

**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="2014"/>		<input type="text" value="174940.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186137.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4342.59"/>	<input type="text" value="37539.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="190480.29"/>	<input type="text" value="212480.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="22000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="190480.29"/>	<input type="text" value="190480.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

DuPage Medical Group LTD PAC

Report Covering the Period: From: / / 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).....	4342.59	27106.54
(ii) Unitemized	0.00	10433.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4342.59	37539.76
(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)	4342.59	37539.76
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))..... ▶	4342.59	37539.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4342.59	37539.76

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	7000.00
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	15000.00
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	22000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	22000.00

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)	4342.59	37539.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4342.59	37539.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 54
(check only one)

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

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

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

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 ▼ **500.16**

Date of Receipt
10 / 24 / 2014

Transaction ID : AFC6FCFB9F0A4296910B

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 ▼ **500.16**

Date of Receipt
11 / 07 / 2014

Transaction ID : DA4A8ACD3DF54513AF65

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 ▼ **500.16**

Date of Receipt
11 / 21 / 2014

Transaction ID : 05BA0362A6E646858B49

Amount of Each Receipt this Period
20.84

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 54
	(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. Marc Asselmeier

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 54FBFDA20D004BA7A944

Amount of Each Receipt this Period
39.00

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

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 6689DCF9285F447B99D4

Amount of Each Receipt this Period
39.00

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

Mailing Address 750 Brentwood Ct

City State Zip Code
Glen Ellyn IL 60137-6365

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 7743E9394E2F480F8C47

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 8 OF 54
	<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 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 ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : D3F2C7BA4EE348EDAA11

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 ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : 223D70D0E9D14544B5E8

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 ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : C445D462BC904257A25A

Amount of Each Receipt this Period

39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 54
	<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 Dungan
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Palamino Pl
 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 **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014
Transaction ID : 02348A89A390495AAA46
 Amount of Each Receipt this Period
20.00

B. David Dungan
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Palamino Pl
 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 **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014
Transaction ID : D1F90F03C1C04E328DAB
 Amount of Each Receipt this Period
20.00

C. David Dungan
 Full Name (Last, First, Middle Initial)
 Mailing Address 211 Palamino Pl
 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 **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014
Transaction ID : 93B2AB7C9C6747678B5F
 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 10 OF 54
	<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. Michael Fitzgerald		Date of Receipt
Mailing Address 1207 Sanctuary Ln		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Naperville	IL	60540-1936
FEC ID number of contributing federal political committee.		Transaction ID : DFD330781D9D4AF893D3
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	Occupation	
DuPage Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="936.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Fitzgerald		Date of Receipt
Mailing Address 1207 Sanctuary Ln		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Naperville	IL	60540-1936
FEC ID number of contributing federal political committee.		Transaction ID : 99D7D92E362F43638E36
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	Occupation	
DuPage Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="936.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Fitzgerald		Date of Receipt
Mailing Address 1207 Sanctuary Ln		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Naperville	IL	60540-1936
FEC ID number of contributing federal political committee.		Transaction ID : DC9B974702C54249A4EB
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	Occupation	
DuPage Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="936.00"/>	
<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 11 OF 54
	<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. 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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : 96862D7EA02F4872B652

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : C7B13DD43CDF487DAC51

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : 774075F79FBF4EB8B9EE

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
10 / 24 / 2014

Transaction ID : 77B39BD1EE6B4828B4FB

Amount of Each Receipt this Period
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
11 / 07 / 2014

Transaction ID : 67D2DEF26CE64D8F964E

Amount of Each Receipt this Period
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **936.00**

Date of Receipt
11 / 21 / 2014

Transaction ID : 51D9E2CF73C74A4CA362

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 14 OF 54
	<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 ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : F57E072D5E9C478EBC6F
 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 ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 679D5C3F8F53413C8EED
 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 ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : F4476E77A210415E98ED
 Amount of Each Receipt this Period
 42.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 15 OF 54
(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. Glenn Grobe

Mailing Address 719 Mesa Dr

City Naperville	State IL	Zip Code 60565-5312
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 5123ED68060241D28C6E

Amount of Each Receipt this Period
15.00

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

Mailing Address 719 Mesa Dr

City Naperville	State IL	Zip Code 60565-5312
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 53156B3E7092464FB13F

Amount of Each Receipt this Period
15.00

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

Mailing Address 719 Mesa Dr

City Naperville	State IL	Zip Code 60565-5312
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : FE858608A2824541812C

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 54
	<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. 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 **2400.00**

