

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.

**DuPage Medical Group LTD PAC**

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)    -

2. **FEC IDENTIFICATION NUMBER ▼**  **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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.

Type or Print Name of Treasurer Michael K. McCormick

Signature of Treasurer Michael K. McCormick [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DuPage Medical Group LTD PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		193349.35
(b) Cash on Hand at Beginning of Reporting Period.....	211434.72	
(c) Total Receipts (from Line 19) .....	17225.91	35311.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	228660.63	228660.63
7. Total Disbursements (from Line 31).....	2000.00	2000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	226660.63	226660.63
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DuPage Medical Group LTD PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

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).....	17025.91	26163.12
(ii) Unitemized .....	200.00	9148.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17225.91	35311.28
(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) .....	17225.91	35311.28
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))..... ▶	17225.91	35311.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17225.91	35311.28

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	2000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17225.91	35311.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17225.91	35311.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 09 / 2015**

**Transaction ID : 80559847433B4434AA7A**

Amount of Each Receipt this Period  
**20.84**

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2015**

**Transaction ID : D100623606F34CEE85FF**

Amount of Each Receipt this Period  
**20.84**

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : E7A87E664F5E4FF2A74E**

Amount of Each Receipt this Period  
**20.84**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>62.52</b>
<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 7 OF 193
	<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. Craig Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Briar Ln  
 City West Chicago State IL Zip Code 60185-3033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : 28A8D9EF30DA4F938A71**  
 Amount of Each Receipt this Period  
 20.84

**B. Craig Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Briar Ln  
 City West Chicago State IL Zip Code 60185-3033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 837A8C8CC7EA4D2A9842**  
 Amount of Each Receipt this Period  
 20.84

**C. Craig Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Briar Ln  
 City West Chicago State IL Zip Code 60185-3033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : D87A684114074248BBF8**  
 Amount of Each Receipt this Period  
 20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>62.52</b>
<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: PAGE 8 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3 Briar Ln

City State Zip Code  
West Chicago IL 60185-3033

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : AE4FC1B4D01F4965BEEE**

Amount of Each Receipt this Period  
20.84

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

Mailing Address 3 Briar Ln

City State Zip Code  
West Chicago IL 60185-3033

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 3ED4167E7F1743F1B942**

Amount of Each Receipt this Period  
20.84

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

Mailing Address 3 Briar Ln

City State Zip Code  
West Chicago IL 60185-3033

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : F59AFE3A3CAF4310B704**

Amount of Each Receipt this Period  
20.84

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2015**

**Transaction ID : B22CE95E26DF45B5A16B**

Amount of Each Receipt this Period  
**20.84**

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 19 / 2015**

**Transaction ID : 96C3B6FCA98B444C92D9**

Amount of Each Receipt this Period  
**20.84**

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : B68D665F00E642448B30**

Amount of Each Receipt this Period  
**20.84**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3 Briar Ln

City West Chicago State IL Zip Code 60185-3033

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : 5EF5966CB61F41959E38**

Amount of Each Receipt this Period  
**20.84**

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

Mailing Address 750 Brentwood Ct

City Glen Ellyn State IL Zip Code 60137-6365

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 09 / 2015**

**Transaction ID : C8F5D575A9BE4366BE79**

Amount of Each Receipt this Period  
**39.00**

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

Mailing Address 750 Brentwood Ct

City Glen Ellyn State IL Zip Code 60137-6365

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2015**

**Transaction ID : 87771A6BCEED482E9FF7**

Amount of Each Receipt this Period  
**39.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 193
	<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. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : B2E6E04F3615457A80BC**  
 Amount of Each Receipt this Period  
 39.00

**B. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : 4CFBB20C4B214357A7C4**  
 Amount of Each Receipt this Period  
 39.00

**C. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 5A1BD5924A3146D4A7DB**  
 Amount of Each Receipt this Period  
 39.00

<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:	PAGE 12 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Marc Asselmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Brentwood Ct

City Glen Ellyn	State IL	Zip Code 60137-6365
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

**Transaction ID : E72C7020BB204C95A8C9**

Amount of Each Receipt this Period  

39.00
-------

**B. Marc Asselmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Brentwood Ct

City Glen Ellyn	State IL	Zip Code 60137-6365
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

**Transaction ID : 6C1E231786554C1C8CA1**

Amount of Each Receipt this Period  

39.00
-------

**C. Marc Asselmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 750 Brentwood Ct

City Glen Ellyn	State IL	Zip Code 60137-6365
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : 906F7DF0E4524D11AE32**

Amount of Each Receipt this Period  

39.00
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<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 13 OF 193
	<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. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 25AC83766CBE489C9D48**  
 Amount of Each Receipt this Period  
 39.00

**B. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 74BD1EFCF1AB47C9B6E0**  
 Amount of Each Receipt this Period  
 39.00

**C. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : F1C7945B706E451E8C32**  
 Amount of Each Receipt this Period  
 39.00

<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 14 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 238106A466DB4C8980B2**  
 Amount of Each Receipt this Period  
 39.00

**B. Marc Asselmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Brentwood Ct  
 City State Zip Code  
 Glen Ellyn IL 60137-6365  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : CC85E10D6B3B41DE8CEF**  
 Amount of Each Receipt this Period  
 39.00

**C. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City State Zip Code  
 Naperville IL 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 9EFECC7FD47841FF8CF3**  
 Amount of Each Receipt this Period  
 39.00

<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 15 OF 193
	<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. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt **07 / 17 / 2015**  
**Transaction ID : BE7851FC975F4DD28C38**  
 Amount of Each Receipt this Period **39.00**

**B. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt **07 / 30 / 2015**  
**Transaction ID : 9B9B7145FBF647B3A881**  
 Amount of Each Receipt this Period **39.00**

**C. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt **08 / 20 / 2015**  
**Transaction ID : B4F489923AAB42CF88C5**  
 Amount of Each Receipt this Period **39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>117.00</b>
<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 193
	<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. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 09 / 03 / 2015  
**Transaction ID : 77ACA35922CB4653B2A0**  
 Amount of Each Receipt this Period  
 39.00

**B. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 890EB6578FEA49478892**  
 Amount of Each Receipt this Period  
 39.00

**C. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 10 / 01 / 2015  
**Transaction ID : C4C1C199518F4F7F9849**  
 Amount of Each Receipt this Period  
 39.00

<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 17 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1673 Imperial Cir  
City Naperville State IL Zip Code 60563-0132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : 3C2B1DE85AFB434F9BC4**  
Amount of Each Receipt this Period 39.00

**B. James Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1673 Imperial Cir  
City Naperville State IL Zip Code 60563-0132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : 3EEA3EB0B9B9455B8923**  
Amount of Each Receipt this Period 39.00

**C. James Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1673 Imperial Cir  
City Naperville State IL Zip Code 60563-0132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 11 / 05 / 2015  
**Transaction ID : F4A04A3CD7FD4300BD3F**  
Amount of Each Receipt this Period 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 193
	<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. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 11 / 19 / 2015  
**Transaction ID : 9B40F076A10946F397E0**  
 Amount of Each Receipt this Period  
 39.00

**B. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 12 / 03 / 2015  
**Transaction ID : 3128201D2F1B4CFE82AC**  
 Amount of Each Receipt this Period  
 39.00

**C. James Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1673 Imperial Cir  
 City Naperville State IL Zip Code 60563-0132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 12 / 17 / 2015  
**Transaction ID : E0AE89C9A16343B4AC3E**  
 Amount of Each Receipt this Period  
 39.00

<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: PAGE 19 OF 193  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. David Dungan**

Mailing Address 211 Palamino Pl

City State Zip Code  
Wheaton IL 60189-2046

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2015

**Transaction ID : EF5BB116819A444D94A9**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. David Dungan**

Mailing Address 211 Palamino Pl

City State Zip Code  
Wheaton IL 60189-2046

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

**Transaction ID : 90D98BD1D5B0402CA082**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. David Dungan**

Mailing Address 211 Palamino Pl

City State Zip Code  
Wheaton IL 60189-2046

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2015

**Transaction ID : 610F2DE89B0647BF996E**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David Dungan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Palamino Pl  
 City Wheaton State IL Zip Code 60189-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 08 / 20 / 2015  
**Transaction ID : 7FC854A9849490D883B**  
 Amount of Each Receipt this Period  
 20.00

**B. David Dungan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Palamino Pl  
 City Wheaton State IL Zip Code 60189-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 09 / 03 / 2015  
**Transaction ID : 15F6AFA84F6540F1BC04**  
 Amount of Each Receipt this Period  
 20.00

**C. David Dungan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Palamino Pl  
 City Wheaton State IL Zip Code 60189-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : F14B0D575C614021A74C**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David Dungan**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : F350762EF66247CCBEDF**

Amount of Each Receipt this Period  
 20.00

**B. David Dungan**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : 7806B04F5F83411C9501**

Amount of Each Receipt this Period  
 20.00

**C. David Dungan**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : BC208D88E2AE4D52A1AC**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David Dungan**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2015**

**Transaction ID : 6CD9A4AA88B04E7082F3**

Amount of Each Receipt this Period  
**20.00**

**B. David Dungan**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 19 / 2015**

**Transaction ID : A91EA48AC4F64F5D82FF**

Amount of Each Receipt this Period  
**20.00**

**C. David Dungan**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Palamino Pl

City Wheaton State IL Zip Code 60189-2046

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : 1895196BFE33496C89CA**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. David Dungan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 211 Palamino Pl  
 City Wheaton State IL Zip Code 60189-2046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 516AE7E4BAC24A2D8A70**  
 Amount of Each Receipt this Period  
 20.00

**B. Michael Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : A114DC0A9FC74F2D93C9**  
 Amount of Each Receipt this Period  
 39.00

**C. Michael Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 8CDFCE20A96144D8AD42**  
 Amount of Each Receipt this Period  
 39.00

<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: PAGE 24 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : F560C89A984946D689A9**

Amount of Each Receipt this Period  
 39.00

Full Name (Last, First, Middle Initial)  
**B. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : 2310299AB31844A8952C**

Amount of Each Receipt this Period  
 39.00

Full Name (Last, First, Middle Initial)  
**C. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 66B0F330F95E44D18B28**

Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 193
	<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. Michael Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : E7825EBAF4524030AA3D**  
 Amount of Each Receipt this Period  
 39.00

**B. Michael Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 2FBC1654421F410882AB**  
 Amount of Each Receipt this Period  
 39.00

**C. Michael Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : FF56C6D4CC6C41F1808F**  
 Amount of Each Receipt this Period  
 39.00

<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: PAGE 26 OF 193  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : DE006149C8724B079529**

Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**B. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : 75368A30361F47B78C32**

Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**C. Michael Fitzgerald**

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 DuPage Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : 2CB5804735C547AB9CF0**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Michael Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : C689A4EADB044E1192F9**  
 Amount of Each Receipt this Period  
 39.00

**B. Michael Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 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 DuPage Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 7CAA4E55083E4010919A**  
 Amount of Each Receipt this Period  
 39.00

**c. Thomas Gallagher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1105 Adelia St  
 City Downers Grove State IL Zip Code 60516-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : DCCF86DC068B4968BB54**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.00
<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 28 OF 193
	<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. Thomas Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 07 / 17 / 2015  
**Transaction ID : D6C25AEB9D354F13A8C7**

Amount of Each Receipt this Period 50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 07 / 30 / 2015  
**Transaction ID : B271F092170242E5A38C**

