial)
Mailing Address 211 Palamino PI
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
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **05 / 24 / 2013**
Transaction ID : 80D563E26EF84B2EA6E0
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **98.00**
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 OF 107
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<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. David Dungan		Date of Receipt 06 / 07 / 2013 Transaction ID : A617B53E476947D3A7DD
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. David Dungan		Date of Receipt 06 / 21 / 2013 Transaction ID : 86EFC00FE4A248D48036
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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Juan Flores		Date of Receipt 04 / 26 / 2013 Transaction ID : 7BB60A2EDD284EECBFC
Mailing Address 65223 New Castle Rd.		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....	65.00
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 107
(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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : C7A13E9C1ECE4853BE30

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : 886EBBA3B3AD43E3A68D

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : B14838209A184C4CA95D

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 15 OF 107
	<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. Juan Flores
Full Name (Last, First, Middle Initial)

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 ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : 496413CC48D54CA09269

Amount of Each Receipt this Period
25.00

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

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 ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 01 / 2013

Transaction ID : 699F902704494B34898C

Amount of Each Receipt this Period
50.00

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

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 ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : 23F69441F51B4198B524

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.00**

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 16 OF 107
<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. Thomas Gallagher
Full Name (Last, First, Middle Initial)

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : 338EAC13414F46898C7E

Amount of Each Receipt this Period
50.00

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

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : 1E6DF4502CE04138B157

Amount of Each Receipt this Period
50.00

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

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 8F7A96127C0540A99701

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: (check only one)	PAGE 17 OF 107
	<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	<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. 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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : 880F55C2D85A41389FF9

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : 27D41B1771624530B8D6

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 ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : 8E4F58C45F34449EBFF5

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: (check only one)	PAGE 18 OF 107
	<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	<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. Thomas Gallagher
Full Name (Last, First, Middle Initial)

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 ▼ **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : F1117CF6D9AD489B999E

Amount of Each Receipt this Period
50.00

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

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 ▼ **507.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : E151B02726E443DF9E5D

Amount of Each Receipt this Period
39.00

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

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 ▼ **507.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : C67B8693007D41FBBCF1

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... **128.00**

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 107
	<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

Full Name (Last, First, Middle Initial) A. Martin Gallo		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 12 / 2013 Transaction ID : B479E5E16CFC4CE099ED
Mailing Address 118 Allen Ct		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

Full Name (Last, First, Middle Initial) B. Martin Gallo		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 26 / 2013 Transaction ID : 4D36DAC0A2984FB8986C
Mailing Address 118 Allen Ct		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

Full Name (Last, First, Middle Initial) C. Martin Gallo		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 10 / 2013 Transaction ID : DC992EB61A4140AE87DF
Mailing Address 118 Allen Ct		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

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 20 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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

Full Name (Last, First, Middle Initial) A. Martin Gallo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2013 Transaction ID : 270C39D728EE4BD09F0E
Mailing Address 118 Allen Ct		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

Full Name (Last, First, Middle Initial) B. Martin Gallo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 07 / 2013 Transaction ID : 490AD753D1954F8695D3
Mailing Address 118 Allen Ct		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

Full Name (Last, First, Middle Initial) C. Martin Gallo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2013 Transaction ID : 8F122843B3774D0B9B1F
Mailing Address 118 Allen Ct		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

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 21 OF 107
(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 ▼
499.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013
Transaction ID : BADA537A2E044E59A205
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 ▼
499.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013
Transaction ID : 438849FF5D0E4998B6B6
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 ▼
499.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013
Transaction ID : 26AAAC4815024A5FA3A9
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 22 OF 107		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. John Giardina
 Full Name (Last, First, Middle Initial)
 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 ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : EFC9ADC9933748BA9406
 Amount of Each Receipt this Period
 38.46

B. John Giardina
 Full Name (Last, First, Middle Initial)
 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 ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : F412ABF739964E7FA5A6
 Amount of Each Receipt this Period
 38.46

C. John Giardina
 Full Name (Last, First, Middle Initial)
 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 ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : 4DC56181B011440789E6
 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 23 OF 107
	<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. John Giardina		Date of Receipt
Mailing Address 832 Abbey Dr		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Glen Ellyn	State IL	Zip Code 60137-6130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : FD884BAB6AD445B5A05E
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="38.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="499.98"/>		

Full Name (Last, First, Middle Initial) B. John Giardina		Date of Receipt
Mailing Address 832 Abbey Dr		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Glen Ellyn	State IL	Zip Code 60137-6130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 50A0D7EFB29644969C70
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="38.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="499.98"/>		

Full Name (Last, First, Middle Initial) C. L. Douglas Graham		Date of Receipt
Mailing Address 15224 Summit Ave. Ste. 107		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Oakbrook Terrace	State IL	Zip Code 60181
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 9DEE870CB12047B4B783
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="42.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="546.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="118.92"/>
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 24 OF 107
	<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	<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. L. Douglas Graham		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : FD3A8FB3CB1A4F87A26C
Mailing Address 15224 Summit Ave. Ste. 107		Amount of Each Receipt this Period 42.00
City Oakbrook Terrace	State IL	Zip Code 60181
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 ▼ 546.00	

Full Name (Last, First, Middle Initial) B. L. Douglas Graham		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : FEC99DF2F10C4992A8E2
Mailing Address 15224 Summit Ave. Ste. 107		Amount of Each Receipt this Period 42.00
City Oakbrook Terrace	State IL	Zip Code 60181
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 ▼ 546.00	

Full Name (Last, First, Middle Initial) C. L. Douglas Graham		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 Transaction ID : FC62C6AD07034164B17E
Mailing Address 15224 Summit Ave. Ste. 107		Amount of Each Receipt this Period 42.00
City Oakbrook Terrace	State IL	Zip Code 60181
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 ▼ 546.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 107
	<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. 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 ▼
546.00

