PAGE 1 / 10

Image# 201509119001636043

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An Aut	horized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
SUPERIOR AIR-GROUND	AMBULANCE SERVICE I	NC EMPLOYEES PAC	(SUPERIOR AMBU	LANCE EMPLOYEES P
ADDRESS (number and street)	395 WEST LAKE STREET			
Check if different than previously reported. (ACC)	ELMHURST			60126
2. FEC IDENTIFICATION N	UMBER ▼ CI	ГУ▲	STATE ▲	ZIP CODE ▲
C C00545558		S THIS X NEV	OR AM	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (0	01)	20 (M4) Jul	20 (M7) Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	(C) 12-Day	Primary (12P) Convention (120)	General (Special (
October 15 Quarterly Report (0 January 31	23)	M = M / D		in the
Year-End Report (\) July 31 Mid-Year		on on		State of
Report (Non-electic Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Election	on on M=M/	= D / Y = Y = Y = Y	in the State of
5. Covering Period 08	M / D D / Y Y Y Y Y Y B 2015	through	08 31	2015
I certify that I have examined the	nis Report and to the best of	f my knowledge and beli	ef it is true, correct and	I complete.
Type or Print Name of Treasure	Francis J. Leonard			
Signature of Treasurer Fran	ncis J. Leonard	[Electronically Fi	ded] Date 09	/ D D / Y Y Y Y Y 111 2015
NOTE: Submission of false, erron	eous, or incomplete informatio	n may subject the person	signing this Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES P

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Han			3604.55
(b) Cash on Hand Beginning of	d at Reporting Period	2783.55	
(c) Total Receipts	s (from Line 19)	1236.00	11210.00
6(c) for Colum	Lines 6(b) and nn A and Lines for Column B)	4019.55	14814.55
Total Disbursemen	nts (from Line 31)	3556.24	14351.24
Cash on Hand at Reporting Period (subtract Line 7 from	Close of om Line 6(d))	463.31	463.31
Debts and Obligat the Committee (Ite Schedule C and/o		0.00	
Debts and Obligat the Committee (Ite Schedule C and/o		0.00	

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

SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES P

I. Receipts	COLUMN B Calendar Year-to-Date		
	1116 00	10532.00	
(i) Itemized (use Schedule A)	1110.00	7 7 7	
(ii) Unitemized	120.00	678.00	
Lines 11(a)(i) and (ii)	1236.00	11210.00	
Political Party Committees	0.00	0.00	
Other Political Committees (such as PACs)	0.00	0.00	
Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1236.00	11210.00	
	0.00	0.00	
Loans Received	0.00	0.00	
n Repayments Received	0.00	0.00	
· ·			
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	
unds of Contributions Made			
ederal Candidates and Other			
tical Committees	0.00	0.00	
er Federal Receipts			
ridends, Interest, etc.)	0.00	0.00	
nsfers from Non-Federal and Levin Funds			
Non-Federal Account			
(from Schedule H3)	0.00	0.00	
Levin Funds (from Schedule H5)	0.00	0.00	
Total Transfers (add 18(a) and 18(b))	0.00	0.00	
	Political Party Committees Other Political Committees (such as PACs)	Individuals/Persons Other	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period			
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	0.00	70.00		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	70.00		
2.	Transfers to Affiliated/Other Party		10.00		
	Committees	0.00	0.00		
3.	Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	7500.00		
4.	Independent Expenditures	0.00	0.00		
5.	(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
^	Lasa Baranasata Mada	0.00	0.00		
ο.	Loan Repayments Made	0.00	0.00		
7.	Loans MadeRefunds of Contributions To:	0.00	0.00		
Ο.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	man Folitical Committees	0.00			
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(00011 00 17100)	7	7		
	(d) Total Contribution Refunds	0.00			
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
9.	Other Disbursements	1556.24	6781.24		
)	Federal Election Activity (2 U.S.C. §431(20))				
٠.	(a) Allocated Federal Election Activity				
	(from Schedule H6)		200		
	(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		
1.	Total Disbursements (add Lines 21(c), 22,				
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3556.24	14351.24		
2.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	3556.24	14351.24		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1236.00	11210.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1236.00	11210.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	70.00
'. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page