Amount of Each Receipt this Period 50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 08 / 20 / 2015  
**Transaction ID : 76B419FF7A4D4F7D824D**

Amount of Each Receipt this Period 50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Thomas Gallagher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1105 Adelia St  
 City Downers Grove State IL Zip Code 60516-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 09 / 03 / 2015  
**Transaction ID : 30EA9192B8ED4724BC66**  
 Amount of Each Receipt this Period  
 50.00

**B. Thomas Gallagher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1105 Adelia St  
 City Downers Grove State IL Zip Code 60516-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : 892E7E6CFF79450BA248**  
 Amount of Each Receipt this Period  
 50.00

**C. Thomas Gallagher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1105 Adelia St  
 City Downers Grove State IL Zip Code 60516-2830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 10 / 01 / 2015  
**Transaction ID : DEA68958035E49B3B8C3**  
 Amount of Each Receipt this Period  
 50.00

<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 30 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : CBED0CC811624E6D815D**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : 90619AA4E62042F98177**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : FD4B35037B6C459CBDC3**

Amount of Each Receipt this Period  
50.00

<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: PAGE 31 OF 193  
(check only one)

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

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

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

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : 6DEF6607A42F4F6A9777**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : AC47AB6315364ABC8943**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1105 Adelia St

City Downers Grove State IL Zip Code 60516-2830

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : 7D47253EE26D4C55A650**

Amount of Each Receipt this Period  
 50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 193
	<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. Martin Gallo**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : 24A6EFA0BAA64D1DA1A3**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : 76B0D0E002B64C46A3C8**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : B114241691E54DACAD69**

Amount of Each Receipt this Period  
 39.00

<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 33 OF 193
	<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. Martin Gallo**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015

**Transaction ID : AAE62446C05A4E45A364**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : 8DB1D99E188E435DA89B**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015

**Transaction ID : 2F789C0226AB40278E3E**

Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 193
	<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. Martin Gallo**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Allen Ct

City Clarendon Hills	State IL	Zip Code 60514-1466
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : 335249D41A5441B5B8AE**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills	State IL	Zip Code 60514-1466
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : 68886C1DCB98454FB361**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills	State IL	Zip Code 60514-1466
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : C4921923D9AA40C3B781**

Amount of Each Receipt this Period  
39.00

<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: PAGE 35 OF 193  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 118 Allen Ct

City Clarendon Hills   State IL   Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd.   Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
11 / 05 / 2015  
**Transaction ID : B4FB6739024741CA9B8C**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills   State IL   Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd.   Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
11 / 19 / 2015  
**Transaction ID : 9E31E5AD0711409EB68F**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 118 Allen Ct

City Clarendon Hills   State IL   Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd.   Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
12 / 03 / 2015  
**Transaction ID : B421B0D897FA4AE2BC32**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 193
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 118 Allen Ct

City Clarendon Hills State IL Zip Code 60514-1466

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : 54D5E2C4AF5C42CB8E57**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : 96D9AD09197847E18885**

Amount of Each Receipt this Period  
 15.00

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : 12FF1C35E58647389A18**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Glenn Grobe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Mesa Dr  
 City Naperville State IL Zip Code 60565-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : BE859145069C4FC3A028**  
 Amount of Each Receipt this Period  
 15.00

**B. Glenn Grobe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Mesa Dr  
 City Naperville State IL Zip Code 60565-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : A32116A517E342E8B23B**  
 Amount of Each Receipt this Period  
 15.00

**C. Glenn Grobe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Mesa Dr  
 City Naperville State IL Zip Code 60565-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : C01B25F341774710B44E**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 38 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2015**

**Transaction ID : F1E6038E04114A0E91FC**

Amount of Each Receipt this Period  
**15.00**

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 01 / 2015**

**Transaction ID : BD2A5940DED849D8847F**

Amount of Each Receipt this Period  
**15.00**

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2015**

**Transaction ID : 4FB265B17C494F22AA57**

Amount of Each Receipt this Period  
**15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<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 39 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 29 / 2015**

Transaction ID : **98AC53645682417485E4**

Amount of Each Receipt this Period  
**15.00**

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2015**

Transaction ID : **5000DD4B860A41249542**

Amount of Each Receipt this Period  
**15.00**

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

Mailing Address 719 Mesa Dr

City Naperville State IL Zip Code 60565-5312

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 19 / 2015**

Transaction ID : **63A71FF09E374B5E858E**

Amount of Each Receipt this Period  
**15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<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 40 OF 193
	<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. Glenn Grobe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Mesa Dr  
 City Naperville State IL Zip Code 60565-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 021E81C991A54AB5AA90**  
 Amount of Each Receipt this Period  
 15.00

**B. Glenn Grobe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Mesa Dr  
 City Naperville State IL Zip Code 60565-5312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : BBD164E1E33844A9BC3A**  
 Amount of Each Receipt this Period  
 15.00

**C. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : C9541435E43C43A38DFD**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<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 41 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 2BA6135809F445648B49**  
 Amount of Each Receipt this Period  
 100.00

**B. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 013BFA0E60604E11B252**  
 Amount of Each Receipt this Period  
 100.00

**C. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : E34F207ABA944B6AA5FF**  
 Amount of Each Receipt this Period  
 100.00

<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: PAGE 42 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 41507838A7EB43ADADE1**  
 Amount of Each Receipt this Period  
 100.00

**B. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 4156BE3AE74046BE943C**  
 Amount of Each Receipt this Period  
 100.00

**C. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : FEAD4151446145FC9A89**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 7A576FAC1FA845058AA8**  
 Amount of Each Receipt this Period  
 100.00

**B. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 8C3643C4C90F4A5881E4**  
 Amount of Each Receipt this Period  
 100.00

**C. Linda Gruener**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8207 Gruener Ct  
 City Palos Hills State IL Zip Code 60465-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 4EE21C7414024978B645**  
 Amount of Each Receipt this Period  
 100.00

<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:	PAGE 44 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : E47D44CCF3474494A6B9**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : 374C9F1CAB7844DC9243**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : 267C93EC38704D6EB87B**

Amount of Each Receipt this Period  
 100.00

<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 45 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Naira Hashmi</b>		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C0D1755E328C4B71B3B4</b>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21.00"/>
	<input type="text" value="546.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Naira Hashmi</b>		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2513CD4C5AA543709057</b>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21.00"/>
	<input type="text" value="546.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Naira Hashmi</b>		Date of Receipt
Mailing Address 640 S Washington St Ste 268		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3B4648950ECC4C3BBE30</b>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="21.00"/>
	<input type="text" value="546.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="63.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Naira Hashmi</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2015 <b>Transaction ID : 298DAC31BFF841ECB540</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	
Zip Code 60540-6694	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 546.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Naira Hashmi</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2015 <b>Transaction ID : 6FF102E4126A465CB833</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	
Zip Code 60540-6694	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 546.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Naira Hashmi</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2015 <b>Transaction ID : CE9FD430A006470AABAB</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 21.00
City Naperville	State IL	
Zip Code 60540-6694	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 546.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	63.00
<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: PAGE 47 OF 193  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2015

Transaction ID : **9A7D5523ABD740EC9FE3**

Amount of Each Receipt this Period  
21.00

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : **F88816928BD64423BF31**

Amount of Each Receipt this Period  
21.00

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2015

Transaction ID : **41F4FA07EE6B4C43B3E8**

Amount of Each Receipt this Period  
21.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 63.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 193
	<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. Naira Hashmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
11 / 05 / 2015  
**Transaction ID : AEB20D87F0F34744BC61**

Amount of Each Receipt this Period  
21.00

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
11 / 19 / 2015  
**Transaction ID : 964ACDB36E3A4D32BCD6**

Amount of Each Receipt this Period  
21.00

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
12 / 03 / 2015  
**Transaction ID : F98944202E5C4E08A3B6**

Amount of Each Receipt this Period  
21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 63.00

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



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

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

FOR LINE NUMBER: PAGE 49 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : A0139282FFC445979358**

Amount of Each Receipt this Period  
21.00

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 3F8E669ACC6E4E3E89A6**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 0D5FACD818864D7A85D1**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Maleeha Hashmi-Basha**

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : B818E25C0D9D46D19809**

Amount of Each Receipt this Period  
 20.00

**B. Maleeha Hashmi-Basha**

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015

**Transaction ID : 5B028ACD4DC441C49579**

Amount of Each Receipt this Period  
 20.00

**C. Maleeha Hashmi-Basha**

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

Mailing Address 640 S Washington St  
Ste 268

City Naperville State IL Zip Code 60540-6694

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : 50C252296C6B4A4491D0**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 51 OF 193
	<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. Maleeha Hashmi-Basha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 S Washington St  
 Ste 268  
 City Naperville State IL Zip Code 60540-6694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : E5FAC5F6DC9C48228227**  
 Amount of Each Receipt this Period  
 20.00

**B. Maleeha Hashmi-Basha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 S Washington St  
 Ste 268  
 City Naperville State IL Zip Code 60540-6694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 7CC297E01C9B4A8A9828**  
 Amount of Each Receipt this Period  
 20.00

**C. Maleeha Hashmi-Basha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 S Washington St  
 Ste 268  
 City Naperville State IL Zip Code 60540-6694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 0717A5FC9A1446F7BC1A**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Maleeha Hashmi-Basha</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2015 <b>Transaction ID : 76B88A3A3EA74DE29228</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 20.00
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Maleeha Hashmi-Basha</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2015 <b>Transaction ID : 661DD0FB70E64B56BE09</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 20.00
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Maleeha Hashmi-Basha</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2015 <b>Transaction ID : 69ADC1EE1E3746E5BE61</b>
Mailing Address 640 S Washington St Ste 268		Amount of Each Receipt this Period 20.00
City Naperville	State IL	Zip Code 60540-6694
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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:	PAGE 53 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Maleeha Hashmi-Basha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 S Washington St  
 Ste 268  
 City Naperville State IL Zip Code 60540-6694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 6A8A4B9AABE543318E09**  
 Amount of Each Receipt this Period  
 20.00

**B. Maleeha Hashmi-Basha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 640 S Washington St  
 Ste 268  
 City Naperville State IL Zip Code 60540-6694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 580C952FF5514BCE936D**  
 Amount of Each Receipt this Period  
 20.00

**C. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : DFA73AB6A7884A6A875B**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.67
<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: PAGE 54 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. James Hermann**

Mailing Address 1962 Hampton Dr

City State Zip Code  
Wheaton IL 60189-2020

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : BA4A694FF665477AB5F1**

Amount of Each Receipt this Period  
41.67

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

Mailing Address 1962 Hampton Dr

City State Zip Code  
Wheaton IL 60189-2020

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : B6CB9FE394734027BA1C**

Amount of Each Receipt this Period  
41.67

Full Name (Last, First, Middle Initial)  
**C. James Hermann**

Mailing Address 1962 Hampton Dr

City State Zip Code  
Wheaton IL 60189-2020

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015

**Transaction ID : F072EB9219A9431887E0**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01

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

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

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

FOR LINE NUMBER: PAGE 55 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. James Hermann**

Mailing Address 1962 Hampton Dr

City State Zip Code  
Wheaton IL 60189-2020

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
 /  /   
 09 / 03 / 2015  
**Transaction ID : 9681DB4A17B64C1ABDBC**