Date of Receipt
04 / 26 / 2013
Transaction ID : D33113A178D7441EAD3F

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 ▼
546.00

Date of Receipt
05 / 10 / 2013
Transaction ID : 8583A60138A5475A9C72

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 ▼
546.00

Date of Receipt
05 / 24 / 2013
Transaction ID : 3F8CE30736D4498795AF

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: (check only one)	PAGE 26 OF 107
	<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	<input type="checkbox"/> 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 ▼
546.00

Date of Receipt
06 / 07 / 2013
Transaction ID : 2B05B40DFF634D55ACA0

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 ▼
546.00

Date of Receipt
06 / 21 / 2013
Transaction ID : 5D41982DFF87426B938C

Amount of Each Receipt this Period
42.00

C. Linda Gruener
Full Name (Last, First, Middle Initial)

Mailing Address 8207 Gruener Ct

City State Zip Code
Palos Hills IL 60465-2200

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 ▼
1300.00

Date of Receipt
02 / 01 / 2013
Transaction ID : 9E6EBC6215F244D99819

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 184.00

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 107
	<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. 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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2013
Transaction ID : 0976EC585F5449B19AD1
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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2013
Transaction ID : C76D20FDE2BA4AB99BAF
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 ▼ 1300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2013
Transaction ID : 9C8A347A152747B39D8D
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 28 OF 107
	<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	<input type="checkbox"/> 17

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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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : AC4B0A71927A42D3B89C

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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : A38BBC2B3BB44DD886DE

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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : 6D127CE4956046BD81EF

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 29 OF 107
	<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. 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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : E4EB04C324C648FE8B9E

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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : DF0F8400B19945C6B07F

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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : C059145DCCE941F8A466

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 30 OF 107
	<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. 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 **1300.00**

Date of Receipt **06 / 21 / 2013**
Transaction ID : 66AB78FFB30847A3ADA5
 Amount of Each Receipt this Period **100.00**

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 **273.00**

Date of Receipt **05 / 10 / 2013**
Transaction ID : C8A8289BE7CC44E5A64A
 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 **273.00**

Date of Receipt **05 / 24 / 2013**
Transaction ID : 48D74558A6DD475C906B
 Amount of Each Receipt this Period **21.00**

SUBTOTAL of Receipts This Page (optional)..... **142.00**
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 107
	<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	<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. Naira Hashmi		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : FDA52289F9FB485687D1
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

Full Name (Last, First, Middle Initial) B. Naira Hashmi		Date of Receipt MM / DD / YYYY 06 / 21 / 2013 Transaction ID : CB047918FFD0412F9F23
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

Full Name (Last, First, Middle Initial) C. Maleeha Hashmi-Basha		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : 6829C751A70B4F919515
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 20.00
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: <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).....▶	62.00
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 32 OF 107
	<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

Full Name (Last, First, Middle Initial) A. Maleeha Hashmi-Basha		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 1D5C80911D754294AE6B
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) B. Maleeha Hashmi-Basha		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : E40D55438BBD4A3ABA72
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) C. James Hermann		Date of Receipt
Mailing Address 1962 Hampton Dr		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Wheaton	State IL	Zip Code 60189-2020
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : FCB750B73FF4439CBC7B
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.67"/>
	<input type="text" value="541.71"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="81.67"/>
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 33 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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

Full Name (Last, First, Middle Initial) A. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : 822B0026E60D48A81EF
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="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" value="541.71"/>		

Full Name (Last, First, Middle Initial) B. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : 5049C5840CA34A6D8297
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="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" value="541.71"/>		

Full Name (Last, First, Middle Initial) C. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : A5982D30708446AA81EE
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="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" value="541.71"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.01"/>
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 34 OF 107
	<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. 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 ▼ 541.71

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013
Transaction ID : 55052522A1884D39B98D
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 ▼ 541.71

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013
Transaction ID : EDF50639C460492BBA90
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 ▼ 541.71

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013
Transaction ID : 370A603B08D045D5B564
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 35 OF 107
	<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. 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 **541.71**

Date of Receipt **06 / 07 / 2013**
Transaction ID : DE1FF5514F7041D29A17
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 **541.71**

Date of Receipt **06 / 21 / 2013**
Transaction ID : 4F270D38905242BBA3AE
Amount of Each Receipt this Period **41.67**

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 **507.00**

Date of Receipt **03 / 15 / 2013**
Transaction ID : 47A2D0F5E7DB4416BE44
Amount of Each Receipt this Period **39.00**

SUBTOTAL of Receipts This Page (optional)..... **122.34**
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 36 OF 107
(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. Te-Shao Hsu

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 ▼
507.00

Date of Receipt
03 / 29 / 2013
Transaction ID : 838973C535F24D258FC1

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
04 / 12 / 2013
Transaction ID : 8EAB9F52E1794A06B677

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
04 / 26 / 2013
Transaction ID : E5CE1DADB1ED447D92BC

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 37 OF 107
	<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	<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 ▼
507.00

Date of Receipt
05 / 10 / 2013
Transaction ID : **1C1401A070C040C2A471**

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 ▼
507.00

Date of Receipt
05 / 24 / 2013
Transaction ID : **A2FBF9A9EBC6481BBB7E**

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 ▼
507.00

Date of Receipt
06 / 07 / 2013
Transaction ID : **A4D687A488994DCA8F6D**

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 38 OF 107
	<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. 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 ▼
507.00