Date of Receipt
10 / 24 / 2014
Transaction ID : 95A4C186F290477BA4E1
 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 **2400.00**

Date of Receipt
11 / 07 / 2014
Transaction ID : CC2C8F398DF4431B9ABC
 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 **2400.00**

Date of Receipt
11 / 21 / 2014
Transaction ID : 98B576E9A6C84461B4AC
 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 17 OF 54
	<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. 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 ▼
504.00

Date of Receipt
10 / 24 / 2014
Transaction ID : A73BEB69931F4CEDBA3C

Amount of Each Receipt this Period
21.00

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
11 / 07 / 2014
Transaction ID : D99B989E5EE44C3EBE76

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 ▼
504.00

Date of Receipt
11 / 21 / 2014
Transaction ID : 49FCFFA19C714D228226

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 18 OF 54
	<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. Maleeha Hashmi-Basha

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
10 / 24 / 2014
Transaction ID : 821DCBCEE04847A4BDC2

Amount of Each Receipt this Period
20.00

B. Maleeha Hashmi-Basha

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
11 / 07 / 2014
Transaction ID : 4C657E29E37241EAAE95

Amount of Each Receipt this Period
20.00

C. Maleeha Hashmi-Basha

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

Mailing Address 640 S Washington St
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
11 / 21 / 2014
Transaction ID : 4EB029AA092845A1BD20

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 19 OF 54
	<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

Full Name (Last, First, Middle Initial) A. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : 5DFE61B49DDD43529AD2
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="1000.08"/>		

Full Name (Last, First, Middle Initial) B. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : 64B87A140110499B9093
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="1000.08"/>		

Full Name (Last, First, Middle Initial) C. James Hermann			Date of Receipt
Mailing Address 1962 Hampton Dr			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Wheaton	State IL	Zip Code 60189-2020	Transaction ID : 76D1F20EED4A4638A0D3
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="1000.08"/>		

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 20 OF 54
	<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. 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 ▼ 936.00

Date of Receipt
10 / 24 / 2014
Transaction ID : 7A8E9370A88E435AB477

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 ▼ 936.00

Date of Receipt
11 / 07 / 2014
Transaction ID : 986BEB94EFC14CB59FDD

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 ▼ 936.00

Date of Receipt
11 / 21 / 2014
Transaction ID : 5439248FA67145C787B9

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 21 OF 54
	<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 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 ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : FD9F97B39F414F69A70E

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 ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : ECAE90264B474B05A295

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 ▼ **936.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : 2D69FB1346D0494C9622

Amount of Each Receipt this Period

39.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 54
<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. Cameron Jirschele
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 24 / 2014
Transaction ID : 27D13AAC13134076BA08
 Amount of Each Receipt this Period 20.00

B. Cameron Jirschele
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 07 / 2014
Transaction ID : 04CF4EB19D61419CB2EF
 Amount of Each Receipt this Period 20.00

C. Cameron Jirschele
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 N Bosworth Ave #3
 City Chicago State IL Zip Code 60642-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 21 / 2014
Transaction ID : 3306CBDEA8BF4B7C9BDC
 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 23 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

A. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 24 / 2014
Transaction ID : A32D49460AAA441F9B07
 Amount of Each Receipt this Period 20.00

B. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 07 / 2014
Transaction ID : 6670EE5804F7430FA568
 Amount of Each Receipt this Period 20.00

C. Richard Krouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4720 Lee Ave
 City Downers Grove State IL Zip Code 60515-3319
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 21 / 2014
Transaction ID : C7D8B18C54514741B843
 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 24 OF 54
	<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. Norman Kumins
 Full Name (Last, First, Middle Initial)
 Mailing Address 677 Duane St
 City State Zip Code
 Glen Ellyn IL 60137-4611
 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 ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : 7FC7AA7EE32F447D84BE
 Amount of Each Receipt this Period
 39.00

B. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City State Zip Code
 Willowbrook IL 60527-1896
 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 ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : AC4541FBCBC64AE59962
 Amount of Each Receipt this Period
 20.83

C. David Labotka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 S Ridge Rd
 City State Zip Code
 Willowbrook IL 60527-1896
 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 ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 055307FD91DC428BAD7F
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.66
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 54
	<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. Aaron Lazar

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 ▼ **600.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : 99E74D8C590F42B2A15F

Amount of Each Receipt this Period **25.00**

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

Mailing Address 385 Maple St

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **10 / 24 / 2014**

Transaction ID : 0BE60DDCC23946959B59

Amount of Each Receipt this Period **20.00**

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

Mailing Address 385 Maple St

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 07 / 2014**

Transaction ID : AF2D755C83574595847A

Amount of Each Receipt this Period **20.00**

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: (check only one)	PAGE 27 OF 54
	<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. Thomas Lee

