

# 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**  
 Check if different than previously reported. (ACC) **Downers Grove** **IL** **60515**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00435982** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period   /   /    through   /   /

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   /   /

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="2020"/>	<input type="text" value="246326.27"/>	<input type="text" value="246326.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="252100.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4864.65"/>	<input type="text" value="10648.23"/>
(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="256965.50"/>	<input type="text" value="256974.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9.00"/>	<input type="text" value="18.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="256956.50"/>	<input type="text" value="256956.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	3405.80	4344.94
(ii) Unitemized .....	1458.85	6303.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4864.65	10648.23
(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) .....	4864.65	10648.23
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)).....▶	4864.65	10648.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4864.65	10648.23

**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 .....	9.00	18.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9.00	18.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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)) ..	9.00	18.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9.00	18.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4864.65	10648.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4864.65	10648.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9.00	18.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9.00	18.00

**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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. 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 ▼ 229.24

Date of Receipt **05 / 22 / 2020**  
**Transaction ID : 70B4D082C6D24F9B9C77**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**B. 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 ▼ 229.24

Date of Receipt **06 / 17 / 2020**  
**Transaction ID : 619A301179534D1DAB6F**  
 Amount of Each Receipt this Period 20.84  
 Memo Item

**C. 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 ▼ 429.00

Date of Receipt **04 / 10 / 2020**  
**Transaction ID : 796FD53E07374EE48B48**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.68  
**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 36
	<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. 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 ▼ 429.00

Date of Receipt: 04 / 24 / 2020  
**Transaction ID : 8BD456973FB74526A7C2**  
 Amount of Each Receipt this Period: 39.00  
 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 ▼ 429.00

Date of Receipt: 05 / 08 / 2020  
**Transaction ID : 03A6BEC2691041E795D9**  
 Amount of Each Receipt this Period: 39.00  
 Memo Item

**C. 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 ▼ 429.00

Date of Receipt: 05 / 22 / 2020  
**Transaction ID : C428312181F9477695A0**  
 Amount of Each Receipt this Period: 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 429.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 916C61D5466F4CBD9A71**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Dungan, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 Palamino PI  
 City Wheaton State IL Zip Code 60189-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 2A91E98F431B41F8BC3A**  
 Amount of Each Receipt this Period 20.00  
 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 ▼ 275.00

Date of Receipt 05 / 08 / 2020  
**Transaction ID : 35FFB07B9D4E4F16B45B**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 84.00  
**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 36
	<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. 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 ▼ 275.00

Date of Receipt 05 / 22 / 2020  
**Transaction ID : 12C0E7192C324FB6AF3D**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. 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 ▼ 275.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 0630735B611C4305A37A**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. 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, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 04 / 10 / 2020  
**Transaction ID : C83145CEAE2B4DFEA1C8**  
 Amount of Each Receipt this Period 39.00  
 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 36
	<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. 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, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt **04 / 24 / 2020**  
**Transaction ID : 16ABF9FD73BD4EF1BFF7**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. 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, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt **05 / 08 / 2020**  
**Transaction ID : 210E48349D32447EB2EC**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. 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, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt **05 / 22 / 2020**  
**Transaction ID : 5975247463924072AB87**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.00
<b>TOTAL</b> 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 36
	<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, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : B274D0184F754C2396C1**  
 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 ▼ 550.00

Date of Receipt 04 / 10 / 2020  
**Transaction ID : 185C9221F4BD4F8F9626**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 550.00

Date of Receipt 04 / 24 / 2020  
**Transaction ID : 68C19F3A31C6429B93DA**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	139.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2020  
**Transaction ID : 9068F20D05984D608954**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2020  
**Transaction ID : 83A3E7D966F0466185A8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2020  
**Transaction ID : FE0EEEB5179A4BCABAF2**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 ▼ 1100.00

Date of Receipt **04 / 10 / 2020**  
**Transaction ID : 84CB787ADDF14FF7B21E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 1100.00

Date of Receipt **04 / 24 / 2020**  
**Transaction ID : C96363FEB9894BFAB937**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 1100.00

Date of Receipt **05 / 08 / 2020**  
**Transaction ID : 1859F537DB0A4B19AF33**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 1100.00

Date of Receipt 05 / 22 / 2020  
**Transaction ID : FB5A851D300542369F4A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. 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 ▼ 1100.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 8082E46580B34E6F846E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. 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 ▼ 231.00

Date of Receipt 05 / 22 / 2020  
**Transaction ID : 9A135D5FA026445EB707**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	221.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
	<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. 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 ▼ 231.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 673677D11E7F4F11B229**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. 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 ▼ 458.37