Date of Receipt
06 / 21 / 2013
Transaction ID : EDE72AD197D94781AA84

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 ▼
507.00

Date of Receipt
03 / 15 / 2013
Transaction ID : 10E7ED07513743D0B62A

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 ▼
507.00

Date of Receipt
03 / 29 / 2013
Transaction ID : C0E078845F364FDCB423

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 39 OF 107
	<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. 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 **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013
Transaction ID : D629159FF9F4426EA49D
 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 **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013
Transaction ID : 92723B90B57F4DF0BAED
 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 **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013
Transaction ID : D3E7A30153AB487EA4FD
 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 40 OF 107
	<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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : E665098A0B3F475AB0F5

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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : 3DAEBF8C64844C47B9C5

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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : 2B18620808004FD98E0A

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 41 OF 107
<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. 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : D80C7343DA054B609D3A
 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : 7D5E0615137F416AB812
 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 ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : A077423F7B994706A0BF
 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 42 OF 107
	<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	<input type="checkbox"/> 17

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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 ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : 2519EF79A2DA48AB8959

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 ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : AD98CB1AD67649B6A277

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 ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : E178F453E66348DC9279

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 43 OF 107
	<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. 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 ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : C444D119E8804D579D95
 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 ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : 29AC0643EB304EC2A856
 Amount of Each Receipt this Period
 40.00

C. Robert King
 Full Name (Last, First, Middle Initial)
 Mailing Address 2796 Crestfield Ct
 City Naperville State IL Zip Code 60565-3043
 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 ▼ 541.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2013
Transaction ID : 3B4FC379FC87455CA4BE
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.67
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: (check only one)	PAGE 44 OF 107
	<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. Robert King
 Full Name (Last, First, Middle Initial)
 Mailing Address 2796 Crestfield Ct
 City Naperville State IL Zip Code 60565-3043
 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 ▼ 541.71

Date of Receipt
 03 / 15 / 2013
Transaction ID : 1731095C3F524A41A296
 Amount of Each Receipt this Period
 41.67

B. Robert King
 Full Name (Last, First, Middle Initial)
 Mailing Address 2796 Crestfield Ct
 City Naperville State IL Zip Code 60565-3043
 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 ▼ 541.71

Date of Receipt
 03 / 29 / 2013
Transaction ID : 74AE5FE976EF409EB541
 Amount of Each Receipt this Period
 41.67

C. Robert King
 Full Name (Last, First, Middle Initial)
 Mailing Address 2796 Crestfield Ct
 City Naperville State IL Zip Code 60565-3043
 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 ▼ 541.71

Date of Receipt
 04 / 12 / 2013
Transaction ID : 730590953CC34284B4FF
 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 45 OF 107
	<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

Full Name (Last, First, Middle Initial)
A. Robert King

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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 ▼ **541.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : **B25D7723A49C49DFA004**

Amount of Each Receipt this Period
41.67

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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 ▼ **541.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : **173FD52249EC4BAEB010**

Amount of Each Receipt this Period
41.67

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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 ▼ **541.71**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : **001250B9D40E45E3A575**

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 46 OF 107
	<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	<input type="checkbox"/> 17

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

A. Robert King
Full Name (Last, First, Middle Initial)

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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 ▼ 541.71

Date of Receipt 06 / 07 / 2013
Transaction ID : 7EC483F11E344D96B966

Amount of Each Receipt this Period 41.67

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

Mailing Address 2796 Crestfield Ct

City Naperville State IL Zip Code 60565-3043

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 ▼ 541.71

Date of Receipt 06 / 21 / 2013
Transaction ID : 7D60103CAFA847628CC6

Amount of Each Receipt this Period 41.67

C. Richard Krouse
Full Name (Last, First, Middle Initial)

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 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 ▼ 240.00

Date of Receipt 06 / 07 / 2013
Transaction ID : F1CC3359271D4246A5CF

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.34

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: (check only one)	PAGE 47 OF 107
<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	<input type="checkbox"/> 18

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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
-----------------------	-------------	------------------------

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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : 17BDA7AA92C94AAA90F2

Amount of Each Receipt this Period
20.00

B. Norman Kumins
Full Name (Last, First, Middle Initial)

Mailing Address 677 Duane St

City Glen Ellyn	State IL	Zip Code 60137-4611
--------------------	-------------	------------------------

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 ▼
507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013

Transaction ID : C09AA53DC8DC47E1A086

Amount of Each Receipt this Period
39.00

C. Norman Kumins
Full Name (Last, First, Middle Initial)

Mailing Address 677 Duane St

City Glen Ellyn	State IL	Zip Code 60137-4611
--------------------	-------------	------------------------

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 ▼
507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : CF8E366D79D848C1B73B

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional).....▶	98.00
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 48 OF 107
	<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	<input type="checkbox"/> 17

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

A. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
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 ▼ 507.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013
Transaction ID : B708EC6BA33D41D5A76D
Amount of Each Receipt this Period
39.00

B. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
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 ▼ 507.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013
Transaction ID : 3812A776F1EC4827A3A2
Amount of Each Receipt this Period
39.00

C. Norman Kumins
Full Name (Last, First, Middle Initial)
Mailing Address 677 Duane St
City Glen Ellyn State IL Zip Code 60137-4611
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 ▼ 507.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013
Transaction ID : D80B29BACAB6452187CE
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 107
	<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

Full Name (Last, First, Middle Initial) A. Norman Kumins		Date of Receipt
Mailing Address 677 Duane St		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City State Zip Code Glen Ellyn IL 60137-4611		Transaction ID : 08446D37E59E4A87B7DE
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) B. Norman Kumins		Date of Receipt
Mailing Address 677 Duane St		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City State Zip Code Glen Ellyn IL 60137-4611		Transaction ID : 804AC3ECBEB740BFA7CD
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) C. Norman Kumins		Date of Receipt
Mailing Address 677 Duane St		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code Glen Ellyn IL 60137-4611		Transaction ID : 720249D5593349E69EFC
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="507.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
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 50 OF 107
	<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. 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 ▼ 270.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : A21F25D8A01545C79DB1