Mailing Address 385 Maple St

City State Zip Code
Glen Ellyn IL 60137-3811

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 6C5C7DDF20E7428E9C1C

Amount of Each Receipt this Period
20.00

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

Mailing Address 416 S Sleight St

City State Zip Code
Naperville IL 60540-5441

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 ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : A31D212DF3764B2FAB49

Amount of Each Receipt this Period
39.00

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

Mailing Address 416 S Sleight St

City State Zip Code
Naperville IL 60540-5441

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 ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 500C92293FA34F98B4B5

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 28 OF 54
	<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. 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 ▼ **936.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : 301970AD627346C88AA6

Amount of Each Receipt this Period **39.00**

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

Mailing Address 30 Stratford Dr

City Bloomingdale State IL Zip Code 60108-2201

FEC ID number of 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 **10 / 24 / 2014**

Transaction ID : 33B6FFF757DB4052831A

Amount of Each Receipt this Period **10.00**

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

Mailing Address 30 Stratford Dr

City Bloomingdale State IL Zip Code 60108-2201

FEC ID number of 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 **11 / 07 / 2014**

Transaction ID : 691F65F0948041F6B864

Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **59.00**

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 54
	<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. Gerald Maida

Mailing Address 30 Stratford Dr

City Bloomingdale State IL Zip Code 60108-2201

FEC ID number of 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
 / /
Transaction ID : 5E1EE08D584E4230B9FA

Amount of Each Receipt this Period

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

Mailing Address 235 W Van Buren St Unit 1711

City Chicago State IL Zip Code 60607-3932

FEC ID number of 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
 / /
Transaction ID : 8FD05A55D79D476590BA

Amount of Each Receipt this Period

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

Mailing Address 235 W Van Buren St Unit 1711

City Chicago State IL Zip Code 60607-3932

FEC ID number of 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
 / /
Transaction ID : 0E4E6DFE52B742B1A389

Amount of Each Receipt this Period

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

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 54
	<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. Alicia Martin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 Transaction ID : 5D2ECBA6A8D7499C84D3
Mailing Address 235 W Van Buren St Unit 1711		Amount of Each Receipt this Period 10.00
City Chicago	State IL	Zip Code 60607-3932
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Nicholas Mataragas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014 Transaction ID : 77B16D4CC8074B1889C5
Mailing Address 6105 Timber Ridge Ct		Amount of Each Receipt this Period 19.23
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) C. Nicholas Mataragas		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014 Transaction ID : 1E0A9D091AB948CB87FB
Mailing Address 6105 Timber Ridge Ct		Amount of Each Receipt this Period 19.23
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

SUBTOTAL of Receipts This Page (optional).....▶	48.46
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 31 OF 54
	<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 ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : 62FAD390149649418D59

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : 2125FA6217034495B15C

Amount of Each Receipt this Period
 20.00

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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : A88DC552B24B4B8CA128

Amount of Each Receipt this Period
 20.00

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:	PAGE 32 OF 54
	(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. Paul Merrick
Full Name (Last, First, Middle Initial)

Mailing Address 540 Hill Ave

City State Zip Code
Glen Ellyn IL 60137-5032

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

Name of Employer Occupation
DuPage Medical Group, Ltd. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 0A49EE2A7146403DBDCD

Amount of Each Receipt this Period
20.00

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

Mailing Address 1801 S Highland Ave

City State Zip Code
Lombard IL 60148-4932

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 ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : D84AF59B11E24D1F9EA2

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 State Zip Code
Lombard IL 60148-4932

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 ▼
936.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 422F0CE24A6F46DE99C8

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:	PAGE 33 OF 54
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

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 ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : BCB6A56961844991B8EB

Amount of Each Receipt this Period
39.00

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

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 ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 3CCA45D08F014C688AB1

Amount of Each Receipt this Period
39.00

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

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 ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 75FF2657A44C420AAE87

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 34 OF 54
	<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 ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 882921DA256A4BABAA4A

Amount of Each Receipt this Period
39.00

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 ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : C833B6E99FA44F8A86DB

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 ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 81BB3690E6614A448B07

Amount of Each Receipt this Period
20.00

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 35 OF 54
	<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. Mark Nelson

