| Image# | 202007 | 159244 | 4954980 |
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FEC FORM 3X

07/15/2020 15 : 30

PAGE 1 / 36

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

| | | | | | | | | Office Us | e Only | |
|----------------|--|-------------------|---|----------------------|------------------------------|---------------------|----------------|-------------|--------------------|--|
| 1. NAMI COM | E OF MITTEE (in full) | TYPE OR | PRINT V | | mple: If typir the lines. | ng, type | 12FE4M | [5 | | |
| DuPag | ge Medical G | iroup LTD I | PAC | | | | | | | 1 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ADDRESS | 3 (number and stree | | est 31ST Stree | et | | | | | | |
| | Check if different | Suite 3 | 00 | | | | | | | |
| t | han previously eported. (ACC) | | rs Grove | | | | | 60515 | | |
| 2. FEC | IDENTIFICATIO | N NUMBER | | CITY 🔺 | | S | | : | ZIP CODE | Ξ 🔺 |
| С | C00435982 | | | 3. IS THIS REPORT | ~ | NEW N) OR | AM (A | MENDED) | | |
| | E OF REPOR | Re | port | Feb 20 (M2) | | May 20 (M5) | Aug | 20 (M8) | 1) | Nov 20 (M11) Non-Election Year Only) |
| (a) (| Quarterly Reports: | Du | ie On: | Mar 20 (M3) | | Jun 20 (M6) | Sep | 20 (M9) | | Dec 20 (M12) Non-Election Year Only) |
| _ | April 1E | | | Apr 20 (M4) | | Jul 20 (M7) | Oct | 20 (M10) | | an 31 (YE) |
| | April 15 Quarterly Rep | ort (Q1) (c) | 12-Day | | Primary (12P | 2) | General | (12G) | R | unoff (12R) |
| × | July 15 Quarterly Rep | ort (Q2) | PRE-Electio | | | | 1 | | | |
| | October 15 Quarterly Rep | ort (O3) | Report for t | ne. | Convention (| 120) | Special | (125) | | |
| | January 31 Year-End Rep | | E | Election on | M M / | | Y Y Y Y Y |] | in the State of | |
| | July 31 Mid-Ye Report (Non-e Year Only) (M | election | 30-Day POST -Electi Report for t | | General (300 | ā) | Runoff (| 30R) | s | pecial (30S) |
| | Termination R (TER) | eport | | ne. | M M / | D D / | Y = Y = Y = Y | 1 | in the | |
| | (| | E | Election on | | | | | State of | |
| 5. Cover | ring Period | | | 020 | through | 06 | / D D / 30 | Y Y 202 | Y Y 0 | |
| I certify th | at I have examin | | | est of my know | wledge and b | belief it is true | e, correct an | d complet | е. | |
| Type or P | rint Name of Trea | | Henry, , , | | | | | | | |
| Signature | of Treasurer | Tobie, Henry, , , | | | [Electronically | y Filed] | ate 07 | / D 15 | | 2020 |
| NOTE: Sul | bmission of false, | erroneous, or ir | complete infor | mation may su | bject the pers | son signing th | is Report to t | he penaltie | es of 52 U | .S.C. § 30109 |
| | Office Use | | | | | | | FEC | FORN ev. 05/201 | 1 3X |
| | Only | | | | | | | | | |

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| | FEC Form 3X (Rev. 05/2016) | OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|----|--|-------------------------------|-----------------------------------|
| ١ | Write or Type Committee Name | | |
| | DuPage Medical Group LTD PAC | | |
| F | Report Covering the Period: From: | D4 01 2020 To | : 06 / D D / Y Y Y Y 2020 |
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1, 2020 | | 246326.27 |
| | (b) Cash on Hand at Beginning of Reporting Period | 252100.85 | |
| | (c) Total Receipts (from Line 19) | 4864.65 | 10648.23 |
| | (d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B) | 256965.50 | 256974.50 |
| 7. | Total Disbursements (from Line 31) | 9.00 | 18.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 256956.50 | 256956.50 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10 | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