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 ▼ 270.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : 832F35A52DE34C299137

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 ▼ 270.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : BE86711665EA47F9AF62

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 51 OF 107
	<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. 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 **270.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013
Transaction ID : 6AD665E44FBA4CEE4
 Amount of Each Receipt this Period
20.83

B. Aaron Lazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 Abbotsford Dr
 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013
Transaction ID : 319BE4B532DC4891B5DE
 Amount of Each Receipt this Period
25.00

C. Aaron Lazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 Abbotsford Dr
 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013
Transaction ID : 104C618A8FC0433B9560
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	70.83
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 107
	<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. Aaron Lazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 Abbotsford Dr
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : F0A6E293118045E5915C
 Amount of Each Receipt this Period
 25.00

B. Aaron Lazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 Abbotsford Dr
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : 1FBFDE2E04D74D0CAB54
 Amount of Each Receipt this Period
 25.00

C. Aaron Lazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1564 Abbotsford Dr
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : C8EA77881BAE4C15814C
 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 53 OF 107
	<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. Thomas Lee		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 Transaction ID : DF61F0AEF9414A78A1C1
Mailing Address 385 Maple St		Amount of Each Receipt this Period 20.00
City Glen Ellyn	State IL	Zip Code 60137-3811
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Thomas Lee		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : 186416848182404B8FBB
Mailing Address 385 Maple St		Amount of Each Receipt this Period 20.00
City Glen Ellyn	State IL	Zip Code 60137-3811
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Thomas Lee		Date of Receipt MM / DD / YYYY 06 / 21 / 2013 Transaction ID : 25A5A2B552E441B78F14
Mailing Address 385 Maple St		Amount of Each Receipt this Period 20.00
City Glen Ellyn	State IL	Zip Code 60137-3811
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 ▼ 260.00	

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 54 OF 107
	(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. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 6B1ABF51A79D4DEFAA93
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507.00"/>	<input type="text" value="39.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : DA5B8B346B7F48019B8A
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507.00"/>	<input type="text" value="39.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ernest Lizek		Date of Receipt
Mailing Address 416 S Sleight St		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Naperville	IL	60540-5441
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : CB7FE0133C27491DB97A
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507.00"/>	<input type="text" value="39.00"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="117.00"/>
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 55 OF 107
	<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. Ernest Lizek
Full Name (Last, First, Middle Initial)

Mailing Address 416 S Sleight St

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : F20E846F20A74320A05E

Amount of Each Receipt this Period
39.00

B. Ernest Lizek
Full Name (Last, First, Middle Initial)

Mailing Address 416 S Sleight St

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : 49FB401B634B4E229F3C

Amount of Each Receipt this Period
39.00

C. Ernest Lizek
Full Name (Last, First, Middle Initial)

Mailing Address 416 S Sleight St

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : E27145EFDECD407BA518

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 56 OF 107
	<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. Ernest Lizek			Date of Receipt										
Mailing Address 416 S Sleight St			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>07</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		07		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06		07		2013									
City	State	Zip Code	Transaction ID : D72FB082038443E29AA7										
Naperville	IL	60540-5441	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		39.00										
Name of Employer	Occupation												
DuPage Medical Group, Ltd.	Physician												
Receipt For:	Aggregate Year-to-Date ▼												
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	507.00												

Full Name (Last, First, Middle Initial) B. Ernest Lizek			Date of Receipt										
Mailing Address 416 S Sleight St			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>21</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		21		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
06		21		2013									
City	State	Zip Code	Transaction ID : 232EBE8DFE444FD98A38										
Naperville	IL	60540-5441	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		39.00										
Name of Employer	Occupation												
DuPage Medical Group, Ltd.	Physician												
Receipt For:	Aggregate Year-to-Date ▼												
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	507.00												

Full Name (Last, First, Middle Initial) C. Nicholas Mataragas			Date of Receipt										
Mailing Address 6105 Timber Ridge Ct			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>24</td> <td></td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	05		24		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
05		24		2013									
City	State	Zip Code	Transaction ID : FF7F4EBD918B4307996F										
Indian Head Park	IL	60525-3759	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		19.23										
Name of Employer	Occupation												
DuPage Medical Group, Ltd.	Surgeon												
Receipt For:	Aggregate Year-to-Date ▼												
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	249.99												

SUBTOTAL of Receipts This Page (optional).....▶	97.23
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 57 OF 107
	<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. 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 ▼ 249.99

Date of Receipt 06 / 07 / 2013
Transaction ID : 8FD4AEBB719640249538

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 ▼ 249.99

Date of Receipt 06 / 21 / 2013
Transaction ID : 20843EB9713E4452ACAE

Amount of Each Receipt this Period 19.23

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

Mailing Address 540 Hill Ave

City Glen Ellyn State IL Zip Code 60137-5032

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 05 / 24 / 2013
Transaction ID : 914FA5302D1B4FAE907B

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 58.46

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 107
	<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. Paul Merrick		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : AC3A259E1ADF4DF4B561
Mailing Address 540 Hill Ave		Amount of Each Receipt this Period 20.00
City Glen Ellyn	State IL	Zip Code 60137-5032
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Paul Merrick		Date of Receipt MM / DD / YYYY 06 / 21 / 2013 Transaction ID : 2787FEE33493484FA1D4
Mailing Address 540 Hill Ave		Amount of Each Receipt this Period 20.00
City Glen Ellyn	State IL	Zip Code 60137-5032
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 ▼ 260.00	

