

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

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

FOR LINE NUMBER: PAGE 37 OF 60

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

**A. Oakley, James, , ,**

Mailing Address 605 S Grant St

City  
Hinsdale

State  
IL

Zip Code  
60521-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DuPage Medical Group, Ltd.

Occupation (for Individual)  
Physician/Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2019

**Transaction ID : 5578D2BC3998479298DC**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Oakley, James, , ,**

Mailing Address 605 S Grant St

City  
Hinsdale

State  
IL

Zip Code  
60521-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DuPage Medical Group, Ltd.

Occupation (for Individual)  
Physician/Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

**Transaction ID : AE0881FD480A4AB7A44E**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Oakley, James, , ,**

Mailing Address 605 S Grant St

City  
Hinsdale

State  
IL

Zip Code  
60521-4453

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DuPage Medical Group, Ltd.

Occupation (for Individual)  
Physician/Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

**Transaction ID : FDA1829617914EA2AB56**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00