

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 DuPage Medical Group LTD PAC

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00435982

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)

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

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2018 through 07 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Tobie, Henry, , , Type or Print Name of Treasurer

Signature of Treasurer Tobie, Henry, , , [Electronically Filed] Date 08 / 20 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text" value="200031.97"/>	<input type="text" value="200031.97"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="205668.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1167.01"/>	<input type="text" value="11822.02"/>
(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="206835.99"/>	<input type="text" value="211853.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3.00"/>	<input type="text" value="5021.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="206832.99"/>	<input type="text" value="206832.99"/>
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).....	943.55	4549.55
(ii) Unitemized	223.46	7272.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1167.01	11822.02
(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)	1167.01	11822.02
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)).....▶	1167.01	11822.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1167.01	11822.02

DETAILED SUMMARY PAGE
of Disbursements

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	3.00	21.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3.00	21.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	3.00	5021.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3.00	5021.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	1167.01	11822.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1167.01	11822.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3.00	21.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3.00	21.00

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

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

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

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

A. Anderson, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 07 / 13 / 2018
Transaction ID : A54A73B4FA1E4EA19A10
 Amount of Each Receipt this Period 20.84
 Memo Item

B. Asselmeier, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Brentwood Ct
 City Glen Ellyn State IL Zip Code 60137-6365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 6D8CCDE2C4284BAD8AEE
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Fetzer, Martin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 N Larrabee St Apt 309
 City Chicago State IL Zip Code 60654-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : FA5B1E900E954506AD35
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<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. Fitzgerald, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1207 Sanctuary Ln
 City Naperville State IL Zip Code 60540-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : C20DF8812A624BFB813F
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Gallagher, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 190A8E7853F5472D835D
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Gallo, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 1F278232EE2C487F80D7
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	128.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<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. Gruener, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 13 / 2018
Transaction ID : C8206CE3A9C840B7AB88
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hashmi, Naira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 93C5FDF9D83C4BE49015
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Hermann, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1962 Hampton Dr
 City Wheaton State IL Zip Code 60189-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 07 / 13 / 2018
Transaction ID : ECF47771228D465B9583
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	162.67
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 9 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Hurst, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 654A4552DC714DA2BDF0
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Kipfer, Hal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 Prairie Ln
 City Lemont State IL Zip Code 60439-8612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : A0073EA5C2444F3E8A9C
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Lazar, Aaron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 6AA256C1D37E4D19A4F4
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	89.00
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 14
	<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. Lizek, Ernest, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : D012AA16BB964F579635
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Meyer, M. Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : C1D358C71EF84E90A507
 Amount of Each Receipt this Period 39.00
 Memo Item

C. Nemivant, Ravi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : A4EA0679BE0B41BDBEC4
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 103.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<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. O'Leary, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 4766417EC5F44DFA9BBD
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Oakley, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician/Radiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 40813743CBE04F98B598
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Philip, Mathew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : B0AC58A41408401CB8CC
 Amount of Each Receipt this Period 39.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. Pulluru, Soujanya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 07 / 13 / 2018
Transaction ID : B4409FE776E049BAA45B
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Regan, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 07 / 13 / 2018
Transaction ID : 8F0E169B9FB440AD86C5
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Smith, Matthew, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3624 Venard Rd
 City Downers Grove State IL Zip Code 60515-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : D65673DE27E241DB8060
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.54
TOTAL This Period (last page this line number only).....	

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DuPage Medical Group LTD PAC

A. Torres, Arnaldo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Wren Ct
 City Bloomingtondale State IL Zip Code 60108-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : D708376553304D5C82CB
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Towers, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 07 / 13 / 2018
Transaction ID : 87B81389E116418F8934
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Ung, Feodor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 262F2DE03FAF4F55BCBD
 Amount of Each Receipt this Period 39.00
 Memo Item

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 14 OF 14
	<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. Vallina, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 37D36C362E0F4C0FBB71
 Amount of Each Receipt this Period 39.00
 Memo Item

B. Wyrwa, Eva, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25346 Canterbury Court
 City Glen Ellyn State IL Zip Code 60137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2018
Transaction ID : 6C3FA162BA844C829069
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Yu, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt 07 / 13 / 2018
Transaction ID : 4997FBB8E908482E82AB
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	84.83
TOTAL This Period (last page this line number only).....	943.55