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 ▼ **480.00**

Date of Receipt
11 / 21 / 2014
Transaction ID : 17D0FE51238741C69BC4

Amount of Each Receipt this Period
20.00

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 ▼ **600.00**

Date of Receipt
10 / 24 / 2014
Transaction ID : EC7ACBAC853C46D08557

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **600.00**

Date of Receipt
11 / 07 / 2014
Transaction ID : FEAEC09D6A764332B047

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **70.00**

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 36 OF 54
	(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. 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 ▼ **600.00**

Date of Receipt
11 / 21 / 2014
Transaction ID : 7BD63825E13D4DA6A6C1

Amount of Each Receipt this Period
25.00

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 ▼ **504.00**

Date of Receipt
10 / 24 / 2014
Transaction ID : F8FD42B9CDA8494B8579

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 ▼ **504.00**

Date of Receipt
11 / 07 / 2014
Transaction ID : 1723886E9A6E4D9181A8

Amount of Each Receipt this Period
21.00

SUBTOTAL of Receipts This Page (optional)..... **67.00**

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 54
	<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 ▼ **504.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : **E6FC12F5740D4525B647**

Amount of Each Receipt this Period
21.00

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

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : **8DC3AFC349DA4AAA8856**

Amount of Each Receipt this Period
25.00

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

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : **21232D48A47144B4A218**

Amount of Each Receipt this Period
25.00

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: (check only one)	PAGE 38 OF 54
	<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. James Oakley		Date of Receipt
Mailing Address 605 S Grant St		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Hinsdale	IL	60521-4453
FEC ID number of contributing federal political committee.		Transaction ID : CEE99309E3954FBD874B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
DuPage Medical Group, Ltd.	Physician/Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chicago	IL	60622-2245
FEC ID number of contributing federal political committee.		Transaction ID : B610F60FED184751AB67
<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="936.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mathew Philip		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Chicago	IL	60622-2245
FEC ID number of contributing federal political committee.		Transaction ID : FA4E9641FB5A4E0B802E
<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="936.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="103.00"/>
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 39 OF 54
(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. 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 ▼
936.00

Date of Receipt
11 / 21 / 2014
Transaction ID : 06ADA3A64158417FBED6

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 ▼
504.00

Date of Receipt
10 / 24 / 2014
Transaction ID : F8F8346D28214C0B8E8E

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 ▼
504.00

Date of Receipt
11 / 07 / 2014
Transaction ID : 7E154906A50642BB9815

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 40 OF 54
	<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. 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 **504.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : 398EA64E0FAC4FDF9CC7
Amount of Each Receipt this Period **21.00**

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 **480.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : AB14FF8779D4432A9C40
Amount of Each Receipt this Period **20.00**

C. John Porcelli
Full Name (Last, First, Middle Initial)
Mailing Address 4530 Lee Ave
City Downers Grove State IL Zip Code 60515-2607
FEC ID number of contributing federal political committee. **C**
Name of Employer DuPage Medical Group, Ltd. Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **480.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : 9EDEB15CE90944B2A85A
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **61.00**
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 54
	<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. 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 5E43CC9CAE14467195A7

Amount of Each Receipt this Period
 20.00

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : AC9840BB6D81434A85D1

Amount of Each Receipt this Period
 19.23

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 ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 09A47CD8721F48AB8FCA

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:	PAGE 42 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Raghu Pulluru			Date of Receipt
Mailing Address 3908 Littlestone Cir			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 7E49A85282204C4F974B
Naperville	IL	60564-5915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="19.23"/>
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="461.52"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Soujanya Pulluru			Date of Receipt
Mailing Address 3908 Littlestone Cir			<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : E7D87F16356F4292B148
Naperville	IL	60564-5915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="23.08"/>
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="832.77"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Soujanya Pulluru			Date of Receipt
Mailing Address 3908 Littlestone Cir			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6E22546464764B24B17B
Naperville	IL	60564-5915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="23.08"/>
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="832.77"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="65.39"/>
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 43 OF 54
	(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. Soujanya Pulluru		Date of Receipt
Mailing Address 3908 Littlestone Cir		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Naperville	State IL	Zip Code 60564-5915
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 59E381F4083F450BB68F
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="23.08"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="832.77"/>	

Full Name (Last, First, Middle Initial) B. Kevin Regan		Date of Receipt
Mailing Address 31808 Village Green Ct		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 77CC27D1DC9A4E538274
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="807.66"/>	

Full Name (Last, First, Middle Initial) C. Kevin Regan		Date of Receipt
Mailing Address 31808 Village Green Ct		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Warrenville	State IL	Zip Code 60555-5923
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 40520FB983224028B7E5
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="807.66"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
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 44 OF 54
	<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. 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 ▼ **807.66**

