

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 131  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

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

Mailing Address 605 S Grant St

City  
HinsdaleState  
ILZip Code  
60521-4453FEC 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

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

Transaction ID : A2D01006E1BE436F8EF2

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  
HinsdaleState  
ILZip Code  
60521-4453FEC 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

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2019

Transaction ID : A745BCF7771940F29B32

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  
HinsdaleState  
ILZip Code  
60521-4453FEC 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

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2019

Transaction ID : 41CD8191C09749548CE2

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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