Amount of Each Receipt this Period  
 41.67

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

Mailing Address 1962 Hampton Dr

City State Zip Code  
Wheaton IL 60189-2020

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
 /  /   
 09 / 10 / 2015  
**Transaction ID : 92C73686BFAB4809840A**

Amount of Each Receipt this Period  
 41.67

Full Name (Last, First, Middle Initial)  
**C. James Hermann**

Mailing Address 1962 Hampton Dr

City State Zip Code  
Wheaton IL 60189-2020

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
 /  /   
 10 / 01 / 2015  
**Transaction ID : 05F0828D2361497A9701**

Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶  125.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 193
	<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. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : CBF608DA66164EAAA6A1**  
 Amount of Each Receipt this Period  
 41.67

**B. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 3E512234CF7E4F998F1E**  
 Amount of Each Receipt this Period  
 41.67

**C. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 8D41D5E4F62B446DB597**  
 Amount of Each Receipt this Period  
 41.67

<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: PAGE 57 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : 15301F8E075D4EAE830D**  
 Amount of Each Receipt this Period  
 41.67

**B. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 7A171EC678764FB393A9**  
 Amount of Each Receipt this Period  
 41.67

**C. James Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1962 Hampton Dr  
 City Wheaton State IL Zip Code 60189-2020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : E320C1AD07F848CAABBC**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : 1CDC39D00C1040959061**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : B0C0ADBD9E9442A9AC3B**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : 28D2516E31AC4AF79E86**

Amount of Each Receipt this Period  
39.00

<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 59 OF 193
	<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. Te-Shao Hsu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St  
 Apt. 804  
 City Chicago State IL Zip Code 60610-6539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt **08 / 20 / 2015**  
**Transaction ID : F84F28C02237417888C0**  
 Amount of Each Receipt this Period **39.00**

**B. Te-Shao Hsu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St  
 Apt. 804  
 City Chicago State IL Zip Code 60610-6539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt **09 / 03 / 2015**  
**Transaction ID : EDB200B44B234F85B60B**  
 Amount of Each Receipt this Period **39.00**

**C. Te-Shao Hsu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1155 N Dearborn St  
 Apt. 804  
 City Chicago State IL Zip Code 60610-6539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt **09 / 10 / 2015**  
**Transaction ID : 02425C55635F4F66B7D0**  
 Amount of Each Receipt this Period **39.00**

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

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

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

FOR LINE NUMBER: PAGE 60 OF 193  
(check only one)

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

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

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

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
10 / 01 / 2015  
**Transaction ID : 871FA20AB04243B18196**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
10 / 09 / 2015  
**Transaction ID : CFB96855D24A4700A481**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
10 / 29 / 2015  
**Transaction ID : F31E1044E48A41E89DAD**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Te-Shao Hsu</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2015 <b>Transaction ID : 44D02524A0B64317BEA6</b>
Mailing Address 1155 N Dearborn St Apt. 804		Amount of Each Receipt this Period 39.00
City Chicago	State IL Zip Code 60610-6539	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1014.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Te-Shao Hsu</b>		Date of Receipt MM / DD / YYYY 11 / 19 / 2015 <b>Transaction ID : E908D3B6BC934D9EB1B1</b>
Mailing Address 1155 N Dearborn St Apt. 804		Amount of Each Receipt this Period 39.00
City Chicago	State IL Zip Code 60610-6539	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1014.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Te-Shao Hsu</b>		Date of Receipt MM / DD / YYYY 12 / 03 / 2015 <b>Transaction ID : 301FEB2008D84D87A1A6</b>
Mailing Address 1155 N Dearborn St Apt. 804		Amount of Each Receipt this Period 39.00
City Chicago	State IL Zip Code 60610-6539	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1014.00
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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:	PAGE 62 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1155 N Dearborn St  
Apt. 804

City Chicago State IL Zip Code 60610-6539

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
12 / 17 / 2015  
**Transaction ID : 670A5F697A764A888B60**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1348 Richmond Ln

City Bartlett State IL Zip Code 60103-8939

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
07 / 09 / 2015  
**Transaction ID : A446BE2E1E984ED2AECF**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1348 Richmond Ln

City Bartlett State IL Zip Code 60103-8939

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
07 / 17 / 2015  
**Transaction ID : C5ACDFDA42B54A58A7C3**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City State Zip Code  
 Bartlett IL 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 0C189893EB044A9EAF90**  
 Amount of Each Receipt this Period  
 39.00

**B. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City State Zip Code  
 Bartlett IL 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : FA7C99870D0943C3BD7F**  
 Amount of Each Receipt this Period  
 39.00

**C. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City State Zip Code  
 Bartlett IL 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 658118F84FE043CF822E**  
 Amount of Each Receipt this Period  
 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City Bartlett State IL Zip Code 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 3459B5FFE0CE4AD18BD7**  
 Amount of Each Receipt this Period  
 39.00

**B. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City Bartlett State IL Zip Code 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : D51DC785FE3D4FB3A732**  
 Amount of Each Receipt this Period  
 39.00

**C. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City Bartlett State IL Zip Code 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : OFF1900311614060B1F9**  
 Amount of Each Receipt this Period  
 39.00

<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: PAGE 65 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City State Zip Code  
 Bartlett IL 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : F0A8BBF4C5DE411DB637**  
 Amount of Each Receipt this Period  
 39.00

**B. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City State Zip Code  
 Bartlett IL 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 75E6FD94AA274500A187**  
 Amount of Each Receipt this Period  
 39.00

**C. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City State Zip Code  
 Bartlett IL 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : 8475D0FE12064A95A0D7**  
 Amount of Each Receipt this Period  
 39.00

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

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

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

FOR LINE NUMBER: PAGE 66 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City State Zip Code  
 Bartlett IL 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : A127DE9AD77141B492E5**  
 Amount of Each Receipt this Period  
 39.00

**B. Robert Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1348 Richmond Ln  
 City State Zip Code  
 Bartlett IL 60103-8939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : B427D841286C44CC90D9**  
 Amount of Each Receipt this Period  
 39.00

**C. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 N Bosworth Ave  
 #3  
 City State Zip Code  
 Chicago IL 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : C3E0F83E87E14C858876**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Cameron Jirschele**  
Full Name (Last, First, Middle Initial)

Mailing Address 1510 N Bosworth Ave #3

City Chicago State IL Zip Code 60642-7612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 17 / 2015  
**Transaction ID : 41B7D5B53B584A00A51F**

Amount of Each Receipt this Period 20.00

**B. Cameron Jirschele**  
Full Name (Last, First, Middle Initial)

Mailing Address 1510 N Bosworth Ave #3

City Chicago State IL Zip Code 60642-7612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 30 / 2015  
**Transaction ID : 11E89A16985F48D29B50**

Amount of Each Receipt this Period 20.00

**C. Cameron Jirschele**  
Full Name (Last, First, Middle Initial)

Mailing Address 1510 N Bosworth Ave #3

City Chicago State IL Zip Code 60642-7612

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 08 / 20 / 2015  
**Transaction ID : 5602FB04F1D24CF8B0A7**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Cameron Jirschele</b>		Date of Receipt
Mailing Address 1510 N Bosworth Ave #3		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60642-7612
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 53B9A741A1F24ADC9FD6</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Cameron Jirschele</b>		Date of Receipt
Mailing Address 1510 N Bosworth Ave #3		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60642-7612
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : E2148139E2914AAA9F9C</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Cameron Jirschele</b>		Date of Receipt
Mailing Address 1510 N Bosworth Ave #3		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60642-7612
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 87F9B57ABF824C258C42</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="520.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 69 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 3F6284983EB04FEAA238**  
 Amount of Each Receipt this Period  
 20.00

**B. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 7A2D98A6CE87494DA8E6**  
 Amount of Each Receipt this Period  
 20.00

**C. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : B38DBAA2FBD146A99505**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 70 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : C73021326663415BAE81**  
 Amount of Each Receipt this Period  
 20.00

**B. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 3EA9BE91392C4AE7B248**  
 Amount of Each Receipt this Period  
 20.00

**C. Cameron Jirschele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 N Bosworth Ave #3  
 City Chicago State IL Zip Code 60642-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 7AA0F911302844D9941E**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 193
	<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. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : EEB383AD584F44A29ED1**  
 Amount of Each Receipt this Period  
 20.00

**B. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 0EC0900755354C8DACEB**  
 Amount of Each Receipt this Period  
 20.00

**C. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 73CF068E56B245C69EC1**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: PAGE 72 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : C6F725DCF356458BA84A**  
 Amount of Each Receipt this Period  
 20.00

**B. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : F935214F1D924E7192D5**  
 Amount of Each Receipt this Period  
 20.00

**C. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 310E0714D46741B38769**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 45852969E5D648FF9619**  
 Amount of Each Receipt this Period  
 20.00

**B. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 130687E9731947BFBF68**  
 Amount of Each Receipt this Period  
 20.00

**C. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : EBA9BB96958346EEA4FC**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 74 OF 193
	<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. Richard Krouse**  
Full Name (Last, First, Middle Initial)

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2015**

**Transaction ID : 580A91A37E19470C9BB3**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 19 / 2015**

**Transaction ID : D3C61E59F575479D8FD9**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 4720 Lee Ave

City Downers Grove State IL Zip Code 60515-3319

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : 331EBCE8C6AE44EF9D8E**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 193
	<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. Richard Krouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4720 Lee Ave  
 City Downers Grove State IL Zip Code 60515-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 17 / 2015**  
**Transaction ID : D7EF581981BA48E286B5**  
 Amount of Each Receipt this Period **20.00**

**B. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.58**

Date of Receipt **07 / 09 / 2015**  
**Transaction ID : C707EED8F7CB40CA8970**  
 Amount of Each Receipt this Period **20.83**

**C. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.58**

Date of Receipt **07 / 17 / 2015**  
**Transaction ID : E04A0265566E40359E41**  
 Amount of Each Receipt this Period **20.83**

**SUBTOTAL** of Receipts This Page (optional)..... **61.66**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 56A9C665CA214E9D9BC7**  
 Amount of Each Receipt this Period  
 20.83

**B. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : ED6220F921EB49CD82BD**  
 Amount of Each Receipt this Period  
 20.83

**C. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 6A14F8FE7B5F40D59637**  
 Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.49
<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:	PAGE 77 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David Labotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2015**

**Transaction ID : 0DE5DF2DAF0C463DA5A7**

Amount of Each Receipt this Period  
**20.83**

**B. David Labotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 01 / 2015**

**Transaction ID : 218DEA4D86B7498B9EEA**

Amount of Each Receipt this Period  
**20.83**

**C. David Labotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2015**

**Transaction ID : C73CF5894964450E8839**

Amount of Each Receipt this Period  
**20.83**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **62.49**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. David Labotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt  
**10 / 29 / 2015**  
**Transaction ID : 66D93DF516684623B184**

Amount of Each Receipt this Period  
**20.83**

**B. David Labotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt  
**11 / 05 / 2015**  
**Transaction ID : E81EEC6927184FF1A39F**

Amount of Each Receipt this Period  
**20.83**

**C. David Labotka**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 S Ridge Rd

City Willowbrook State IL Zip Code 60527-1896

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt  
**11 / 19 / 2015**  
**Transaction ID : 640EF252903246819C56**

Amount of Each Receipt this Period  
**20.83**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>62.49</b>
<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: PAGE 79 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 7F69D4CD859C4588BEC3**  
 Amount of Each Receipt this Period  
 20.83