DuPage Medical Group LTD PAC

| Report Covering the Period: From: | / D D / Y Y Y Y 01 2020 To | : 06 / D D / Y Y Y 2020 | | | | | |
|---|-------------------------------|-----------------------------------|--|--|--|--|--|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | | |
| . Contributions (other than loans) From: (a) Individuals/Persons Other | | | | | | | |
| Than Political Committees (i) Itemized (use Schedule A) | 3405.80 | 4344.94 | | | | | |
| (ii) Unitemized (iii) TOTAL (add | 1458.85 | 6303.29 | | | | | |
| Lines 11(a)(i) and (ii) | 4864.65 | 10648.23 | | | | | |
| (b) Political Party Committees(c) Other Political Committees | 0.00 | 0.00 | | | | | |
| (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 | | | | | |
| 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 4864.65 | 10648.23 | | | | | |
| Party Committees | 0.00 | 0.00 | | | | | |
| All Loans Received | 0.00 | 0.00 | | | | | |
| Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 | | | | | |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other | 0.00 | 0.00 | | | | | |
| Political Committees Other Federal Receipts | 0.00 | 0.00 | | | | | |
| (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account | 0.00 | 0.00 | | | | | |
| (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 | | | | | |
| Total Descipts (add Lines 11(d) | | | | | | | |
| 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)

| - | | | | | | | | |
|---|------|-----|-------|-----|------|-------|---|--|
| | | | | | 48 | 64.65 | 5 | |
| _ | | - 7 | _ | - 7 | | | | |

| | | | |
|------|------|----------|--|
| | | 10648.23 | |
| | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 9.00 18.00 Expenditures (c) Total Operating Expenditures 18.00 (add 21(a)(i), (a)(ii), and (b)) 9.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 0.00 and Other Political Committees... 0.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (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 Total Federal Election Activity (add (C) 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

COLUMN A

Total This Period

| FFC | Form | 3X | (Rev | 05/2016 |) |
|------|---------|----|---------|---------|---|
| 1 20 | 1 01111 | 57 | (110 v. | 05/2010 | , |

III. Net Contributions/ Operating Expenditures

| 33. | Total Contributions (other than loans) |
|-----|--|
| | (from Line 11(d), page 3) |
| 34. | Total Contribution Refunds |
| | (from Line 28(d)) |
| 35. | Net Contributions (other than loans) |
| | (subtract Line 34 from Line 33) |
| 36. | Total Federal Operating Expenditures |
| | (add Line 21(a)(i) and Line 21(b)) |
| 37. | Offsets to Operating Expenditures |
| | (from Line 15, page 3) |
| 38. | Net Operating Expenditures |

(subtract Line 37 from Line 36)

| | | | | 4864.65 |
|----------------|---------|---|-----|---------|
| l and a | -7- | 1 | -7 | 1.00 |
| | | | | 0.00 |
| | -7 | | -7 | |
| | | | | 4864.65 |
| | 7 | | - 7 | |
| | | | | 9.00 |
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| | | | | 0.00 |
| | -7- | | -7 | |
| | | | | 9.00 |
| l and a second | -7- | | -7- | |

| 10648.23 | | | | | | | - 1 |
|----------|---|---|---|----|---|----------|-----|
| 10040.23 | 7 | | | 7 | | <u> </u> | 1 |
| 0.00 | | | | | | | - 1 |
| 0.00 | | | | -7 | | | 15 |
| 10648.23 | | | | | | | - [|
| | - | - | - | - | - | | - 5 |
| 18.00 | | | | | | | - [|
| | 7 | - | - | -7 | - | | - 5 |
| 0.00 | | | | | | | - [|
| | 7 | | | 7 | | _ | - 5 |
| 18.00 | | | | | | | - [|
| | | | | | | | |

COLUMN B

Calendar Year-to-Date

Page 5

Other (specify)

| Im | age# 202007159244954985 | | | |
|----------|---|------------------|---|---|
| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 OF 36 (check only one) 11a 11b 11c 12 X 11a 14 15 16 17 |
| | for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and a | | e to solicit contributions from such committee. |
| <u> </u> | Full Name of Individual (Last, First, Middle In Anderson, Craig, , , | | rganization Name | Date of Receipt |
| 7.1 | Mailing Address 3 Briar Ln | | | 05 22 2020 |
| | City West Chicago | State IL | Zip Code 60185-3033 | Transaction ID : 70B4D082C6D24F9B9C77 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.84 |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 229.24 |] |
| В. | Full Name of Individual (Last, First, Middle In Anderson, Craig, , , Mailing Address 3 Briar Ln | itial) or Full O | rganization Name | Date of Receipt |
| | City West Chicago | State IL | Zip Code 60185-3033 | 06 17 2020 Transaction ID : 619A301179534D1DAB6F Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.84 |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 229.24 |] |
| C. | Full Name of Individual (Last, First, Middle In Asselmeier, Marc, , , | itial) or Full O | rganization Name | Date of Receipt |
| | Mailing Address 750 Brentwood Ct | | | 04 / D D / Y Y Y Y Y 02020 |
| | City Glen Ellyn | State IL | Zip Code 60137-6365 | Transaction ID : 796FD53E07374EE48B48 |
| | FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item |
| | Receipt For: | Aggregate | Year-to-Date ▼ | 1 |

| SUBTOTAL of Receipts This Page (optional) | • | | | , | | y | 80 | .68 | |
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| TOTAL This Period (last page this line number only) | | | | - | | - | | - | |