Full Name (Last, First, Middle Initial) C. M. Paul Meyer		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : 82A4480F3CD14ECAB2B5
Mailing Address 1801 S Highland Ave		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00	

SUBTOTAL of Receipts This Page (optional).....▶	79.00
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 59 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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. 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 ▼ 507.00

Date of Receipt 03 / 29 / 2013
Transaction ID : 232D81341DA2412BABFB
 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 ▼ 507.00

Date of Receipt 04 / 12 / 2013
Transaction ID : 0FC0CE486DC94283B4D1
 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 ▼ 507.00

Date of Receipt 04 / 26 / 2013
Transaction ID : D07D676BCAEB4E238DF9
 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 60 OF 107
	<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	<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. M. Paul Meyer		Date of Receipt
Mailing Address 1801 S Highland Ave		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Lombard	State IL	Zip Code 60148-4932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 1DF1B2C112484C95A8ED
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) B. M. Paul Meyer		Date of Receipt
Mailing Address 1801 S Highland Ave		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Lombard	State IL	Zip Code 60148-4932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 874742C7839D4514BAA4
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) C. M. Paul Meyer		Date of Receipt
Mailing Address 1801 S Highland Ave		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Lombard	State IL	Zip Code 60148-4932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : B713EAC973814E37A52A
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
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 61 OF 107
	<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	<input type="checkbox"/> 17

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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 ▼ **507.00**

Date of Receipt **06 / 21 / 2013**

Transaction ID : 384CA21022C546EFB061

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 ▼ **507.00**

Date of Receipt **03 / 15 / 2013**

Transaction ID : 444B8F7A0AB34BA190E4

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 ▼ **507.00**

Date of Receipt **03 / 29 / 2013**

Transaction ID : F6E11ECF08CC443491D8

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 62 OF 107
	<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. 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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

Transaction ID : 60571DC709894B8FBFBF5

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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : F57457F7B85F427FB176

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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : B1F864DD1B2B4D72B6D0

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 63 OF 107
	<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. Yoko Momoyama		Date of Receipt
Mailing Address PO Box 7144		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Villa Park	IL	60181-7144
FEC ID number of contributing federal political committee.		Transaction ID : FD2DB85080CB461CB77B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="39.00"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Yoko Momoyama		Date of Receipt
Mailing Address PO Box 7144		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Villa Park	IL	60181-7144
FEC ID number of contributing federal political committee.		Transaction ID : FC67E9D27E7C431B8528
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="39.00"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Yoko Momoyama		Date of Receipt
Mailing Address PO Box 7144		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Villa Park	IL	60181-7144
FEC ID number of contributing federal political committee.		Transaction ID : 7100DB88543B4E73B1CA
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="39.00"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
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 64 OF 107
	<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	<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 ▼ 260.00

Date of Receipt
05 / 24 / 2013
Transaction ID : **A9E70A77FC294587BC96**

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 ▼ 260.00

Date of Receipt
06 / 07 / 2013
Transaction ID : **C34BB7AD38E04BEE89B7**

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 ▼ 260.00

Date of Receipt
06 / 21 / 2013
Transaction ID : **C3734B9A881145A78588**

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 65 OF 107
	<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. 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : 0DA2B3F0711B4A3EACD7
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : 5C32A13BE94F42C389B5
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : B6B89734596B4982B27F
 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 66 OF 107
	<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

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

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : 03D33A1B69714CAEB555

Amount of Each Receipt this Period
25.00

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

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : 614EFB258CA74AFBBCB0

Amount of Each Receipt this Period
25.00

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 ▼ **273.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : 9B1A9126705B489CBCD2

Amount of Each Receipt this Period
21.00

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 67 OF 107
(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. 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 ▼ **273.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : ED23491E4CF349D298F6

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 ▼ **273.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : 93C7EAE10DFB449A9C18

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 ▼ **273.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : 914BE89FACA548EBBBC4

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 68 OF 107
	<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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : 2D69075FE2D94A30A739

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : 96E3A0CE7D474CA69B78

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : 720FEF41EA9F4E0986B2

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 70 OF 107
	<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. 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 ▼
507.00

Date of Receipt
03 / 29 / 2013
Transaction ID : 75E4CD9B88884255A533

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 ▼
507.00

Date of Receipt
04 / 12 / 2013
Transaction ID : A3FEB742B43F49F08325

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 ▼
507.00

Date of Receipt
04 / 26 / 2013
Transaction ID : 7DC3585EE4B94CBABFDD

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 71 OF 107
	<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

Full Name (Last, First, Middle Initial) A. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 0F53F4B1122E40E7BFBO
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) B. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 755387E678824A139A1E
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) C. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 35D46981664B4FF2AA62
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
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 72 OF 107
	<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

Full Name (Last, First, Middle Initial)
A. Mathew Philip

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 ▼
507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : 4F853A9C47604792A12B

Amount of Each Receipt this Period
39.00

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 ▼
273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : 05CE5ADBE11947AE84B1

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 ▼
273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : 8AD2ED34C01E430F91E9

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional).....▶	81.00
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 73 OF 107
	<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	<input type="checkbox"/> 17

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

A. Stephen Pierson
Full Name (Last, First, Middle Initial)
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 ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2013
Transaction ID : 5EAFBC827BFE4352BA0F
Amount of Each Receipt this Period
21.00

B. Stephen Pierson
Full Name (Last, First, Middle Initial)
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 ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2013
Transaction ID : BB15C1FE0CF94449A98F
Amount of Each Receipt this Period
21.00

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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2013
Transaction ID : E3E6E209CC6145A7BFA6
Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	62.00
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 74 OF 107
	<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. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : B041BD7D56694D5F8C44

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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : F3ED9E75D6C94EFB8FD6