**B. David Labotka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 S Ridge Rd  
 City Willowbrook State IL Zip Code 60527-1896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 355C4B98E4B64A539FD5**  
 Amount of Each Receipt this Period  
 20.83

**C. Aaron Lazar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1564 Abbotsford Dr  
 City Naperville State IL Zip Code 60563-2088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 92C0650C837340508583**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Aaron Lazar**

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2015**

**Transaction ID : DA5316F5C1E1486990F0**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Aaron Lazar**

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : 5D456F095C874C83AEF1**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Aaron Lazar**

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 20 / 2015**

**Transaction ID : 2C9072C5A840431987BC**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Aaron Lazar</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2015 <b>Transaction ID : 30BDEA74F3FC43D4BF80</b>
Mailing Address 1564 Abbotsford Dr		Amount of Each Receipt this Period 25.00
City Naperville	State IL	Zip Code 60563-2088
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Aaron Lazar</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2015 <b>Transaction ID : 7B168E93867A44DAACCC</b>
Mailing Address 1564 Abbotsford Dr		Amount of Each Receipt this Period 25.00
City Naperville	State IL	Zip Code 60563-2088
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Aaron Lazar</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2015 <b>Transaction ID : B5DB4BE9CD394D35BC58</b>
Mailing Address 1564 Abbotsford Dr		Amount of Each Receipt this Period 25.00
City Naperville	State IL	Zip Code 60563-2088
FEC ID number of contributing federal political committee. C	Name of Employer DuPage Medical Group, Ltd.	
Occupation Physician		Aggregate Year-to-Date ▼ 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 82 OF 193
	<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. Aaron Lazar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1564 Abbotsford Dr  
City Naperville State IL Zip Code 60563-2088  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : 78DFDBEC7FC7450783CA**  
Amount of Each Receipt this Period 25.00

**B. Aaron Lazar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1564 Abbotsford Dr  
City Naperville State IL Zip Code 60563-2088  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : 157969533A214A8F8D1**  
Amount of Each Receipt this Period 25.00

**C. Aaron Lazar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1564 Abbotsford Dr  
City Naperville State IL Zip Code 60563-2088  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 05 / 2015  
**Transaction ID : 3E873012EF774E6591D7**  
Amount of Each Receipt this Period 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Aaron Lazar**

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 19 / 2015**

**Transaction ID : 82B8312534D4490F94A0**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Aaron Lazar**

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : 6F046612F35D422185CC**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Aaron Lazar**

Mailing Address 1564 Abbotsford Dr

City Naperville State IL Zip Code 60563-2088

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : 8D50503E6ACD49DCBB60**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<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 84 OF 193
	<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. Thomas Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 Maple St  
 City State Zip Code  
 Glen Ellyn IL 60137-3811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : FF146F59272E4D4E9FC3**  
 Amount of Each Receipt this Period  
 20.00

**B. Thomas Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 Maple St  
 City State Zip Code  
 Glen Ellyn IL 60137-3811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 546FAEB981DE48E8B87D**  
 Amount of Each Receipt this Period  
 20.00

**C. Thomas Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 Maple St  
 City State Zip Code  
 Glen Ellyn IL 60137-3811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : A7F5E82F77384613AA46**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: PAGE 85 OF 193  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
07 / 09 / 2015  
**Transaction ID : 3E4AD9E7DDFC43D683AF**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
07 / 17 / 2015  
**Transaction ID : B0601E6A3B1B4506804D**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
07 / 30 / 2015  
**Transaction ID : 68323A0ADB884904A93B**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

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

FOR LINE NUMBER: PAGE 86 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : 854087D51CFE414EA29B**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : A44BEA8B31564943A56B**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 2719D90FBE73493DA30A**

Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

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

FOR LINE NUMBER: PAGE 87 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 6B113F6C826649049B6B**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : E21AD25A04F942069886**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 5AF24E77BD4943E98997**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Ernest Lizek</b>			Date of Receipt
Mailing Address 416 S Sleight St			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-5441	<b>Transaction ID : 8FEEE9EF63E946308CCE</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="39.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Ernest Lizek</b>			Date of Receipt
Mailing Address 416 S Sleight St			<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-5441	<b>Transaction ID : 918DE395ED294A10971D</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="39.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Ernest Lizek</b>			Date of Receipt
Mailing Address 416 S Sleight St			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-5441	<b>Transaction ID : D92F768ABB2647F3A4D3</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period		<input type="text" value="39.00"/>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1014.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="117.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 416 S Sleight St

City Naperville State IL Zip Code 60540-5441

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 17 / 2015**

Transaction ID : **0BD91E0097E44A4D9FC8**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Nicholas Mataragas**

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 09 / 2015**

Transaction ID : **BB02ACCC9DFE427CA355**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Nicholas Mataragas**

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2015**

Transaction ID : **B4072A11A0C24CC1BF06**

Amount of Each Receipt this Period  
**19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **77.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 193
	<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. Nicholas Mataragas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6105 Timber Ridge Ct  
 City Indian Head Park State IL Zip Code 60525-3759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : BE03D01907464D8BA979**  
 Amount of Each Receipt this Period  
 19.23

**B. Nicholas Mataragas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6105 Timber Ridge Ct  
 City Indian Head Park State IL Zip Code 60525-3759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : E9D7C19B068F419384ED**  
 Amount of Each Receipt this Period  
 19.23

**C. Nicholas Mataragas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6105 Timber Ridge Ct  
 City Indian Head Park State IL Zip Code 60525-3759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 6CE4510AB25D4FBA905B**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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:	PAGE 91 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Nicholas Mataragas</b>			Date of Receipt
Mailing Address 6105 Timber Ridge Ct			<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : D9C19AD2F4434912AA18</b>
Indian Head Park	IL	60525-3759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.23"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Nicholas Mataragas</b>			Date of Receipt
Mailing Address 6105 Timber Ridge Ct			<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 9D60EACA01544A85A5CB</b>
Indian Head Park	IL	60525-3759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.23"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Nicholas Mataragas</b>			Date of Receipt
Mailing Address 6105 Timber Ridge Ct			<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 411B6C68CBF14EDD886A</b>
Indian Head Park	IL	60525-3759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.23"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Nicholas Mataragas**  
Full Name (Last, First, Middle Initial)

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : 4B275555C42643798C18**

Amount of Each Receipt this Period  
 19.23

**B. Nicholas Mataragas**  
Full Name (Last, First, Middle Initial)

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : 778E98240E054DE38A6D**

Amount of Each Receipt this Period  
 19.23

**C. Nicholas Mataragas**  
Full Name (Last, First, Middle Initial)

Mailing Address 6105 Timber Ridge Ct

City Indian Head Park State IL Zip Code 60525-3759

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

Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : 400F466A26654839A1EB**

Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 93 OF 193
	<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. Nicholas Mataragas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6105 Timber Ridge Ct  
City Indian Head Park State IL Zip Code 60525-3759  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2015  
**Transaction ID : 22010F4CDC004A4383F9**  
Amount of Each Receipt this Period  
19.23

**B. Nicholas Mataragas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6105 Timber Ridge Ct  
City Indian Head Park State IL Zip Code 60525-3759  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015  
**Transaction ID : A6FF7D1B24E949F384DA**  
Amount of Each Receipt this Period  
19.23

**C. Paul Merrick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 Hill Ave  
City Glen Ellyn State IL Zip Code 60137-5032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2015  
**Transaction ID : 479210402DBB4340A476**  
Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.46  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 94 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : E0277BB2D03E493796E4**  
 Amount of Each Receipt this Period  
 20.00

**B. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 35D1FCD45892452A8F52**  
 Amount of Each Receipt this Period  
 20.00

**C. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : 211698FE120B4586964E**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 193
	<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. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 3747F8DC9E334471BB31**  
 Amount of Each Receipt this Period  
 20.00

**B. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
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 09 / 10 / 2015  
**Transaction ID : EDE8306FAAF54E33A498**  
 Amount of Each Receipt this Period  
 20.00

**C. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 7417B4F674E84DF689BA**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: PAGE 96 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 9035016534A04EFA858E**  
 Amount of Each Receipt this Period  
 20.00

**B. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
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 10 / 29 / 2015  
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 Amount of Each Receipt this Period  
 20.00

**C. Paul Merrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 Hill Ave  
 City State Zip Code  
 Glen Ellyn IL 60137-5032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
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 11 / 05 / 2015  
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 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
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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:	PAGE 97 OF 193
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

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

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015  
**Transaction ID : 50564993DDD442E88E14**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
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12 / 03 / 2015  
**Transaction ID : F38DE0CB530D44BAA1CA**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 540 Hill Ave

City State Zip Code  
Glen Ellyn IL 60137-5032

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
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12 / 17 / 2015  
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Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 193
	<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. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
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 07 / 09 / 2015  
**Transaction ID : D3478FE9477E4253B3BD**  
 Amount of Each Receipt this Period  
 39.00

**B. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
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 07 / 17 / 2015  
**Transaction ID : 676FECBDA17748EFB167**  
 Amount of Each Receipt this Period  
 39.00

**C. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
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 07 / 30 / 2015  
**Transaction ID : DAF7E075B5784AEFBFDD**  
 Amount of Each Receipt this Period  
 39.00

<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 99 OF 193
	<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. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 08 / 20 / 2015  
**Transaction ID : 593AA380EB0B490DAF0C**  
 Amount of Each Receipt this Period 39.00

**B. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 09 / 03 / 2015  
**Transaction ID : A4757F5A98784803AA98**  
 Amount of Each Receipt this Period 39.00

**C. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : BC071B07648F4009BA21**  
 Amount of Each Receipt this Period 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 193
	<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. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt  
 10 / 01 / 2015  
**Transaction ID : 40DD003F5E8842E7B72E**  
 Amount of Each Receipt this Period  
**39.00**

**B. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt  
 10 / 09 / 2015  
**Transaction ID : 46E8281941C5422F8E79**  
 Amount of Each Receipt this Period  
**39.00**

**C. M. Paul Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 S Highland Ave  
 City Lombard State IL Zip Code 60148-4932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1014.00**

Date of Receipt  
 10 / 29 / 2015  
**Transaction ID : F80D1051838347CAAE8**  
 Amount of Each Receipt this Period  
**39.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 101 OF 193
<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. M. Paul Meyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 S Highland Ave

City Lombard	State IL	Zip Code 60148-4932
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015

**Transaction ID : C38C4A35C5494078AB85**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1801 S Highland Ave

City Lombard	State IL	Zip Code 60148-4932
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : C163EC4BFD534107A465**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1801 S Highland Ave

City Lombard	State IL	Zip Code 60148-4932
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : 6EA7F64E52F6404C9324**

Amount of Each Receipt this Period  
39.00

<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: PAGE 102 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1801 S Highland Ave

City State Zip Code  
Lombard IL 60148-4932

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 23225F0EE2EF42BAB921**

Amount of Each Receipt this Period  
39.00

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

Mailing Address PO Box 7144

City State Zip Code  
Villa Park IL 60181-7144

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
897.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 45E37A70C6FF4769AB5B**

Amount of Each Receipt this Period  
39.00

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

Mailing Address PO Box 7144

City State Zip Code  
Villa Park IL 60181-7144

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
897.00

Date of Receipt  
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 07 / 17 / 2015  
**Transaction ID : D52014C750AC45D7B5DC**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 193
	<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. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **897.00**