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429.00

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 OF 36 (check only one) |
|---|--------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD F | PAC | | |
| Full Name of Individual (Last, First, Middle A. Asselmeier, Marc, , , Mailing Address 750 Brentwood Ct | Initial) or Full C | Organization Name | Date of Receipt |
| City Glen Ellyn | State IL | Zip Code 60137-6365 | Transaction ID : 8BD456973FB74526A7C2 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 39.00 |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Phy | upation (for Individual) rsician Year-to-Date ▼ 429.00 | Memo Item |
| B. Full Name of Individual (Last, First, Middle Mailing Address 750 Brentwood Ct | Initial) or Full C | Organization Name | Date of Receipt |
| City Glen Ellyn FEC ID number of contributing federal political committee. | State IL | Zip Code 60137-6365 | 05 08 2020 Transaction ID : 03A6BEC2691041E795D9 Amount of Each Receipt this Period 39.00 |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Phy | ysician Year-to-Date ▼ 429.00 | Memo Item |
| C. Full Name of Individual (Last, First, Middle Asselmeier, Marc, , , Mailing Address 750 Brentwood Ct | Initial) or Full C | Organization Name | Date of Receipt |
| City Glen Ellyn | State IL | Zip Code 60137-6365 | Transaction ID : C428312181F9477695A0 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 39.00 |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | Phy | upation (for Individual) sician Year-to-Date ▼ 429.00 | Memo Item |
| SUBTOTAL of Receipts This Page (optional). | | ······] | 117.00 |

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

1.

| SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 0F 36 (check only one) Image: state states |
|---|-------|---|--|
| | | | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTC Full Name of Individual (Last, First, Midd A. Asselmeier, Marc, , , | | rganization Name | Date of Descript |
| Mailing Address 750 Brentwood Ct | | | Date of Receipt |
| City | State | Zip Code | Transaction ID : 916C61D5466F4CBD9A7 |
| Glen Ellyn | IL | 60137-6365 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 39.00 |

| Gleit Lilyit | | 00137-0303 | Amount of Each Receipt this Period |
|---|----------------------|--------------------------|---------------------------------------|
| FEC ID number of contributing federal political committee. | C | | 39.00 |
| Name of Employer (for Individual) | Occi | upation (for Individual) | Memo Item |
| DuPage Medical Group, Ltd. | Phy | sician | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 429.00 | |
| Full Name of Individual (Last, First, Middle B. Dungan, David, , , | e Initial) or Full O | rganization Name | Date of Receipt |
| Mailing Address 211 Palamino Pl | | | 06 17 2020 |
| City | State | Zip Code | Transaction ID : 2A91E98F431B41F8BC3A |
| Wheaton | IL | 60189-2046 | Amount of Each Receipt this Period |

| FEC ID number of contributing federal political committee. | C | 20.00 |
|---|--|-----------|
| Name of Employer (for Individual) DuPage Medical Group, Ltd. | Occupation (for Individual) Physician | Memo Item |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 220.00 | |

| | ull Name of Individual (Last, First, Middle Initial) or Full Organization Name |) |
|----|--|---|
| С. | Fetzer, Martin, R., , | |
| | lailing Address 758 N Larrabee St | |

| Mailing Address 758 N Larrabee St Apt 309 | | | M M / D D / Y Y Y Y 05 08 2020 |
|---|---------------|----------------------------------|---|
| City Chicago FEC ID number of contributing | State IL | Zip Code 60654-6447 | Transaction ID : 35FFB07B9D4E4F16B45B Amount of Each Receipt this Period |
| federal political committee. Name of Employer (for Individual) DuPage Medical Group, Ltd. | Occu Physi | pation (for Individual) ician | Memo Item |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 275.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 84.00 |