Amount of Each Receipt this Period
 20.00

C. Raghu 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 ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : 88A1B78F53834E2DB5B0

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.23

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 75 OF 107
	<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	<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. Raghu 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Date of Receipt
06 / 07 / 2013
Transaction ID : B56680BD4F09492E8110

Amount of Each Receipt this Period
19.23

B. Raghu 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Date of Receipt
06 / 21 / 2013
Transaction ID : DD47DD6FB12440D3A7C1

Amount of Each Receipt this Period
19.23

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.71	

Date of Receipt
03 / 01 / 2013
Transaction ID : 128D5A0EF9604619962E

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....	80.13
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 76 OF 107
	<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 ▼ 541.71

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2013
Transaction ID : 693437E48AA94298A78E
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 ▼ 541.71

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 29 / 2013
Transaction ID : CCC2D9E8EC1646D5BAF0
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 ▼ 541.71

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 12 / 2013
Transaction ID : 42153184B8174E77B129
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 77 OF 107
	<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. 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 ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : C4ABA41018BE4DDDB0FI
 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 ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : 58C47C8DEFE34E79B462
 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 ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : 9933C55E7F764921AE70
 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 78 OF 107
	<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	<input type="checkbox"/> 17

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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 ▼ 541.71

Date of Receipt 06 / 07 / 2013
Transaction ID : 39D5BE351AB84398B560
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 ▼ 541.71

Date of Receipt 06 / 21 / 2013
Transaction ID : 3D6F62B0A2B344D4B217
Amount of Each Receipt this Period 41.67

C. Sheetal Rao
Full Name (Last, First, Middle Initial)
Mailing Address 238 Middaugh Rd
City Clarendon Hills State IL Zip Code 60514-1019
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 03 / 15 / 2013
Transaction ID : 38392C3AE96C4AE8BC96
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 333.34
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: (check only one)	PAGE 79 OF 107
	<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. Kevin Regan		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : F9B35219CE324F749776
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 499.98	
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. Kevin Regan		Date of Receipt MM / DD / YYYY 03 / 29 / 2013 Transaction ID : B0F7237E4D9041A5BC98
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 499.98	
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. Kevin Regan		Date of Receipt MM / DD / YYYY 04 / 12 / 2013 Transaction ID : FFC43FE458F44F5DB4FA
Mailing Address 31808 Village Green Ct		Amount of Each Receipt this Period 38.46
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 499.98	
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).....▶	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 80 OF 107
	<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. Kevin Regan
Full Name (Last, First, Middle Initial)

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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : CBEBB395E1E644D2B71C

Amount of Each Receipt this Period
 38.46

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

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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : B1E4B09BF2404DFB9190

Amount of Each Receipt this Period
 38.46

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

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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : 5734474055BA414B8C6D

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 81 OF 107
	<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. Kevin Regan
Full Name (Last, First, Middle Initial)

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 ▼ **499.98**

Date of Receipt **06 / 07 / 2013**

Transaction ID : FA34878A8ADA4F18B569

Amount of Each Receipt this Period **38.46**

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

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 ▼ **499.98**

Date of Receipt **06 / 21 / 2013**

Transaction ID : 4447C39D047842BA9B30

Amount of Each Receipt this Period **38.46**

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

Mailing Address 25164 Churchill Lane

City Glen Ellyn State IL Zip Code 60137

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

Name of Employer DuPage Medical Group, Ltd. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.25**

Date of Receipt **05 / 24 / 2013**

Transaction ID : 357062678831494A9EAE

Amount of Each Receipt this Period **19.25**

SUBTOTAL of Receipts This Page (optional)..... **96.17**

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: (check only one)	PAGE 82 OF 107
	<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. 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 ▼
250.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : 950BB3DC92C14743ABE9

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 ▼
250.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : 36F5D547E2A54656934E

Amount of Each Receipt this Period
19.25

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

Mailing Address 914 W Hubbard St
Apt. 202

City State Zip Code
Chicago IL 60642-7500

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 ▼
507.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : 684A93E445A14DA0A2DD

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.50

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 83 OF 107
	<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	<input type="checkbox"/> 17

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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 ▼
507.00

Date of Receipt
03 / 29 / 2013
Transaction ID : 71A3DCC2B2E74D1AB2E5

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 ▼
507.00

Date of Receipt
04 / 12 / 2013
Transaction ID : 703B9951CFB544B3B6FB

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 ▼
507.00

Date of Receipt
04 / 26 / 2013
Transaction ID : 1388C1074D35488E9EFC

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 84 OF 107
(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. Yasser Said

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 ▼
507.00

Date of Receipt
05 / 10 / 2013
Transaction ID : 24D44432089B46E19948

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
05 / 24 / 2013
Transaction ID : 3C1280A9EEFD446DB351

Amount of Each Receipt this Period
39.00

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

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 ▼
507.00

Date of Receipt
06 / 07 / 2013
Transaction ID : CB29B4EFCFBE4910B0C2

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 85 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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

Full Name (Last, First, Middle Initial) A. Yasser Said		Date of Receipt
Mailing Address 914 W Hubbard St Apt. 202		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60642-7500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 6714DFDF24B64357A212
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="507.00"/>		

Full Name (Last, First, Middle Initial) B. Steven Schmitz		Date of Receipt
Mailing Address 743 Godair Cir		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Hinsdale	State IL	Zip Code 60521-8104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 7336B9A6694A488B9118
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<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="260.00"/>		

Full Name (Last, First, Middle Initial) C. Steven Schmitz		Date of Receipt
Mailing Address 743 Godair Cir		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Hinsdale	State IL	Zip Code 60521-8104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : FE87453E4FBE4D24A38E
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<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="260.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="79.00"/>
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 86 OF 107
	<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	<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. Steven Schmitz