Date of Receipt  
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**07 / 30 / 2015**

**Transaction ID : 72B5C02B85FC46C89A19**

Amount of Each Receipt this Period  
**39.00**

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

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **897.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 20 / 2015**

**Transaction ID : 434449C8A2734B24B6D1**

Amount of Each Receipt this Period  
**39.00**

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

Mailing Address PO Box 7144

City Villa Park State IL Zip Code 60181-7144

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **897.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2015**

**Transaction ID : 7B485D5B4969489F8F16**

Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>117.00</b>
<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: PAGE 104 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address PO Box 7144

City State Zip Code  
Villa Park IL 60181-7144

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
897.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015

**Transaction ID : F121E2ADAB2C4E6A9338**

Amount of Each Receipt this Period  
39.00

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

Mailing Address PO Box 7144

City State Zip Code  
Villa Park IL 60181-7144

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
897.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : F83D2F7CFFA444448ACC**

Amount of Each Receipt this Period  
39.00

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

Mailing Address PO Box 7144

City State Zip Code  
Villa Park IL 60181-7144

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
897.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : 65DCC545DBE647BCA4C7**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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



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

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

FOR LINE NUMBER:	PAGE 105 OF 193
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
897.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 6F910FEC21BD4A229735**

Amount of Each Receipt this Period  
 39.00

**B. Yoko Momoyama**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 7144

City Villa Park	State IL	Zip Code 60181-7144
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
897.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : AEBB8EDD68304A7EA27C**

Amount of Each Receipt this Period  
 39.00

**C. Mark Nelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3753 King Williams Ct

City Saint Charles	State IL	Zip Code 60174-7806
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 57350E6BA8B94287AE89**

Amount of Each Receipt this Period  
 20.00

<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 106 OF 193
	<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. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 14B48E58D2CE491EB708**  
 Amount of Each Receipt this Period  
 20.00

**B. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : E94D4DD9D5C042AD84B5**  
 Amount of Each Receipt this Period  
 20.00

**C. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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**Transaction ID : 39165AB1F3DB4412BB05**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: PAGE 107 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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 09 / 03 / 2015  
**Transaction ID : E2301A3CB0B743148E2A**  
 Amount of Each Receipt this Period  
 20.00

**B. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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 09 / 10 / 2015  
**Transaction ID : E168467A79844B04A217**  
 Amount of Each Receipt this Period  
 20.00

**C. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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 10 / 01 / 2015  
**Transaction ID : CD38A6952B5C42A7A086**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 108 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : BE405FED60AE4289889E**  
 Amount of Each Receipt this Period  
 20.00

**B. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : D1FEEDEC1D314AD4878F**  
 Amount of Each Receipt this Period  
 20.00

**C. Mark Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3753 King Williams Ct  
 City Saint Charles State IL Zip Code 60174-7806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 454DD666F4844C2C8AC4**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mark Nelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3753 King Williams Ct

City Saint Charles State IL Zip Code 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
11 / 19 / 2015  
**Transaction ID : E6B292A145D7428A9DAC**

Amount of Each Receipt this Period  
20.00

**B. Mark Nelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3753 King Williams Ct

City Saint Charles State IL Zip Code 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
12 / 03 / 2015  
**Transaction ID : DF9F447247974F6C88EF**

Amount of Each Receipt this Period  
20.00

**C. Mark Nelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3753 King Williams Ct

City Saint Charles State IL Zip Code 60174-7806

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
12 / 17 / 2015  
**Transaction ID : 5132E3A369F3456B82D7**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

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

FOR LINE NUMBER: PAGE 110 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 561 Hevern Dr

City Wheaton State IL Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 09 / 2015**

**Transaction ID : 38BB8E4EC7E949528F21**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 561 Hevern Dr

City Wheaton State IL Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 17 / 2015**

**Transaction ID : B55352CFE68C4FD69C9B**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 561 Hevern Dr

City Wheaton State IL Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
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**07 / 30 / 2015**

**Transaction ID : 84ECEA3F4D4E4D658D3C**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

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

FOR LINE NUMBER: PAGE 111 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 561 Hevern Dr

City Wheaton      State IL      Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd.      Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**08 / 20 / 2015**  
**Transaction ID : 944F9519AB884C54BB11**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 561 Hevern Dr

City Wheaton      State IL      Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd.      Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**09 / 03 / 2015**  
**Transaction ID : 49C1EADD5882486E8657**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 561 Hevern Dr

City Wheaton      State IL      Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd.      Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
**09 / 10 / 2015**  
**Transaction ID : E13B6E74E1C84C79970D**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 193
	<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. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 561 Hevern Dr  
City Wheaton State IL Zip Code 60189-7396  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : 596C11C98F0146B09D16**  
Amount of Each Receipt this Period 25.00

**B. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 561 Hevern Dr  
City Wheaton State IL Zip Code 60189-7396  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 09 / 2015  
**Transaction ID : D667FF790844479097FF**  
Amount of Each Receipt this Period 25.00

**C. Ravi Nemivant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 561 Hevern Dr  
City Wheaton State IL Zip Code 60189-7396  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 29 / 2015  
**Transaction ID : CC09DC1DE5914BF6AFF0**  
Amount of Each Receipt this Period 25.00

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



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

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

FOR LINE NUMBER: PAGE 113 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 561 Hevern Dr

City Wheaton State IL Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2015**

**Transaction ID : 18E2A62E7EA34D46A23D**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 561 Hevern Dr

City Wheaton State IL Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 19 / 2015**

**Transaction ID : 53D898C5701946BBB994**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 561 Hevern Dr

City Wheaton State IL Zip Code 60189-7396

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2015**

**Transaction ID : DD8715F112B5401FAEB7**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

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

FOR LINE NUMBER: PAGE 114 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 561 Hevern Dr

City State Zip Code  
Wheaton IL 60189-7396

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : C45DDBBA96FD41F4A15C**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Brian O'Leary**

Mailing Address 401 59th St

City State Zip Code  
Downers Grove IL 60516-1440

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : C75CA449B3E9447FB062**

Amount of Each Receipt this Period  
21.00

Full Name (Last, First, Middle Initial)  
**c. Brian O'Leary**

Mailing Address 401 59th St

City State Zip Code  
Downers Grove IL 60516-1440

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
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 07 / 17 / 2015  
**Transaction ID : A1993FC97F7B43D1A640**

Amount of Each Receipt this Period  
21.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 30 / 2015**

**Transaction ID : 350C97E45D0344F2844C**

Amount of Each Receipt this Period  
**21.00**

Full Name (Last, First, Middle Initial)  
**B. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 20 / 2015**

**Transaction ID : 6FB163E194B24F5190D3**

Amount of Each Receipt this Period  
**21.00**

Full Name (Last, First, Middle Initial)  
**C. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2015**

**Transaction ID : 979C4396EE634FDA8389**

Amount of Each Receipt this Period  
**21.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **63.00**

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

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

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

FOR LINE NUMBER: PAGE 116 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2015**

**Transaction ID : E51E1909BF5B45ACA827**

Amount of Each Receipt this Period  
**21.00**

Full Name (Last, First, Middle Initial)  
**B. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 01 / 2015**

**Transaction ID : 93E75DEA4CFF491C8197**

Amount of Each Receipt this Period  
**21.00**

Full Name (Last, First, Middle Initial)  
**c. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2015**

**Transaction ID : B837428C775449D38E25**

Amount of Each Receipt this Period  
**21.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **63.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 OF 193  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial)  
**A. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
**10 / 29 / 2015**

**Transaction ID : 3955C27769F24FAE8514**

Amount of Each Receipt this Period  
**21.00**

Full Name (Last, First, Middle Initial)  
**B. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
**11 / 05 / 2015**

**Transaction ID : 608D54431D554672B9F9**

Amount of Each Receipt this Period  
**21.00**

Full Name (Last, First, Middle Initial)  
**c. Brian O'Leary**

Mailing Address 401 59th St

City Downers Grove State IL Zip Code 60516-1440

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
**11 / 19 / 2015**

**Transaction ID : 560AF5AA15004065B6C7**

Amount of Each Receipt this Period  
**21.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **63.00**

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

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

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

FOR LINE NUMBER:	PAGE 118 OF 193
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Brian O'Leary</b>			Date of Receipt
Mailing Address 401 59th St			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : FED96F923A9C401AB48D</b>
Downers Grove	IL	60516-1440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="546.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Brian O'Leary</b>			Date of Receipt
Mailing Address 401 59th St			<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A35BD6E581AF446791B8</b>
Downers Grove	IL	60516-1440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="546.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>c. James Oakley</b>			Date of Receipt
Mailing Address 605 S Grant St			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : F89851EEB4EE4D5B8CE4</b>
Hinsdale	IL	60521-4453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
DuPage Medical Group, Ltd.	Physician/Radiologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="67.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **07 / 17 / 2015**

**Transaction ID : F1192F2253024999B512**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **07 / 30 / 2015**

**Transaction ID : BD8C6EBA712A4A69B1EB**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **08 / 20 / 2015**

**Transaction ID : 82485632336E40F7A0F9**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **09 / 03 / 2015**

**Transaction ID : 1A1D385072BD44D8A131**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **09 / 10 / 2015**

**Transaction ID : 9BE4F804BF9C42D38E9E**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 605 S Grant St

City Hinsdale State IL Zip Code 60521-4453

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician/Radiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **10 / 01 / 2015**

**Transaction ID : FF68900DBC1747DC8FEC**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 121 OF 193	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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) <b>DuPage Medical Group LTD PAC</b>
--------------------------------------------------------------------

Full Name (Last, First, Middle Initial) <b>A. James Oakley</b>		Date of Receipt <b>10 / 09 / 2015</b> Transaction ID : <b>0E622E25C99941F7BF48</b>
Mailing Address <b>605 S Grant St</b>		Amount of Each Receipt this Period <b>25.00</b>
City <b>Hinsdale</b>	State <b>IL</b>	
Zip Code <b>60521-4453</b>	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>DuPage Medical Group, Ltd.</b>	Occupation <b>Physician/Radiologist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>650.00</b>	

Full Name (Last, First, Middle Initial) <b>B. James Oakley</b>		Date of Receipt <b>10 / 29 / 2015</b> Transaction ID : <b>DA9E0B5D5E8F4691AAEF</b>
Mailing Address <b>605 S Grant St</b>		Amount of Each Receipt this Period <b>25.00</b>
City <b>Hinsdale</b>	State <b>IL</b>	
Zip Code <b>60521-4453</b>	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>DuPage Medical Group, Ltd.</b>	Occupation <b>Physician/Radiologist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>650.00</b>	

Full Name (Last, First, Middle Initial) <b>C. James Oakley</b>		Date of Receipt <b>11 / 05 / 2015</b> Transaction ID : <b>C5052454C6CF4E3496D1</b>
Mailing Address <b>605 S Grant St</b>		Amount of Each Receipt this Period <b>25.00</b>
City <b>Hinsdale</b>	State <b>IL</b>	
Zip Code <b>60521-4453</b>	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>DuPage Medical Group, Ltd.</b>	Occupation <b>Physician/Radiologist</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>650.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<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 122 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. James Oakley</b>		Date of Receipt
Mailing Address 605 S Grant St		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Hinsdale	State IL	Zip Code 60521-4453
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 84B1CEDE4F054AD0B160</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician/Radiologist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) <b>B. James Oakley</b>		Date of Receipt
Mailing Address 605 S Grant St		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City Hinsdale	State IL	Zip Code 60521-4453
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 67C1D0A79A8D446F833A</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician/Radiologist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) <b>C. James Oakley</b>		Date of Receipt
Mailing Address 605 S Grant St		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City Hinsdale	State IL	Zip Code 60521-4453
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2AA36DA5E76D404E97CA</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician/Radiologist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="650.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Mathew Philip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 W North Ave  
 Apt. 3  
 City Chicago State IL Zip Code 60622-2245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 66B67B7F0AF24F0DBB4C**  
 Amount of Each Receipt this Period  
 39.00