Date of Receipt

| _ | | | | | | |
|---|--|----------------|---|--|--|--|
| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 OF 36 (check only one) I1a 11b 11c 12 I3 14 15 16 17 | | |
| | y information copied from such Reports and St for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | C | | | | |
| <u> </u> | Full Name of Individual (Last, First, Middle Initi Fetzer, Martin, R., , | ial) or Full O | rganization Name | Date of Receipt | | |
| | Mailing Address 758 N Larrabee St Apt 309 | | | 05 22 2020 | | |
| | City Chicago | State IL | Zip Code 60654-6447 | Transaction ID : 12C0E7192C324FB6AF3D Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 275.00 |] | | |
| в. | Full Name of Individual (Last, First, Middle Initi Fetzer, Martin, R., , | ial) or Full O | rganization Name | Date of Receipt | | |
| | Mailing Address 758 N Larrabee St Apt 309 | | | | | |
| | City Chicago | State IL | Zip Code 60654-6447 | Transaction ID : 0630735B611C4305A37A Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) /sician | Memo Item | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 275.00 |] | | |
| С. | Full Name of Individual (Last, First, Middle Initi Fitzgerald, Michael, , , | ial) or Full O | rganization Name | Date of Receipt | | |
| | Mailing Address 1207 Sanctuary Ln | | | M M / D D / Y Y Y Y 04 10 2020 | | |
| | City Naperville | State IL | Zip Code 60540-1936 | Transaction ID : C83145CEAE2B4DFEA1C Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | С | | 39.00 | | |
| | | | upation (for Individual) sician | Memo Item | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 429.00 |] | | |
| s | UBTOTAL of Receipts This Page (optional) | | | 89.00 | | |

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|---|------|---|-------|------|---|---|-------|---|
| TOTAL This Period (last page this line number only) | L | | - | | - | | - | _ |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 OF 36 (check only one) |
|---|-----------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using t | Statements mane and a | ay not be sold or used by any p address of any political committe | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD F | PAC | | |
| Full Name of Individual (Last, First, Middle A. Fitzgerald, Michael, , , | Initial) or Full C | Organization Name | Date of Receipt |
| Mailing Address 1207 Sanctuary Ln | | | 04 24 2020 |
| City Naperville | State IL | Zip Code 60540-1936 | Transaction ID : 16ABF9FD73BD4EF1BFF Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 39.00 |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Phy | upation (for Individual) /sician Year-to-Date ▼ 429.00 | Memo Item |
| B. Full Name of Individual (Last, First, Middle Mailing Address 1207 Sanctuary Ln | Initial) or Full C | Organization Name | Date of Receipt |
| City Naperville | State IL | Zip Code 60540-1936 | 05_08_2020 Transaction ID : 210E48349D32447EB2EC Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 39.00 |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. | | cupation (for Individual) vsician | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 429.00 |] |
| Full Name of Individual (Last, First, Middle C. Fitzgerald, Michael, , , | Initial) or Full C | Organization Name | Date of Receipt |
| Mailing Address 1207 Sanctuary Ln | | | 05 22 Y Y Y Y Y Y Y |
| City Naperville | State IL | Zip Code 60540-1936 | Transaction ID : 5975247463924072AB87 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 39.00 |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 429.00 |] |
| SUBTOTAL of Receipts This Page (optional). | | | 117.00 |