Date of Receipt 04 / 10 / 2020  
**Transaction ID : A3F4337FAF1D4E02BBEB**  
 Amount of Each Receipt this Period 41.67  
 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 ▼ 458.37

Date of Receipt 04 / 24 / 2020  
**Transaction ID : 23227C746AB144AFB626**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.34
<b>TOTAL</b> 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 36
	<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. 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 ▼ 458.37

Date of Receipt 05 / 08 / 2020  
**Transaction ID : 7E69B4465D744BBEAA83**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. 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 ▼ 458.37

Date of Receipt 05 / 22 / 2020  
**Transaction ID : 77135D3B95474B75937A**  
 Amount of Each Receipt this Period 41.67  
 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 ▼ 458.37

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 260765DE5B5F4C3FBB9A**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> 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 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. 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 ▼ 429.00

Date of Receipt **04 / 10 / 2020**  
**Transaction ID : 69C5C1A3A9014712AB65**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. 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 ▼ 429.00

Date of Receipt **04 / 24 / 2020**  
**Transaction ID : B6BCF4B815124B7FB0B3**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. 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 ▼ 429.00

Date of Receipt **05 / 08 / 2020**  
**Transaction ID : 8C67DAAA9D7141CE89C9**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 429.00

Date of Receipt **05 / 22 / 2020**  
**Transaction ID : 6A45C501DDBF488B84C8**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. 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 ▼ 429.00

Date of Receipt **06 / 17 / 2020**  
**Transaction ID : 68783443F95D464C9C35**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. Jirschele, Cameron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **06 / 17 / 2020**  
**Transaction ID : 22EBD64D542240B89265**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 275.00

Date of Receipt **05 / 08 / 2020**  
**Transaction ID : 8A1C0C30A9D34A19ACF6**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 275.00

Date of Receipt **05 / 22 / 2020**  
**Transaction ID : 946199BF39464A0AA66F**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. 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 ▼ 275.00

Date of Receipt **06 / 17 / 2020**  
**Transaction ID : 64346D9E27844C5ABC18**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
	<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. Krouse, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **06 / 17 / 2020**  
**Transaction ID : 292608ACC8254BD7B264**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. 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 ▼ 429.00

Date of Receipt **04 / 10 / 2020**  
**Transaction ID : C6590CD7460740CD84D6**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. 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 ▼ 429.00

Date of Receipt **04 / 24 / 2020**  
**Transaction ID : AC8D02FCDB1447809A7E**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.00
<b>TOTAL</b> 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 36
	<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 ▼ 429.00

Date of Receipt 05 / 08 / 2020  
**Transaction ID : 94308D2C447E415BA88A**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. 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 ▼ 429.00

Date of Receipt 05 / 22 / 2020  
**Transaction ID : 69390B15E3AF4FD9ADB1**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. 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 ▼ 429.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 2F440B8144D648D29B2A**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**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 36
	<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. Merrick, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 872F716B2CEB409EBBBE**  
 Amount of Each Receipt this Period 20.00  
 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 ▼ 429.00

Date of Receipt 04 / 10 / 2020  
**Transaction ID : 544A0186069B41559D29**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. 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 ▼ 429.00

Date of Receipt 04 / 24 / 2020  
**Transaction ID : 3D773520A4DA4A698571**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	98.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 429.00

Date of Receipt 05 / 08 / 2020  
**Transaction ID : 5C757C2D34D8475D8A9F**  
 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 ▼ 429.00

Date of Receipt 05 / 22 / 2020  
**Transaction ID : 71CE2615D3734789B162**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. 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 ▼ 429.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : A730C7D05B1149C6B471**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.00
<b>TOTAL</b> 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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. 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 ▼ 275.00

Date of Receipt  
 05 / 08 / 2020  
**Transaction ID : 8D7DD5B86775483AA15A**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. 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 ▼ 275.00

Date of Receipt  
 05 / 22 / 2020  
**Transaction ID : 93789F7ACAF94CA48098**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 275.00

Date of Receipt  
 06 / 17 / 2020  
**Transaction ID : A6E26C175A2542A99654**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 36
	<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. 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 ▼ 231.00

Date of Receipt **05 / 22 / 2020**  
**Transaction ID : 09606660060842609910**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. 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 ▼ 231.00

Date of Receipt **06 / 17 / 2020**  
**Transaction ID : 13F738F0A09B4A048074**  
 Amount of Each Receipt this Period 21.00  
 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 ▼ 429.00

Date of Receipt **04 / 10 / 2020**  
**Transaction ID : CFEE78923CE14B389E20**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 429.00

