

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

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

FOR LINE NUMBER: PAGE 81 OF 131

(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 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 ▼

575.00

Date of Receipt

08 / 23 / 2019

Transaction ID : F1D092B932D842959F33

Amount of Each Receipt this Period

75.00

☐ 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 ▼

575.00

Date of Receipt

09 / 20 / 2019

Transaction ID : 8B641F5F3EA34F3FA258

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 ▼

575.00

Date of Receipt

09 / 27 / 2019

Transaction ID : 184F194A841A4597BC59

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)..... ►

125.00