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

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 OF 36 (check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) X 11a 11b Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Image: Check only one) Image: Check only one) Image: Check only one) |
|---|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements mathematic the name and a | ay not be sold or used by any p address of any political committe | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD | PAC | | |
| Full Name of Individual (Last, First, Middle A. Fitzgerald, Michael, , , Mailing Address 1207 Sanctuary Ln | Initial) or Full C | Organization Name | Date of Receipt |
| City Naperville | State IL | Zip Code 60540-1936 | 06 17 2020 Transaction ID : B274D0184F754C2396C1 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | | 39.00 |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Phy | upation (for Individual) vsician Year-to-Date ▼ 429.00 | Memo Item |
| B. Full Name of Individual (Last, First, Middle Gallagher, Thomas, , , Mailing Address 1105 Adelia St | Initial) or Full C | Organization Name | Date of Receipt |
| City Downers Grove FEC ID number of contributing federal political committee. | State IL | Zip Code 60516-2830 | Transaction ID : 185C9221F4BD4F8F9626 Amount of Each Receipt this Period |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Phy | eupation (for Individual) ysician Year-to-Date ▼ 550.00 | Memo Item |
| C. Full Name of Individual (Last, First, Middle Gallagher, Thomas, , , Mailing Address 1105 Adelia St | Initial) or Full C | Organization Name | Date of Receipt |
| City Downers Grove | State IL | Zip Code 60516-2830 | 04 24 2020 Transaction ID : 68C19F3A31C6429B93DA Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer (for Individual) | C | upation (for Individual) | 50.00 Memo Item |
| DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | | sician Year-to-Date ▼ 550.00 |] |
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| | | | person for the purpose of soliciting contribution be to solicit contributions from such committee | | | | | | |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD | PAC | | | | | | | | |
| Full Name of Individual (Last, First, Middl Gallagher, Thomas, , , | le Initial) or Full O | rganization Name | Date of Receipt | | | | | | |
| Mailing Address 1105 Adelia St | | | 05 08 / Y Y Y Y 2020 | | | | | | |
| City Downers Grove | State IL | Zip Code 60516-2830 | Transaction ID : 9068F20D05984D60 Amount of Each Receipt this Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 50.00 | | | | | | |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. | | ipation (for Individual) sician | Memo Item | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 550.00 |] | | | | | | |
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| Mailing Address 1105 Adelia St | | | 05 22 2020 | | | | | | |
| City Downers Grove | State IL | Zip Code 60516-2830 | Transaction ID : 83A3E7D966F04661 Amount of Each Receipt this Period | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 50.00 | | | | | | |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 550.00 |] | | | | | | |
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| Mailing Address 1105 Adelia St | | | 06 17 2020 | | | | | | |
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| City Downers Grove | State IL | Zip Code 60516-2830 | Transaction ID : FE0EEEB5179A4BCABAF2 Amount of Each Receipt this Period |
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| Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) | Physi | oation (for Individual) cian ⁄ear-to-Date ▼ 550.00 | Memo Item |
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| | y information copied from such Reports and Sta for commercial purposes, other than using the | | | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | С | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Gruener, Linda, , , | al) or Full C | Organization | Name | Date of Receipt | | | | | | | | | |
| | Mailing Address 8207 Gruener Ct | | | | 04 / D D / Y Y Y Y 04 10 2020 | | | | | | | | | |
| | City Palos Hills | State | Zip Coo | de 5-2200 | Transaction ID : 84CB787ADDF14FF7B21E | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | Amount of Each Receipt this Period | | | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for vsician | Individual) | Memo Item | | | | | | | | | |
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| | Mailing Address 8207 Gruener Ct | 04 24 2020 | | | | | | | | | | | | |
| | City Palos Hills | State IL | Zip Coo 60465 | | Transaction ID : C96363EEB9894BFAB937 Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 100.00 | | | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for sician | Individual) | Memo Item | | | | | | | | | |
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| | City Palos Hills | State IL | Zip Coo 60465 | | Transaction ID : 1859F537DB0A4B19AF33 Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | | 100.00 | | | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for sician | Individual) | Memo Item | | | | | | | | | |
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| 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) Image: Comparison of the Detailed Summary Page | | | | | | | | | | | | |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions to solicit contributions from such committee. | | | | | | | | |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini Gruener, Linda, , , | tial) or Full O | Drganization Name | Date of Receipt | | | | | | | | |
| | Mailing Address 8207 Gruener Ct | | | 05 / Y Y Y Y Y 22 2020 | | | | | | | | |
| | City Palos Hills | State IL | Zip Code 60465-2200 | Transaction ID : FB5A851D300542369F4A Amount of Each Receipt this Period | | | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | cupation (for Individual) ysician | Memo Item | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 1100.00 | | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Ini Gruener, Linda, , , | tial) or Full O | Drganization Name | Date of Receipt | | | | | | | | |
| | Mailing Address 8207 Gruener Ct | | | 06 17 2020 | | | | | | | | |
| | City Palos Hills | State IL | Zip Code 60465-2200 | Transaction ID : 8082E46580B34E6F846E Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 100.00 | | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | cupation (for Individual) ysician | Memo Item | | | | | | | | |
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| с. | Full Name of Individual (Last, First, Middle Ini Hashmi, Naira, , , | tial) or Full O | Drganization Name | Date of Receipt | | | | | | | | |
| | Mailing Address 640 S Washington St Ste 268 | | | 05 / D D / Y Y Y Y 22 2020 | | | | | | | | |
| | City Naperville | State IL | Zip Code 60540-6694 | Transaction ID : 9A135D5FA026445EB707 Amount of Each Receipt this Period | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 21.00 | | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | cupation (for Individual) /sician | Memo Item | | | | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 231.00 | | | | | | | | | |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 OF 36 (check only one) Image: Check o | | | | | | | |
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| | y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| | DuPage Medical Group LTD PA | С | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Hashmi, Naira, , , | al) or Full O | rganization Name | Date of Receipt | | | | | | | |
| | Mailing Address 640 S Washington St Ste 268 | | | 06 17 Y Y Y Y 06 10 17 2020 | | | | | | | |
| | City Naperville | State IL | Zip Code 60540-6694 | Transaction ID : 673677D11E7F4F11B229 Amount of Each Receipt this Period | | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: | Phy | upation (for Individual) sician | Memo Item | | | | | | | |
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| в. | Full Name of Individual (Last, First, Middle Initi Hermann, James, , , Mailing Address 1962 Hampton Dr | al) or Full O | rganization Name | Date of Receipt | | | | | | | |
| | | Otata | Zin Onde | 04 10 2020 | | | | | | | |
| | City Wheaton | State IL | Zip Code 60189-2020 | Transaction ID : A3F4337FAF1D4E02BBEB Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 41.67 | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) /sician | Memo Item | | | | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date V | | | | | | | | |
| | Other (specify) V | L | 458.37 | | | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Initi Hermann, James, , , | al) or Full O | rganization Name | Date of Receipt | | | | | | | |
| | Mailing Address 1962 Hampton Dr | | | 04 / D D / Y Y Y Y 04 24 2020 | | | | | | | |
| | City Wheaton | State IL | Zip Code 60189-2020 | Transaction ID : 23227C746AB144AFB626 Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 41.67 | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item | | | | | | | |
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| | y information copied from such Reports and Sta for commercial purposes, other than using the r | | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PAC | C | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initia Hermann, James, , , | ll) or Full C | Drganization Name | Date of Receipt | | | | | | | | |
| | Mailing Address 1962 Hampton Dr | State | Zip Code | 05 / D D / Y Y Y Y 2020 | | | | | | | | |
| | Wheaton | IL | 60189-2020 | Transaction ID : 7E69B4465D744BBEAA83 Amount of Each Receipt this Period | | | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | cupation (for Individual) ysician | Memo Item | | | | | | | | |
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| В. | Full Name of Individual (Last, First, Middle Initia Hermann, James, , , | ll) or Full C | Drganization Name | Date of Receipt | | | | | | | | |
| | Mailing Address 1962 Hampton Dr | 05 22 2020 | | | | | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | cupation (for Individual) ysician | Memo Item | | | | | | | | |
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| | Mailing Address 1962 Hampton Dr | 1 | | 06 / D / Y Y Y Y 2020 | | | | | | | | |
| | City Wheaton | State IL | Zip Code 60189-2020 | Transaction ID : 260765DE5B5F4C3FBB9A Amount of Each Receipt this Period | | | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | supation (for Individual) vsician | Memo Item | | | | | | | | |
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| | y information copied from such Reports and St for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions | | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | С | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Hurst, Robert, , , | al) or Full C | Organization Name | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1348 Richmond Ln | | | 04 / D D / Y Y Y Y 04 10 2020 | | | | | | | | | | |
| | City Bartlett | State IL | Zip Code 60103-8939 | Transaction ID : 69C5C1A3A9014712AB65 Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 39.00 | | | | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | | | | | | | | | | | | |
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| В. | Full Name of Individual (Last, First, Middle Initi Hurst, Robert, , , | al) or Full C | Organization Name | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1348 Richmond Ln | 04 24 2020 | | | | | | | | | | | | |
| | City Bartlett | State IL | Zip Code 60103-8939 | Transaction ID : B6BCF4B815124B7FB0B3 Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 39.00 | | | | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) /sician | Memo Item | | | | | | | | | | |
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| | Mailing Address 1348 Richmond Ln | | | 05 08 2020 | | | | | | | | | | |
| | City Bartlett | State IL | Zip Code 60103-8939 | Transaction ID : 8C67DAAA9D7141CE89C Amount of Each Receipt this Period | | | | | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item | | | | | | | | | | |
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X 11a 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **DuPage Medical Group LTD PAC** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hurst, Robert, , , Α. Date of Receipt Mailing Address 1348 Richmond Ln M M 1 05 22 2020 City State Zip Code Transaction ID: 6A45C501DDBF488B84C8 IL Bartlett 60103-8939 Amount of Each Receipt this Period FEC ID number of contributing С 39.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) DuPage Medical Group, Ltd. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 429.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hurst, Robert, , , Date of Receipt Mailing Address 1348 Richmond Ln 06 2020 17 City State Zip Code Transaction ID : 68783443F95D464C9C35 IL Bartlett 60103-8939 Amount of Each Receipt this Period FEC ID number of contributing С 39.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) DuPage Medical Group, Ltd. Physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 429.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jirschele, Cameron, , , Date of Receipt Mailing Address 1510 N Bosworth Ave MM 06 17 2020 #3 City State Zip Code Transaction ID: 22EBD64D542240B89265 IL Chicago 60642-7612 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) DuPage Medical Group, Ltd. Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 98.00 SUBTOTAL of Receipts This Page (optional).....