Date of Receipt **04 / 24 / 2020**  
**Transaction ID : F79F6D86F9EA444CB040**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. 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 ▼ 429.00

Date of Receipt **05 / 08 / 2020**  
**Transaction ID : FB498C8B3492447EA259**  
 Amount of Each Receipt this Period 39.00  
 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 ▼ 429.00

Date of Receipt **05 / 22 / 2020**  
**Transaction ID : C5B80329779E4BCDB39F**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 429.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 693FDFB18DED425BBE62**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. Porcelli, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 5FCE7880514A4485954E**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Pulluru, Raghu, , ,**  
 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 ▼ 211.53

Date of Receipt 06 / 17 / 2020  
**Transaction ID : CA78DFD8B7E64880BE5F**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.23  
**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 28 OF 36
	<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. 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 ▼ 423.06

Date of Receipt **04 / 10 / 2020**  
**Transaction ID : 8C5ED8BA437A4E1C82C4**  
 Amount of Each Receipt this Period 38.46  
 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 ▼ 423.06

Date of Receipt **04 / 24 / 2020**  
**Transaction ID : 1DAF85202ABB47C18BC2**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. 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 ▼ 423.06

Date of Receipt **05 / 08 / 2020**  
**Transaction ID : 18A720AC65A04C04B12E**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> 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 36
	<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. 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 ▼ 423.06

Date of Receipt **05 / 22 / 2020**  
**Transaction ID : 222F954F107C4F94A8B6**  
 Amount of Each Receipt this Period 38.46  
 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 ▼ 423.06

Date of Receipt **06 / 17 / 2020**  
**Transaction ID : 000F8B213EC746C5960A**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Sievertsen, Grant, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt **06 / 17 / 2020**  
**Transaction ID : 6F0AC34EF2284CEF969C**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.15
<b>TOTAL</b> 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 36
	<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. 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2020  
**Transaction ID : 6802DE03179B41A6BDD2**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2020  
**Transaction ID : 828A3652CFC4417B8C29**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2020  
**Transaction ID : 2C91EF9434C542DEBD12**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 36
	<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. 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 ▼ 458.37

Date of Receipt **04 / 10 / 2020**  
**Transaction ID : 84B17D80E1A245D0BBBF**  
 Amount of Each Receipt this Period 41.67  
 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 ▼ 458.37

Date of Receipt **04 / 24 / 2020**  
**Transaction ID : 3750D7AAC14F406CA3DD**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. 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 ▼ 458.37

Date of Receipt **05 / 08 / 2020**  
**Transaction ID : 532734D550074677BF24**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 36
	<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. 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 ▼ 458.37

Date of Receipt 05 / 22 / 2020  
**Transaction ID : DAA9E21E977B4531BF07**  
 Amount of Each Receipt this Period 41.67  
 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 ▼ 458.37

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 4AFE59B8A2E94C4185C0**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. 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 04 / 24 / 2020  
**Transaction ID : E3C0EAE90E3E443AB0FE**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**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 33 OF 36
	<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 05 / 08 / 2020  
**Transaction ID : C4AA5B6D15324ABBBF09**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**B. 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 05 / 22 / 2020  
**Transaction ID : 0FB33B81657A468B87FF**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

**C. 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 06 / 17 / 2020  
**Transaction ID : 5C1507942FC94B6BAC52**  
 Amount of Each Receipt this Period 39.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.00
<b>TOTAL</b> 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 36
	<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. Villanueva, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 9C8EC4120F3D4EE4AB90**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Wolfe, Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) DuPage Medical Group, Ltd. Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 17 / 2020  
**Transaction ID : 4C2696CDE66847FF8A3F**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. 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 ▼ 275.00

Date of Receipt 05 / 08 / 2020  
**Transaction ID : 1CDC1B781860433A8C81**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**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 35 OF 36
	<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. 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
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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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2020

**Transaction ID : E89E9C28A0EA42319046**

Amount of Each Receipt this Period  
25.00

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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2020

**Transaction ID : E4DB725E33EA472DABD8**

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
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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 ▼  
229.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2020

**Transaction ID : 7CE29C9E31584B3DBDAC**

Amount of Each Receipt this Period  
20.83

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.83
<b>TOTAL</b> 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 36 OF 36
<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Yu, Andrew, , ,

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 ▼  
229.13

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	17	/	2020

**Transaction ID : 25D3E3D1D6DB42A593B1**

Amount of Each Receipt this Period  
20.83

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.83
<b>TOTAL</b> This Period (last page this line number only).....	3405.80