

# **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)

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☒ 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 ▼

575.00

Date of Receipt

11 / 22 / 2019

**Transaction ID : 50EE4FF24A36454283F0**

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 ▼

575.00

Date of Receipt

12 / 09 / 2019

**Transaction ID : A42F251313DA47FAA9A2**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Philip, Mathew, , ,**

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 (for Individual)  
DuPage Medical Group, Ltd.

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

975.00

Date of Receipt

08 / 09 / 2019

**Transaction ID : 644E967EA4E1466CA1FF**

Amount of Each Receipt this Period

39.00

☐ Memo Item

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

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

89.00