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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | С | | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi-Kipfer, Hal, , , | al) or Full C | Organization Name | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1241 Prairie Ln | | | 05 / D D / Y Y Y Y Y 05 / 08 / 2020 | | | | | | | | | | |
| | City Lemont | State IL | Zip Code 60439-8612 | Transaction ID : 8A1C0C30A9D34A19ACF6 Amount of Each Receipt this Period | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 25.00 | | | | | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) /sician | Memo Item | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 275.00 | | | | | | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initi Kipfer, Hal, , , | al) or Full C | Organization Name | Date of Receipt | | | | | | | | | | |
| | Mailing Address 1241 Prairie Ln | 05 / D / Y Y Y Y 22 2020 | | | | | | | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | cupation (for Individual) ysician | Memo Item | | | | | | | | | | |
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| | Mailing Address 1241 Prairie Ln | | | 06 17 2020 | | | | | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item | | | | | | | | | | |
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| | | | | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. | | | | | | |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | С | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Krouse, Richard, , , | al) or Full C | Organization Name | Date of Receipt | | | | | | |
| | Mailing Address 4720 Lee Ave | 06 / D D / Y Y Y Y 2020 | | | | | | | | |
| | City Downers Grove | State IL | Zip Code 60515-3319 | Transaction ID : 292608ACC8254BD7B264 Amount of Each Receipt this Period | | | | | | |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Phy | upation (for Individual) vsician Year-to-Date ▼ 220.00 | Memo Item | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Initi Lizek, Ernest, , , Mailing Address 416 S Sleight St | al) or Full C | Organization Name | Date of Receipt | | | | | | |
| | City Naperville FEC ID number of contributing federal political committee. | State IL | Zip Code 60540-5441 | 04 10 2020 Transaction ID : C6590CD7460740CD84D6 Amount of Each Receipt this Period 39.00 | | | | | | |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | cupation (for Individual) ysician | Memo Item | | | | | | |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 OF 36 (check only one) |
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| Ar or | y information copied from such Reports and S for commercial purposes, other than using the | tatements mane and a | ay not be sold or used by any pe address of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | C | | |
| Α. | Full Name of Individual (Last, First, Middle Init Lizek, Ernest, , , Mailing Address 416 S Sleight St | ial) or Full C | Organization Name | Date of Receipt |
| | City Naperville | State IL | Zip Code 60540-5441 | 05 08 2020 Transaction ID : 94308D2C447E415BA88A Amount of Each Receipt this Period |
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| | DuPage Medical Group LTD PAG | ٦ | | | | | | | | | | | | |
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| | Mailing Address 1608 W North Ave Apt. 3 | | | | | ^M M | / | D 1(| | / Y | | 020 | Y | |
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| | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | e name and a | | 13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| A. | Mailing Address 1608 W North Ave | itial) or Full O | rganization Name | Date of Receipt |
| | Apt. 3 City Chicago | State IL | Zip Code 60622-2245 | 04 24 2020 Transaction ID : F79F6D86F9EA444CB040 Amount of Each Receipt this Period |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Phy | upation (for Individual) sician Year-to-Date ▼ 429.00 | Memo Item |
| В. | Full Name of Individual (Last, First, Middle In Philip, Mathew, , , Mailing Address 1608 W North Ave <u>Apt. 3</u> City Chicago FEC ID number of contributing federal political committee. | Itial) or Full O State IL C | rganization Name Zip Code 60622-2245 | Date of Receipt 05 08 2020 Transaction ID : FB498C8B3492447EA259 Amount of Each Receipt this Period 39.00 |
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| C. | Full Name of Individual (Last, First, Middle In Philip, Mathew, , , Mailing Address 1608 W North Ave Apt. 3 City Chicago FEC ID number of contributing federal political committee. | State IL | rganization Name Zip Code 60622-2245 | Date of Receipt 05 22 2020 Transaction ID : C5B80329779E4BCDB39F Amount of Each Receipt this Period 39.00 |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General | Phys | upation (for Individual) sician Year-to-Date ▼ | Memo Item |