**B. Mathew Philip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 W North Ave  
 Apt. 3  
 City Chicago State IL Zip Code 60622-2245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 9B26CC70FB93496AA3A3**  
 Amount of Each Receipt this Period  
 39.00

**C. Mathew Philip**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 W North Ave  
 Apt. 3  
 City Chicago State IL Zip Code 60622-2245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : EBF2D238678E41F89DD7**  
 Amount of Each Receipt this Period  
 39.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 OF 193  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1608 W North Ave  
Apt. 3

City Chicago State IL Zip Code 60622-2245

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
08 / 20 / 2015  
**Transaction ID : FC51CCC6B79247B089AE**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1608 W North Ave  
Apt. 3

City Chicago State IL Zip Code 60622-2245

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : 74EC6FFC35E7432CBA3E**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 1608 W North Ave  
Apt. 3

City Chicago State IL Zip Code 60622-2245

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
09 / 10 / 2015  
**Transaction ID : 6F54103A4E0A418284B1**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mathew Philip</b>		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A27F358B82FB450B844B</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mathew Philip</b>		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2413200ABE64917A080</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mathew Philip</b>		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 1C8E960EAF67445BA1D9</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 126 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Mathew Philip</b>		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 6D3D37DA8DCC49BB9519</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1014.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Mathew Philip</b>		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : FA2918BC672142B7954A</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1014.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Mathew Philip</b>		Date of Receipt
Mailing Address 1608 W North Ave Apt. 3		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City Chicago	State IL	Zip Code 60622-2245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 777FE6FB9C044046856E</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1014.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 127 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1608 W North Ave  
Apt. 3

City Chicago State IL Zip Code 60622-2245

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015

Transaction ID : **B7BC50CD14834E899DC4**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015

Transaction ID : **2EEA37294CF94FA0BC63**

Amount of Each Receipt this Period  
 21.00

Full Name (Last, First, Middle Initial)  
**C. Stephen Pierson**

Mailing Address 1800 N Main St

City Wheaton State IL Zip Code 60187-3112

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015

Transaction ID : **FF2AF3AE13DD408D87EB**

Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stephen Pierson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N Main St  
City Wheaton State IL Zip Code 60187-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **546.00**

Date of Receipt **07 / 30 / 2015**  
**Transaction ID : 5F8CE2C86F1246E1BABF**  
Amount of Each Receipt this Period **21.00**

**B. Stephen Pierson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N Main St  
City Wheaton State IL Zip Code 60187-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **546.00**

Date of Receipt **08 / 20 / 2015**  
**Transaction ID : 4DB57C03608444E78BDO**  
Amount of Each Receipt this Period **21.00**

**C. Stephen Pierson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N Main St  
City Wheaton State IL Zip Code 60187-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **546.00**

Date of Receipt **09 / 03 / 2015**  
**Transaction ID : E49484E8C2DF400AA9B8**  
Amount of Each Receipt this Period **21.00**

**SUBTOTAL** of Receipts This Page (optional)..... **63.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stephen Pierson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N Main St  
City Wheaton State IL Zip Code 60187-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **546.00**

Date of Receipt **09 / 10 / 2015**  
**Transaction ID : 5A58B3FD6B9C4FED8F75**  
Amount of Each Receipt this Period **21.00**

**B. Stephen Pierson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N Main St  
City Wheaton State IL Zip Code 60187-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **546.00**

Date of Receipt **10 / 01 / 2015**  
**Transaction ID : B7E7AF5A6D694E01BAA6**  
Amount of Each Receipt this Period **21.00**

**C. Stephen Pierson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 N Main St  
City Wheaton State IL Zip Code 60187-3112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **546.00**

Date of Receipt **10 / 09 / 2015**  
**Transaction ID : 50AD743215D04615A5FE**  
Amount of Each Receipt this Period **21.00**

**SUBTOTAL** of Receipts This Page (optional)..... **63.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 130 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1800 N Main St

City State Zip Code  
Wheaton IL 60187-3112

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 519A6D38A7434E6E9C64**

Amount of Each Receipt this Period  
21.00

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

Mailing Address 1800 N Main St

City State Zip Code  
Wheaton IL 60187-3112

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : D2EC41571D774DAF97A8**

Amount of Each Receipt this Period  
21.00

Full Name (Last, First, Middle Initial)  
**C. Stephen Pierson**

Mailing Address 1800 N Main St

City State Zip Code  
Wheaton IL 60187-3112

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : 0B8E5854D4BE49AC9CAD**

Amount of Each Receipt this Period  
21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 63.00

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

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

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

FOR LINE NUMBER: PAGE 131 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Stephen Pierson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 N Main St  
 City Wheaton State IL Zip Code 60187-3112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 6CA2A28AAC8E4C53A798**  
 Amount of Each Receipt this Period  
 21.00

**B. Stephen Pierson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 N Main St  
 City Wheaton State IL Zip Code 60187-3112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : C9F14E182AFD46EC802F**  
 Amount of Each Receipt this Period  
 21.00

**C. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 405E85E2468046938A55**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 193
	<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. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 07 / 17 / 2015  
**Transaction ID : 935C3D09ADDA4A34846C**  
 Amount of Each Receipt this Period  
 20.00

**B. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 07 / 30 / 2015  
**Transaction ID : 857771C689394B7F8CF1**  
 Amount of Each Receipt this Period  
 20.00

**C. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 08 / 20 / 2015  
**Transaction ID : DD0089F8B0E042F5B255**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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 133 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. John Porcelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Lee Ave

City Downers Grove State IL Zip Code 60515-2607

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : 2B44071917284CABED5**

Amount of Each Receipt this Period  
 20.00

**B. John Porcelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Lee Ave

City Downers Grove State IL Zip Code 60515-2607

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015

**Transaction ID : 437F611EF1D94DEDBF4E**

Amount of Each Receipt this Period  
 20.00

**C. John Porcelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Lee Ave

City Downers Grove State IL Zip Code 60515-2607

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : 7F5A8200DFC943658517**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

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

FOR LINE NUMBER: PAGE 134 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 2A21BA0A98384B1D8855**  
 Amount of Each Receipt this Period  
 20.00

**B. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 1AF4F5F1AAAC417CB644**  
 Amount of Each Receipt this Period  
 20.00

**C. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 4E765E88EE6148A0B073**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 135 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 11 / 19 / 2015  
**Transaction ID : DA2A1CF455FE486E9BE4**  
 Amount of Each Receipt this Period 20.00

**B. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 03 / 2015  
**Transaction ID : A454C6E47C794ABCA46E**  
 Amount of Each Receipt this Period 20.00

**C. John Porcelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Lee Ave  
 City Downers Grove State IL Zip Code 60515-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 17 / 2015  
**Transaction ID : FF1D7F1B17D84ABEBC8E**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 136 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : CFCA9D8F26274E8D8209**  
 Amount of Each Receipt this Period  
 19.23

**B. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 1F156211CCE84101A57E**  
 Amount of Each Receipt this Period  
 19.23

**C. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : CFA9570E5FF844B4A704**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 137 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : C3D3253BB3B143F98EFC**  
 Amount of Each Receipt this Period  
 19.23

**B. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : BFB4817FCA284BAD84F9**  
 Amount of Each Receipt this Period  
 19.23

**C. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : F2EFED4A10EE4ED89CF4**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 138 OF 193  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 878A227CF45E4BCDB872**  
 Amount of Each Receipt this Period  
 19.23

**B. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 6478BAD9C4C547E2BA21**  
 Amount of Each Receipt this Period  
 19.23

**C. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 984D0DF54F5B42138B95**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 139 OF 193  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : C68060E2A35844C5AF09**  
 Amount of Each Receipt this Period  
 19.23

**B. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : C5ACD987A61C484AB886**  
 Amount of Each Receipt this Period  
 19.23

**C. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 3D399F52A7F54CD39385**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 140 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Raghu Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : B87320C9C4204E8083F4**  
 Amount of Each Receipt this Period  
 19.23

**B. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 73D5902512A54F7BB44B**  
 Amount of Each Receipt this Period  
 23.08

**C. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 9BBB7DB16A674CBA91F6**  
 Amount of Each Receipt this Period  
 23.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.39  
**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 141 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 5AC716AFCEA848849DD2**  
 Amount of Each Receipt this Period  
 23.08

**B. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : AF8FE7FCD002404AA42F**  
 Amount of Each Receipt this Period  
 23.08

**C. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 3D5FCEFF2E894DF38A69**  
 Amount of Each Receipt this Period  
 23.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.24  
**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 142 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Soujanya Pulluru**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3908 Littlestone Cir  
City Naperville State IL Zip Code 60564-5915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.08**

Date of Receipt **09 / 10 / 2015**  
**Transaction ID : E626A54BFD9743DDAE44**  
Amount of Each Receipt this Period **23.08**

**B. Soujanya Pulluru**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3908 Littlestone Cir  
City Naperville State IL Zip Code 60564-5915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.08**

Date of Receipt **10 / 01 / 2015**  
**Transaction ID : 97B1321611104201B407**  
Amount of Each Receipt this Period **23.08**

**C. Soujanya Pulluru**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3908 Littlestone Cir  
City Naperville State IL Zip Code 60564-5915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.08**

Date of Receipt **10 / 09 / 2015**  
**Transaction ID : 3E7D464C19904CB9932A**  
Amount of Each Receipt this Period **23.08**

**SUBTOTAL** of Receipts This Page (optional)..... **69.24**  
**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 143 OF 193  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 9071AE05277E41A9A691**  
 Amount of Each Receipt this Period  
 23.08

**B. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 667BE236E579438894A6**  
 Amount of Each Receipt this Period  
 23.08

**C. Soujanya Pulluru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3908 Littlestone Cir  
 City Naperville State IL Zip Code 60564-5915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : C93274F71EB4402FB745**  
 Amount of Each Receipt this Period  
 23.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.24  
**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 144 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Soujanya Pulluru**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3908 Littlestone Cir  
City Naperville State IL Zip Code 60564-5915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.08

Date of Receipt 12 / 03 / 2015  
**Transaction ID : EC6B14DCF8D94CF09530**  
Amount of Each Receipt this Period 23.08

**B. Soujanya Pulluru**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3908 Littlestone Cir  
City Naperville State IL Zip Code 60564-5915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.08

Date of Receipt 12 / 17 / 2015  
**Transaction ID : 02FA0F2406F54F399742**  
Amount of Each Receipt this Period 23.08

**C. Kevin Regan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 31808 Village Green Ct  
City Warrenville State IL Zip Code 60555-5923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt 07 / 09 / 2015  
**Transaction ID : 631C63E821B94AF68569**  
Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 84.62  
**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 145 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt 07 / 17 / 2015  
**Transaction ID : 3D9C865C7BAB43F5B8F7**