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : **0C26B35FCF904F94AEA0**

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Grant Sievertsen

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : **81222ABBE708440C91EE**

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Grant Sievertsen

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : **A8043EDD667447A99CE4**

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... **58.46**

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 87 OF 107
	<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	<input type="checkbox"/> 17

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

A. Grant Sievertsen
Full Name (Last, First, Middle Initial)

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 ▼
249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2013
Transaction ID : 75DA70F1EF1546EB8AA1

Amount of Each Receipt this Period
19.23

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

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 ▼
541.71

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2013
Transaction ID : 8B9F58279D254C0D9388

Amount of Each Receipt this Period
41.67

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

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 ▼
541.71

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013
Transaction ID : E38BD52D701A4980BBA9

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	102.57
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 88 OF 107
	<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

Full Name (Last, First, Middle Initial) A. Amy Stoeffler		Date of Receipt
Mailing Address 532 Deerpath Rd		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Glen Ellyn	State IL	Zip Code 60137-4102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 51F9595BA8AE46A4A0E1
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="541.71"/>	

Full Name (Last, First, Middle Initial) B. Amy Stoeffler		Date of Receipt
Mailing Address 532 Deerpath Rd		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Glen Ellyn	State IL	Zip Code 60137-4102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 3A0847D868D143FCA843
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="541.71"/>	

Full Name (Last, First, Middle Initial) C. Amy Stoeffler		Date of Receipt
Mailing Address 532 Deerpath Rd		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Glen Ellyn	State IL	Zip Code 60137-4102
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 9B0C261096954D81B907
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="541.71"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.01"/>
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 89 OF 107
	(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"/> 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. Amy Stoeffler
Full Name (Last, First, Middle Initial)

Mailing Address 532 Deerpath Rd

City Glen Ellyn	State IL	Zip Code 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 ▼
541.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

Transaction ID : 70646B6B0B274DE0A3A0

Amount of Each Receipt this Period
41.67

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

Mailing Address 532 Deerpath Rd

City Glen Ellyn	State IL	Zip Code 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 ▼
541.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

Transaction ID : 5E72DFA9598E493BB30E

Amount of Each Receipt this Period
41.67

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

Mailing Address 532 Deerpath Rd

City Glen Ellyn	State IL	Zip Code 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 ▼
541.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : 714574C71B2A407A9505

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 90 OF 107
(check only one)

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

A. Amy Stoeffler
Full Name (Last, First, Middle Initial)
Mailing Address 532 Deerpath Rd
City Glen Ellyn State IL Zip Code 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 ▼ 541.71

Date of Receipt 06 / 21 / 2013
Transaction ID : 1F383D1562A8406E8698
Amount of Each Receipt this Period 41.67

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 ▼ 507.00

Date of Receipt 03 / 15 / 2013
Transaction ID : F0B57F399D9E4480990A
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 ▼ 507.00

Date of Receipt 03 / 29 / 2013
Transaction ID : C0D543F728C0472C924D
Amount of Each Receipt this Period 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.67
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: (check only one)	PAGE 91 OF 107
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	<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	<input type="checkbox"/> 18

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. Lenora Su		Date of Receipt
Mailing Address 1404 Chelsea Ln		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Naperville	State IL	Zip Code 60565-1612
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD5F4E3F1F8A40199606
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) B. Lenora Su		Date of Receipt
Mailing Address 1404 Chelsea Ln		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Naperville	State IL	Zip Code 60565-1612
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2D84F8C739DD4A26B8C8
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) C. Lenora Su		Date of Receipt
Mailing Address 1404 Chelsea Ln		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Naperville	State IL	Zip Code 60565-1612
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7CF42A2D04BC42F1A53C
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="507.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
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 92 OF 107
(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. Lenora Su

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 ▼ **507.00**

Date of Receipt
05 / 24 / 2013

Transaction ID : BAAD5AE4FFB442FABDB

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Lenora Su

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 ▼ **507.00**

Date of Receipt
06 / 07 / 2013

Transaction ID : 07A348DAF2D042F0B5AD

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Lenora Su

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 ▼ **507.00**

Date of Receipt
06 / 21 / 2013

Transaction ID : 2713CE28F90844C2A978

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 93 OF 107
	<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. Arnaldo Torres

Mailing Address 229 Wren Ct

City: Bloomingdale State: IL Zip Code: 60108-1433

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 ▼
507.00

Date of Receipt
03 / 15 / 2013

Transaction ID : F7BC2D0B94AD416B816F

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City: Bloomingdale State: IL Zip Code: 60108-1433

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 ▼
507.00

Date of Receipt
03 / 29 / 2013

Transaction ID : 1A53CAE46A61401AA0D0

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City: Bloomingdale State: IL Zip Code: 60108-1433

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 ▼
507.00

Date of Receipt
04 / 12 / 2013

Transaction ID : 3593661A40764762BF9E

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 94 OF 107
	<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. Arnaldo Torres
Full Name (Last, First, Middle Initial)

Mailing Address 229 Wren Ct

City Bloomingtondale State IL Zip Code 60108-1433

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 ▼ 507.00

Date of Receipt 04 / 26 / 2013
Transaction ID : 98D12FE97FEC4FD6AB80

Amount of Each Receipt this Period 39.00

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

Mailing Address 229 Wren Ct

City Bloomingtondale State IL Zip Code 60108-1433

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 ▼ 507.00

Date of Receipt 05 / 10 / 2013
Transaction ID : 3A57BF71EDCD462EAC7D

Amount of Each Receipt this Period 39.00

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

Mailing Address 229 Wren Ct

City Bloomingtondale State IL Zip Code 60108-1433

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 ▼ 507.00

Date of Receipt 05 / 24 / 2013
Transaction ID : 709F1C049BCC4874BB28

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 95 OF 107
	(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. Arnaldo Torres