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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | C | | | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init Philip, Mathew, , , | ial) or Full C |)rga | nization Name | | Date o | f Re | ceipt | | | | | |
| | Mailing Address 1608 W North Ave Apt. 3 | | | | | м м 06 | / | | D 7 | / | | 020 | Y |
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| | Mailing Address 3908 Littlestone Cir | | | - | | ^M 06 | / | | D 7 | / | |)20 [°] | Y |
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| | Mailing Address 1304 Midwest Club Pkwy | 1 | | | M 06 | 17 | 20 |)20 Y Y |] |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | С | | |
| Α. | Full Name of Individual (Last, First, Middle Init Smith, Matthew, B., , | ial) or Full C | organization Name | Date of Receipt |
| | Mailing Address 3624 Venard Rd | | | 05 / D D / Y Y Y Y 05 / 08 / 2020 |
| | City Downers Grove | State IL | Zip Code 60515-1349 | Transaction ID : 6802DE03179B41A6BDD2 Amount of Each Receipt this Period |
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| | Name of Employer (for Individual) DuPage Medical Group, Ltd. Receipt For: Primary General Other (specify) ▼ | Phy | upation (for Individual) rsician Year-to-Date ▼ 275.00 | Memo Item |
| В. | Full Name of Individual (Last, First, Middle Init Smith, Matthew, B., , Mailing Address 3624 Venard Rd | ial) or Full C | organization Name | Date of Receipt |
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| | Mailing Address 241 Lorraine St | | | | ^M 04 | / | D 24 | | Y | 2020 | Y | |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | .C | | |
| Α. | Full Name of Individual (Last, First, Middle Init Vallina, Van, , , | ial) or Full C | Drganization Name | Date of Receipt |
| | Mailing Address 241 Lorraine St | | | 05 08 2020 |
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| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | 3X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 OF 36 (check only one) * 11a 11b 11c 12 13 14 15 16 17 | | | | | | | | | | | | |
| Any information copied from such Report or for commercial purposes, other than u | s and Statements m sing the name and a | ay not be sold or used by any address of any political committ | person for the purpose of soliciting contributions ee to solicit contributions from such committee. | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) DuPage Medical Group L | D PAC | | | | | | | | | | | | | | |
| Full Name of Individual (Last, First, M A. Villanueva, Jaime, , , | ddle Initial) or Full C | Organization Name | Date of Receipt | | | | | | | | | | | | |
| Mailing Address 1610 Midwest Club P | kwy . | | 06 / 17 / Y Y Y Y 2020 | | | | | | | | | | | | |
| City Oak Brook | State IL | Zip Code 60523-2522 | Transaction ID : 9C8EC4120F3D4EE4AB90 Amount of Each Receipt this Period | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 20.00 | | | | | | | | | | | | |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) rsician | Memo Item | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 220.00 | | | | | | | | | | | | | |
| Full Name of Individual (Last, First, M B. Wolfe, Caroline, , , | ddle Initial) or Full C | Organization Name | Date of Receipt | | | | | | | | | | | | |
| Mailing Address 132 E Fremont Ave | | | M M / D D / Y Y Y Y 06 17 2020 | | | | | | | | | | | | |
| City Elmhurst | State IL | Zip Code 60126-2324 | Transaction ID : 4C2696CDE66847FF8A3F Amount of Each Receipt this Period | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 20.00 | | | | | | | | | | | | |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) /sician | Memo Item | | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ , 220.00 | | | | | | | | | | | | | |
| Full Name of Individual (Last, First, M C. Wyrwa, Eva, , , | | Organization Name | Date of Receipt | | | | | | | | | | | | |
| Mailing Address 25346 Canterbury Co | | | 05 / D D / Y Y Y Y 05 / 08 / 2020 | | | | | | | | | | | | |
| City Glen Ellyn | State IL | Zip Code 60137 | Transaction ID : 1CDC1B781860433A8C81 Amount of Each Receipt this Period | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 25.00 | | | | | | | | | | | | |
| Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item | | | | | | | | | | | | |