Amount of Each Receipt this Period 38.46

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt 07 / 30 / 2015  
**Transaction ID : B5791099790F419D9B5E**

Amount of Each Receipt this Period 38.46

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt 08 / 20 / 2015  
**Transaction ID : FD50E64ED7474159915E**

Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38

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

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

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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 31808 Village Green Ct

City Warrenville      State IL      Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd.      Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
**09 / 03 / 2015**  
**Transaction ID : 29553FF68A3B4CB3AF95**

Amount of Each Receipt this Period  
**38.46**

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

Mailing Address 31808 Village Green Ct

City Warrenville      State IL      Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd.      Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
**09 / 10 / 2015**  
**Transaction ID : 9D2D7623C2754138AE5B**

Amount of Each Receipt this Period  
**38.46**

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

Mailing Address 31808 Village Green Ct

City Warrenville      State IL      Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd.      Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
**10 / 01 / 2015**  
**Transaction ID : 114B90B50FC24B729A80**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ► **115.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 193
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
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**A. Kevin Regan**  
Full Name (Last, First, Middle Initial)

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : 920EBA6CED3941E7A022**

Amount of Each Receipt this Period  
 38.46

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : EA63F4A5C5AF4C3AB5AF**

Amount of Each Receipt this Period  
 38.46

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

Mailing Address 31808 Village Green Ct

City Warrenville State IL Zip Code 60555-5923

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
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 11 / 05 / 2015

**Transaction ID : 601B8DCCAA354305A0BF**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38

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

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

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

FOR LINE NUMBER: PAGE 148 OF 193  
(check only one)  
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**A. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31808 Village Green Ct  
 City Warrenville State IL Zip Code 60555-5923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
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 11 / 19 / 2015  
**Transaction ID : 4F10E85AD653473DA8B3**  
 Amount of Each Receipt this Period  
 38.46

**B. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31808 Village Green Ct  
 City Warrenville State IL Zip Code 60555-5923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
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 12 / 03 / 2015  
**Transaction ID : B8868F1F7E064223B708**  
 Amount of Each Receipt this Period  
 38.46

**C. Kevin Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31808 Village Green Ct  
 City Warrenville State IL Zip Code 60555-5923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
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**Transaction ID : F85C52E6F2EF4051B2BA**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 149 OF 193  
(check only one)  
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
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**07 / 09 / 2015**

**Transaction ID : FD9EFDD2F3BA44DFB905**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
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**07 / 17 / 2015**

**Transaction ID : FCB3E10A47294FB1B646**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
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**07 / 30 / 2015**

**Transaction ID : E968F9AB01C4433D95BB**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

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

FOR LINE NUMBER: PAGE 150 OF 193  
(check only one)  
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Full Name (Last, First, Middle Initial)  
**A. Steven Schmitz**

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**08 / 20 / 2015**

**Transaction ID : 107861FAE6DE4B43B5FE**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**09 / 03 / 2015**

**Transaction ID : D986F258E8174E0A80FE**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
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 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**09 / 10 / 2015**

**Transaction ID : 74A9441510B340EDB0AE**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... **60.00**

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

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

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

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
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**10 / 01 / 2015**

**Transaction ID : A7F6095477DE4DC49E5B**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
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 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
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**10 / 09 / 2015**

**Transaction ID : D1B916FEED48458DAB1B**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
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**10 / 29 / 2015**

**Transaction ID : 4CE971DDBDB545B18661**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

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

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**11 / 05 / 2015**  
**Transaction ID : B96D1FD3C2794AC1AEC5**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**11 / 19 / 2015**  
**Transaction ID : 178D9B3BAAF6426E8818**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**12 / 03 / 2015**  
**Transaction ID : 3CA8446CF176448594B9**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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



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

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

FOR LINE NUMBER: PAGE 153 OF 193  
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Full Name (Last, First, Middle Initial)  
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Mailing Address 743 Godair Cir

City Hinsdale State IL Zip Code 60521-8104

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
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**12 / 17 / 2015**

**Transaction ID : C086D79780394AE4A04A**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
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**07 / 09 / 2015**

**Transaction ID : 33E52DDA1F6F4F299995**

Amount of Each Receipt this Period  
**19.23**

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

Mailing Address 1304 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2519

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
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**07 / 17 / 2015**

**Transaction ID : 9CFBDCDF4A204B96AE95**

Amount of Each Receipt this Period  
**19.23**

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

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

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

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

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
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 07 / 30 / 2015  
**Transaction ID : 939F130E637F43858A72**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
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 08 / 20 / 2015  
**Transaction ID : 578191D5163749F687EE**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : DED5FD5D4B354DC28904**

Amount of Each Receipt this Period  
19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69

**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 155 OF 193  
(check only one)  
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 13     14     15     16     17

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
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 09 / 10 / 2015  
**Transaction ID : 0E115735FB384F6D8CA6**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
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 10 / 01 / 2015  
**Transaction ID : 9C1467E50985405CB1D8**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 58E175ECBD1044089FA6**

Amount of Each Receipt this Period  
19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69

**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 156 OF 193
	<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)  
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**A. Grant Sievertsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 97AE14156ADD434CA851**  
 Amount of Each Receipt this Period  
 19.23

**B. Grant Sievertsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : E99E08C8BB0D4AE68DE9**  
 Amount of Each Receipt this Period  
 19.23

**C. Grant Sievertsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : 77983A307C634633922E**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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: PAGE 157 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : 0624DB203A484822B0EE**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 1304 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2519

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 8211E829CEDD4518B984**

Amount of Each Receipt this Period  
19.23

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

Mailing Address 1404 Chelsea Ln

City State Zip Code  
Naperville IL 60565-1612

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 4DA6B8DDE1AE42F8B2FD**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : 6F4238C5974D4FAE9887**  
 Amount of Each Receipt this Period  
 39.00

**B. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 87AA4DA6DBA54D3AA6EE**  
 Amount of Each Receipt this Period  
 39.00

**C. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
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 08 / 20 / 2015  
**Transaction ID : 96CDF90763A648918DF4**  
 Amount of Each Receipt this Period  
 39.00

<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 159 OF 193
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : B473AFCCF5CA49B09642**  
 Amount of Each Receipt this Period  
 39.00

**B. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : F40FB8A7EBE4499B83AE**  
 Amount of Each Receipt this Period  
 39.00

**C. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 11C935F8A66547D19AC0**  
 Amount of Each Receipt this Period  
 39.00

<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: PAGE 160 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
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 10 / 09 / 2015  
**Transaction ID : A1DDD378067F4F7B83FF**  
 Amount of Each Receipt this Period  
 39.00

**B. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : 448F515170A143D8BECC**  
 Amount of Each Receipt this Period  
 39.00

**C. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 7B794EF7FF134BFF844C**  
 Amount of Each Receipt this Period  
 39.00

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



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

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

FOR LINE NUMBER: PAGE 161 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
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**Transaction ID : A72B8967399F419E9663**  
 Amount of Each Receipt this Period  
 39.00

**B. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : FEA579BEC32848719919**  
 Amount of Each Receipt this Period  
 39.00

**C. Lenora Su**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Chelsea Ln  
 City Naperville State IL Zip Code 60565-1612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 42C53DDAC0D6456FAAF9**  
 Amount of Each Receipt this Period  
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**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 162 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : B9A3D2B833484E59B048**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : 80A4E349BAA64E4C9BA6**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : 29E0694A86A246EBAE6**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

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

FOR LINE NUMBER: PAGE 163 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : F5E422A804B847B19081**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 49E6C7ECA9894EA68940**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 55EEBEFE02834EB5AE39**

Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

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

FOR LINE NUMBER: PAGE 164 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 02362E5B8B88479E8978**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 57F8E9F6DCFF4629A44C**

Amount of Each Receipt this Period  
39.00

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : EEDDC09D5E8D4D5FB0A3**

Amount of Each Receipt this Period  
39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)  
Mailing Address 229 Wren Ct

City Bloomingtondale	State IL	Zip Code 60108-1433
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1014.00</b>	

Date of Receipt  
**11 / 05 / 2015**  
**Transaction ID : 8C27C593697A405F91F6**

Amount of Each Receipt this Period  
**39.00**

**B. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)  
Mailing Address 229 Wren Ct

City Bloomingtondale	State IL	Zip Code 60108-1433
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1014.00</b>	

Date of Receipt  
**11 / 19 / 2015**  
**Transaction ID : 15D1038AD4F74168ACE2**

Amount of Each Receipt this Period  
**39.00**

**C. Arnaldo Torres**  
Full Name (Last, First, Middle Initial)  
Mailing Address 229 Wren Ct

City Bloomingtondale	State IL	Zip Code 60108-1433
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1014.00</b>	

Date of Receipt  
**12 / 03 / 2015**  
**Transaction ID : 89552BCAD17B461A8C90**

Amount of Each Receipt this Period  
**39.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>117.00</b>
<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: PAGE 166 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 229 Wren Ct

City State Zip Code  
Bloomington IL 60108-1433

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : 315F9B0800334445BBC9**

Amount of Each Receipt this Period  
39.00

Full Name (Last, First, Middle Initial)  
**B. Joseph Towers**

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 487A6323338A421E9133**

Amount of Each Receipt this Period  
41.67

Full Name (Last, First, Middle Initial)  
**C. Joseph Towers**

Mailing Address 412 S Columbia St

City State Zip Code  
Naperville IL 60540-5418

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : C1F9F8F03B1545778EA4**

Amount of Each Receipt this Period  
41.67

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

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

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

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

FOR LINE NUMBER: PAGE 167 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S Columbia St  
 City Naperville State IL Zip Code 60540-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 0CD7531155124E32BB0C**  
 Amount of Each Receipt this Period  
 41.67

**B. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S Columbia St  
 City Naperville State IL Zip Code 60540-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : E00344C54845459D81FD**  
 Amount of Each Receipt this Period  
 41.67

**C. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S Columbia St  
 City Naperville State IL Zip Code 60540-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : 53982072091645548FF1**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 168 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S Columbia St  
 City Naperville State IL Zip Code 60540-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : 6B142B78CCF64AA3AC71**  
 Amount of Each Receipt this Period  
 41.67

**B. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S Columbia St  
 City Naperville State IL Zip Code 60540-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : C2937AFC9F624201BF94**  
 Amount of Each Receipt this Period  
 41.67

**C. Joseph Towers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 S Columbia St  
 City Naperville State IL Zip Code 60540-5418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : C7C45CB6785044289E0B**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 169 OF 193
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 S Columbia St  
City Naperville State IL Zip Code 60540-5418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1083.42**

Date of Receipt **10 / 29 / 2015**  
**Transaction ID : 5A42DC2EEAA74EE5A8F4**  
Amount of Each Receipt this Period **41.67**

**B. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 S Columbia St  
City Naperville State IL Zip Code 60540-5418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1083.42**

Date of Receipt **11 / 05 / 2015**  
**Transaction ID : 49D98C76D0DC440EA16A**  
Amount of Each Receipt this Period **41.67**

**C. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 S Columbia St  
City Naperville State IL Zip Code 60540-5418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1083.42**

Date of Receipt **11 / 19 / 2015**  
**Transaction ID : 4EB68D4E72C74D4EA77B**  
Amount of Each Receipt this Period **41.67**

**SUBTOTAL** of Receipts This Page (optional)..... **125.01**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 S Columbia St