Mailing Address 229 Wren Ct

City Bloomingdale	State IL	Zip Code 60108-1433
----------------------	-------------	------------------------

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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

Transaction ID : B1B7B72BEB044C41B8D0

Amount of Each Receipt this Period
39.00

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

Mailing Address 229 Wren Ct

City Bloomingdale	State IL	Zip Code 60108-1433
----------------------	-------------	------------------------

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 ▼
507.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : 65ED69D5D1D4498C912D

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
541.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

Transaction ID : 531FE2D40A8F482F9B47

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	119.67
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: PAGE 96 OF 107
(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. 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 ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : BAC0A24B6536432983EA
 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 ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013
Transaction ID : 29B58EA10550483C8DBB
 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 ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : 7A5EC42612424C05A31D
 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 97 OF 107
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	<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. 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 ▼ 541.71

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013
Transaction ID : 7A068687F1734D39AAF0
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 ▼ 541.71

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013
Transaction ID : 2B2563FA00244BC2BA60
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 ▼ 541.71

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013
Transaction ID : 442DB7E898054DD08425
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 98 OF 107
(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. 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 ▼
541.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : F3F7774F66A847D5885F

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. 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 ▼
541.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : 3AC20E9590104D979D0F

Amount of Each Receipt this Period
41.67

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

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 ▼
507.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : 6578444150764649A0B1

Amount of Each Receipt this Period
39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.34

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: (check only one)	PAGE 99 OF 107
	<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	<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. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Naperville	IL	60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 76AEAA39CD244237A195
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) B. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Naperville	IL	60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 55EF2C06C18646648E26
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) C. Feodor Ung		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Naperville	IL	60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 8DDFBAB39DD24A4C9328
Name of Employer	Occupation	Amount of Each Receipt this Period
DuPage Medical Group, Ltd.	Physician	<input type="text" value="39.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="507.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
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 100 OF 107
	<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. 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 ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : 717E41B42A2149B48105

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 ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : A9E8156417004DC28292

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 ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : BFD520BBB9F845368C3D

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 101 OF 107
(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. Feodor Ung

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 ▼
507.00

Date of Receipt
06 / 21 / 2013
Transaction ID : E7FE76E4FBA34D539E4C

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
B. Van Vallina

Mailing Address 241 Lorraine St

City Glen Ellyn State IL Zip Code 60137-5326

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 ▼
507.00

Date of Receipt
03 / 15 / 2013
Transaction ID : FDAD45249921457EB04F

Amount of Each Receipt this Period
39.00

Full Name (Last, First, Middle Initial)
C. Van Vallina

Mailing Address 241 Lorraine St

City Glen Ellyn State IL Zip Code 60137-5326

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 ▼
507.00

Date of Receipt
03 / 29 / 2013
Transaction ID : 5725FE4A02614985ADD9

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 102 OF 107
	<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	<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. Van Vallina		Date of Receipt
Mailing Address 241 Lorraine St		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Glen Ellyn	State IL	Zip Code 60137-5326
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : FA14ACC7D9824E9B82E1
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) B. Van Vallina		Date of Receipt
Mailing Address 241 Lorraine St		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Glen Ellyn	State IL	Zip Code 60137-5326
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : BA10698A334E46B194CB
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) C. Van Vallina		Date of Receipt
Mailing Address 241 Lorraine St		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Glen Ellyn	State IL	Zip Code 60137-5326
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C104D4DF36984552B03D
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
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 103 OF 107
	<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	<input type="checkbox"/> 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 Glen Ellyn State IL Zip Code 60137-5326
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 **507.00**

Date of Receipt **05 / 24 / 2013**
Transaction ID : 1A1093AF7B9D42529C5F
Amount of Each Receipt this Period **39.00**

B. Van Vallina
Full Name (Last, First, Middle Initial)
Mailing Address 241 Lorraine St
City Glen Ellyn State IL Zip Code 60137-5326
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 **507.00**

Date of Receipt **06 / 07 / 2013**
Transaction ID : 8E43FD95EA984B089581
Amount of Each Receipt this Period **39.00**

C. Van Vallina
Full Name (Last, First, Middle Initial)
Mailing Address 241 Lorraine St
City Glen Ellyn State IL Zip Code 60137-5326
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 **507.00**

Date of Receipt **06 / 21 / 2013**
Transaction ID : F6A73F02512E4ED1B275
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 104 OF 107
	<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	<input type="checkbox"/> 17

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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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : 31E49DB4D3904CDE9C09

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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013
Transaction ID : 7C195B42158E4BB0914F

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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013
Transaction ID : E4424100732348E8AB09

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 105 OF 107
	<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. 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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013

Transaction ID : 0F23E4B868BB45A3BD94

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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2013

Transaction ID : 297CC25530C24488990E

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 ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : 13C2A39CA638475DB860

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 106 OF 107
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 76 Mitchell Cir

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : 7BA40795DE8E4C21B2FE

Amount of Each Receipt this Period
20.83

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

Mailing Address 76 Mitchell Cir

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2013

Transaction ID : 13CABBB1D70B45A09FF9

Amount of Each Receipt this Period
20.83

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

Mailing Address 76 Mitchell Cir

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013

Transaction ID : 66FD7ADA0CCE478F8C0C

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 107 OF 107
<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

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

Mailing Address 76 Mitchell Cir

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.79**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 21 / 2013

Transaction ID : B062BB66C5E6424081A2

Amount of Each Receipt this Period
20.83

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.83
TOTAL This Period (last page this line number only).....▶	11481.33