Aggregate Year-to-Date ▼

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

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

275.00

Receipt For:

Primary

Other (specify)

General

65.00

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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 OF 36 (check only one) 11a 11a 11b 11c 12 |
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| | NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PA | | | |
| A. | Full Name of Individual (Last, First, Middle Initia Wyrwa, Eva, , , | al) or Full C | rganization Name | Date of Receipt |
| | Mailing Address 25346 Canterbury Court | | | 05 / 22 / 2020 |
| | City Glen Ellyn | State IL | Zip Code 60137 | Transaction ID : E89E9C28A0EA42319046 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item |
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| в. | Full Name of Individual (Last, First, Middle Initia Wyrwa, Eva, , , | al) or Full C | rganization Name | Date of Receipt |
| | Mailing Address 25346 Canterbury Court | | | 06 17 2020 |
| | City Glen Ellyn | State IL | Zip Code 60137 | Transaction ID : E4DB725E33EA472DABD8 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 25.00 |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) rsician | Memo Item |
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| | Other (specify) V | | 275.00 | |
| с. | Full Name of Individual (Last, First, Middle Initial Yu, Andrew, , , | al) or Full C | rganization Name | Date of Receipt |
| | Mailing Address 76 Mitchell Cir | | | 05 / 22 / 2020 |
| | City Wheaton | State IL | Zip Code 60189-5928 | Transaction ID : 7CE29C9E31584B3DBDAC Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 20.83 |
| | Name of Employer (for Individual) DuPage Medical Group, Ltd. | | upation (for Individual) sician | Memo Item |
| _ | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 229.13 | |

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| Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a | | | | | | | | | |
| NAME OF COMMITTEE (In Full) DuPage Medical Group LTD PAC | | | | | | | | | |
| Full Name of Individual (Last, First, Middle Initial) or Full C A. Yu, Andrew, , , | Organization Name | | Date of I | Receipt | | | | | |
| Mailing Address 76 Mitchell Cir | | | M M | / D | D | / Y | Y | Y | Y |

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