Date of Receipt
11 / 21 / 2014

Transaction ID : B1F9C93D090E4675ACB5

Amount of Each Receipt this Period
38.46

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
10 / 24 / 2014

Transaction ID : 25F929727DAA42F1BC14

Amount of Each Receipt this Period
20.00

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
11 / 07 / 2014

Transaction ID : 8CFC9384C97E484AB8FD

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **78.46**

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 45 OF 54
	<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. Steven Schmitz
Full Name (Last, First, Middle Initial)

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 21 / 2014**

Transaction ID : 6D9D9239CAA74C6EA97B

Amount of Each Receipt this Period **20.00**

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

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 ▼ **461.52**

Date of Receipt **10 / 24 / 2014**

Transaction ID : D927E95AFBCB4BE199E3

Amount of Each Receipt this Period **19.23**

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

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 ▼ **461.52**

Date of Receipt **11 / 07 / 2014**

Transaction ID : F29DADEF269F477BA7FF

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 46 OF 54
	<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. Grant Sievertsen
 Full Name (Last, First, Middle Initial)
 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 ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : C5DB80ED8F284FE585CB
 Amount of Each Receipt this Period
 19.23

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 ▼ 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : AC7883678BE04B4B8FC8
 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 ▼ 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : 6E45BEA3759049E6B5D5
 Amount of Each Receipt this Period
 39.00

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 47 OF 54
	<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. 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 ▼ **936.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 21 / 2014

Transaction ID : 37F59EA4832B4EE9879A

Amount of Each Receipt this Period
39.00

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

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 ▼ **936.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : 195E2AFFD3334F808C40

Amount of Each Receipt this Period
39.00

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

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 ▼ **936.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 07 / 2014

Transaction ID : B279E5602EDD4D4C8B3D

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 48 OF 54
	<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. 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 ▼ **936.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : **6DBF5330F91F44D5BAC0**

Amount of Each Receipt this Period
39.00

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 ▼ **1000.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : **64E13DB0244A45A78864**

Amount of Each Receipt this Period
41.67

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 ▼ **1000.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : **6A77FE8AC82E4549B575**

Amount of Each Receipt this Period
41.67

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 49 OF 54
	<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. 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 **1000.08**

Date of Receipt **11 / 21 / 2014**
Transaction ID : 9DFAAA39D4304C12BC85
 Amount of Each Receipt this Period **41.67**

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 **936.00**

Date of Receipt **10 / 24 / 2014**
Transaction ID : 151F3F19F97342BAA684
 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 **936.00**

Date of Receipt **11 / 07 / 2014**
Transaction ID : 5E76123B6134454FB5AC
 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 50 OF 54
	<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 ▼ 936.00

Date of Receipt
11 / 21 / 2014
Transaction ID : F2068E6B8EC04814B783

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 ▼ 936.00

Date of Receipt
10 / 24 / 2014
Transaction ID : 4939A4DFF3314ED9A940

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 ▼ 936.00

Date of Receipt
11 / 07 / 2014
Transaction ID : D94B6F113F014F2EA8C4

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 51 OF 54
	<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. 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 ▼ 936.00

Date of Receipt 11 / 21 / 2014
Transaction ID : B1CB88C8CA4E45C1A291
Amount of Each Receipt this Period 39.00

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 ▼ 480.00

Date of Receipt 10 / 24 / 2014
Transaction ID : 3F4F3375F93E41D19533
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 ▼ 480.00

Date of Receipt 11 / 07 / 2014
Transaction ID : D64F1A557A5446269C12
Amount of Each Receipt this Period 20.00

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 52 OF 54
	<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. 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014
Transaction ID : C42423BC079E498D9B98
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : 603CE63A13B945139F67
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014
Transaction ID : B5E9DF9268964867BAE1
 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 53 OF 54
	<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. 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 **480.00**

Date of Receipt **11 / 21 / 2014**
Transaction ID : F54C606F05E841E4A58F
Amount of Each Receipt this Period **20.00**

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 **499.92**

Date of Receipt **10 / 24 / 2014**
Transaction ID : F43AD4358BDD4A55929A
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 **499.92**

Date of Receipt **11 / 07 / 2014**
Transaction ID : 44A39169A1D34E5FBCA9
Amount of Each Receipt this Period **20.83**

SUBTOTAL of Receipts This Page (optional)..... **61.66**
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 54
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ **499.92**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 21 / 2014

Transaction ID : 2FC61AD6DC9E4B85ADF2

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.83
TOTAL This Period (last page this line number only).....▶	4342.59