City Naperville	State IL	Zip Code 60540-5418
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

**Transaction ID : D37009553E364E828F16**

Amount of Each Receipt this Period  
41.67

**B. Joseph Towers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 412 S Columbia St

City Naperville	State IL	Zip Code 60540-5418
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2015

**Transaction ID : 71F37690CE8E4B13BBAC**

Amount of Each Receipt this Period  
41.67

**C. Feodor Ung**  
Full Name (Last, First, Middle Initial)  
Mailing Address 711 Wellner Rd

City Naperville	State IL	Zip Code 60540-6727
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1014.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2015

**Transaction ID : 187D643C05CB47CDA598**

Amount of Each Receipt this Period  
39.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.34
<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 171 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Feodor Ung</b>		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : E9CECAD03C7548F08085</b>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Feodor Ung</b>		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 8DADFEE274B64C06B7FC</b>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Feodor Ung</b>		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : F909E4DE366043A797C9</b>
Name of Employer DuPage Medical Group, Ltd.	Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="1014.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 172 OF 193
	<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. Feodor Ung**  
Full Name (Last, First, Middle Initial)

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : 7EF97968190C458BDBC6**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015

**Transaction ID : E8D86DEB95354EA09618**

Amount of Each Receipt this Period  
 39.00

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

Mailing Address 711 Wellner Rd

City Naperville State IL Zip Code 60540-6727

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : 667DCA53D19A40988E5D**

Amount of Each Receipt this Period  
 39.00

<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 173 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Feodor Ung</b>		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C0852681C5E947318A59</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Feodor Ung</b>		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : B86B7FAD389649BEA90D</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Feodor Ung</b>		Date of Receipt
Mailing Address 711 Wellner Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Naperville	State IL	Zip Code 60540-6727
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : B4AA78F14DD74919BB87</b>
Name of Employer DuPage Medical Group, Ltd.		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1014.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 174 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Feodor Ung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Wellner Rd  
 City Naperville State IL Zip Code 60540-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00  
 Date of Receipt 11 / 19 / 2015  
**Transaction ID : D7A96D16FC3044889AF2**  
 Amount of Each Receipt this Period 39.00

**B. Feodor Ung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Wellner Rd  
 City Naperville State IL Zip Code 60540-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00  
 Date of Receipt 12 / 03 / 2015  
**Transaction ID : B72DC297367E4550B195**  
 Amount of Each Receipt this Period 39.00

**C. Feodor Ung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Wellner Rd  
 City Naperville State IL Zip Code 60540-6727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00  
 Date of Receipt 12 / 17 / 2015  
**Transaction ID : 9B82526A06E4430499CF**  
 Amount of Each Receipt this Period 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Van Vallina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Lorraine St  
City Glen Ellyn State IL Zip Code 60137-5326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 09 / 2015  
**Transaction ID : 5C1935ACC75E4FD08DFF**  
Amount of Each Receipt this Period  
39.00

**B. Van Vallina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Lorraine St  
City Glen Ellyn State IL Zip Code 60137-5326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015  
**Transaction ID : 27AD5B5CB2F64385AC03**  
Amount of Each Receipt this Period  
39.00

**C. Van Vallina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 241 Lorraine St  
City Glen Ellyn State IL Zip Code 60137-5326  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2015  
**Transaction ID : AAE8C4065A5D49959745**  
Amount of Each Receipt this Period  
39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 193
	<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. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 08 / 20 / 2015  
**Transaction ID : 7738DFF3462D4B3F81DD**  
 Amount of Each Receipt this Period  
 39.00

**B. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 09 / 03 / 2015  
**Transaction ID : 1480D4D4F3BC49BEB594**  
 Amount of Each Receipt this Period  
 39.00

**C. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : DFE7CC4B3AC049F4B53C**  
 Amount of Each Receipt this Period  
 39.00

<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 177 OF 193
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 7263FFEC550C459D968E**  
 Amount of Each Receipt this Period  
 39.00

**B. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
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 10 / 09 / 2015  
**Transaction ID : 1052590F7D2249519BE5**  
 Amount of Each Receipt this Period  
 39.00

**C. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
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 10 / 29 / 2015  
**Transaction ID : E326797514874276A4F5**  
 Amount of Each Receipt this Period  
 39.00

<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: PAGE 178 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
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 11 / 05 / 2015  
**Transaction ID : 79326E8060EE44CF8D19**  
 Amount of Each Receipt this Period  
 39.00

**B. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
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 11 / 19 / 2015  
**Transaction ID : 0F9439DA189642BE91AD**  
 Amount of Each Receipt this Period  
 39.00

**C. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : F4EE724AE8D54B7F913D**  
 Amount of Each Receipt this Period  
 39.00

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

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

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

FOR LINE NUMBER: PAGE 179 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Van Vallina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Lorraine St  
 City State Zip Code  
 Glen Ellyn IL 60137-5326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1014.00

Date of Receipt  
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 12 / 17 / 2015  
**Transaction ID : C90ECA25398A4989BBDB**  
 Amount of Each Receipt this Period  
 39.00

**B. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Midwest Club Pkwy  
 City State Zip Code  
 Oak Brook IL 60523-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
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 07 / 09 / 2015  
**Transaction ID : 87B9BE7C2A81491A8F54**  
 Amount of Each Receipt this Period  
 20.00

**C. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Midwest Club Pkwy  
 City State Zip Code  
 Oak Brook IL 60523-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DuPage Medical Group, Ltd. Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
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**Transaction ID : D2684BC7EB64448CBF12**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 193
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : D7ED278273FC405C8E6A**  
 Amount of Each Receipt this Period  
 20.00

**B. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : DB7CA2E208504344A382**  
 Amount of Each Receipt this Period  
 20.00

**C. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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 09 / 03 / 2015  
**Transaction ID : 1872858CE3A347F490B6**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: PAGE 181 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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**Transaction ID : FAE70B5A66724AA983A0**  
 Amount of Each Receipt this Period  
 20.00

**B. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : AD4B33E63BCF4A7E880F**  
 Amount of Each Receipt this Period  
 20.00

**C. Jaime Villanueva**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Midwest Club Pkwy  
 City Oak Brook State IL Zip Code 60523-2522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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 10 / 09 / 2015  
**Transaction ID : 827B275D417441F3923E**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 182 OF 193  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Jaime Villanueva**

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
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Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015  
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Amount of Each Receipt this Period  
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Full Name (Last, First, Middle Initial)  
**B. Jaime Villanueva**

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
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11 / 05 / 2015  
**Transaction ID : 4D834960C3FA4B03922E**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Jaime Villanueva**

Mailing Address 1610 Midwest Club Pkwy

City State Zip Code  
Oak Brook IL 60523-2522

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

Name of Employer Occupation  
DuPage Medical Group, Ltd. Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015  
**Transaction ID : ABC155F1BB984FA78239**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 193
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Jaime Villanueva**  
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : B78402D0A14B47B18B1C**

Amount of Each Receipt this Period  
 20.00

**B. Jaime Villanueva**  
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Midwest Club Pkwy

City Oak Brook State IL Zip Code 60523-2522

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : 9994B3EA8A8B499287F4**

Amount of Each Receipt this Period  
 20.00

**C. Caroline Wolfe**  
Full Name (Last, First, Middle Initial)

Mailing Address 132 E Fremont Ave

City Elmhurst State IL Zip Code 60126-2324

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

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : CD36E06093724D618977**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

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

FOR LINE NUMBER: PAGE 184 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 17 / 2015  
**Transaction ID : BF8A7EB12B2E41798216**  
 Amount of Each Receipt this Period 20.00

**B. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 30 / 2015  
**Transaction ID : B56057BF3B864CDEB037**  
 Amount of Each Receipt this Period 20.00

**C. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 08 / 20 / 2015  
**Transaction ID : D94BCCEBEC13422CB97B**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 09 / 03 / 2015  
**Transaction ID : AF9AB979B7CB442CB49D**  
 Amount of Each Receipt this Period 20.00

**B. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 09 / 10 / 2015  
**Transaction ID : 79D5BB3E66CE41FBA00A**  
 Amount of Each Receipt this Period 20.00

**C. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 10 / 01 / 2015  
**Transaction ID : DF5C9A1AC92A4A0894D4**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 361A2FCA8F524C66AF69**  
 Amount of Each Receipt this Period  
 20.00

**B. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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 10 / 29 / 2015  
**Transaction ID : 2132075D0E234A0381B2**  
 Amount of Each Receipt this Period  
 20.00

**C. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
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**Transaction ID : 881BA47A442A4F378D66**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : F5BA3C067EEA4A4F9482**  
 Amount of Each Receipt this Period  
 20.00

**B. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : BCF31558852B42BFA5F9**  
 Amount of Each Receipt this Period  
 20.00

**C. Caroline Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 E Fremont Ave  
 City Elmhurst State IL Zip Code 60126-2324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015  
**Transaction ID : DBB315937B784D91BD9D**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : 3146A4FA7B9D4B50B635**  
 Amount of Each Receipt this Period  
 20.83

**B. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : B3B1648645434D1D8A5C**  
 Amount of Each Receipt this Period  
 20.83

**C. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : B62F1E39C02B4EEFA38D**  
 Amount of Each Receipt this Period  
 20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.49  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 193
	<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. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 08 / 20 / 2015  
**Transaction ID : 5ADD4921E5F644578BAC**  
 Amount of Each Receipt this Period  
 20.83

**B. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 09 / 03 / 2015  
**Transaction ID : F7FE2B8B29124F43A7DA**  
 Amount of Each Receipt this Period  
 20.83

**C. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : C1D4159F9B6E4B1A9575**  
 Amount of Each Receipt this Period  
 20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.49  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2015  
**Transaction ID : 1EFAC19331324A8189D2**  
 Amount of Each Receipt this Period  
 20.83

**B. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015  
**Transaction ID : 863D059F25E04E26A39A**  
 Amount of Each Receipt this Period  
 20.83

**C. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : C98FE5F9243648E2A077**  
 Amount of Each Receipt this Period  
 20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.49  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 193  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 89A7244F4B3846C5B153**  
 Amount of Each Receipt this Period  
 20.83

**B. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : F3991670AE474AB295EB**  
 Amount of Each Receipt this Period  
 20.83

**C. Andrew Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 Mitchell Cir  
 City Wheaton State IL Zip Code 60189-5928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DuPage Medical Group, Ltd. Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : B39D0BB3E77A44F8BE77**  
 Amount of Each Receipt this Period  
 20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.49  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 193  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Yu**

Mailing Address 76 Mitchell Cir

City Wheaton State IL Zip Code 60189-5928

FEC ID number of contributing federal political committee. **C**

Name of Employer DuPage Medical Group, Ltd. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : 1B984323DDC7459B8305**

Amount of Each Receipt this Period  
**20.83**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>20.83</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>17025.91</b>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**DuPage Medical Group LTD PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens for Chris Nybo**

Mailing Address 444 S. MITCHELL AVENUE

City Elmhurst State IL Zip Code 60126

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2015

Transaction ID : 1AF5E1C0BD62AAF167E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Dan Cronin**

Mailing Address 313 S Main St

City Lombard State IL Zip Code 60148

Purpose of Disbursement  
Nonfederal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2015

Transaction ID : F4509265D7B94EA8A26

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

**TOTAL** This Period (last page this line number only)..... ▶

2000.00