6 OF 10

12 14 13 15 16 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) SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES P Full Name (Last, First, Middle Initial) David L. Curtis Date of Receipt Mailing Address 1217 Triple Crown Court 07 2015 City State Zip Code Transaction ID: SA11AI.4530 **Bantlett** IL 60103 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Contribution Name of Employer Occupation Superior Ambulance Paramedic Receipt For: Aggregate Year-to-Date ▼ Primary General 1700.00 Other (specify) Full Name (Last, First, Middle Initial) B. David L. Curtis Date of Receipt Mailing Address 1217 Triple Crown Court 08 21 2015 City State Zip Code Transaction ID: SA11AI.4534 IL **Bantlett** 60103 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Contribution Name of Employer Occupation Superior Ambulance Paramedic Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mary Franco Date of Receipt Mailing Address 395 W. Lake Street 80 07 2015 City State Zip Code Transaction ID: SA11AI.4531 IL **Elmhurst** 60126 Amount of Each Receipt this Period FEC ID number of contributing C 104.00 federal political committee. Contribution Name of Employer Occupation VΡ Superior Ambulance Receipt For: Aggregate Year-to-Date ▼ Primary General 1664.00 Other (specify) 304.00 SUBTOTAL of Receipts This Page (optional).....

- 9

9

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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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) SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES P Full Name (Last, First, Middle Initial) Mary Franco Date of Receipt Mailing Address 395 W. Lake Street 2015 21 City State Zip Code Transaction ID: SA11AI.4535 IL **Elmhurst** 60126 Amount of Each Receipt this Period FEC ID number of contributing C 104.00 federal political committee. Contribution Name of Employer Occupation VΡ Superior Ambulance Receipt For: Aggregate Year-to-Date ▼ Primary General 1768.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kimberly Pate Godden Date of Receipt Mailing Address 2135 W. Walton Street 08 31 2015 City State Zip Code Transaction ID: SA11AI.4545 IL Chicago 60622 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. contribution Name of Employer Occupation Superior Air Ground Ambulance Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mike Tillman Date of Receipt Mailing Address 39 Dorset Court 80 07 2015 City State Zip Code Transaction ID: SA11AI.4532 IL Glen Ellyn 60137 Amount of Each Receipt this Period FEC ID number of contributing C 104.00 federal political committee. Contribution Name of Employer Occupation VΡ Superior Ambulance Receipt For: Aggregate Year-to-Date ▼ Primary General 1768.00 Other (specify) 708.00 SUBTOTAL of Receipts This Page (optional).....

- 9

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 NOMBER (check only one)

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		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.

or for c	commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	ME OF COMMITTEE (In Full) PERIOR AIR-GROUND AMBULANC	E SERVICE INC EMPLOYEES PAC (SUI	PERIOR AMBULANCE EMPLOYEES P
1 . <u>Mi</u>	Name (Last, First, Middle Initial) ke Tillman ling Address 39 Dorset Court		Date of Receipt
FEC fede Nan Sup	en Ellyn C ID number of contributing eral political committee. The of Employer erior Ambulance eipt For: Primary General Other (specify)	State Zip Code IL 60137 C Occupation VP Aggregate Year-to-Date ▼ 1872.00	7 Transaction ID: SA11AI.4536 Amount of Each Receipt this Period 104.00 Contribution
3	Name (Last, First, Middle Initial)	State Zip Code	Date of Receipt
fede	C ID number of contributing eral political committee.	Occupation	Amount of Each Receipt this Period
Rec	eipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
)	Name (Last, First, Middle Initial) ling Address	State Zip Code	Date of Receipt
FEC fede	C ID number of contributing eral political committee.	Occupation	Amount of Each Receipt this Period
Rec	eipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBT	OTAL of Receipts This Page (optional)	····	104.00
TOTA	L This Period (last page this line number o	nly)	1116.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for or commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from such contributions of the purpose of Disbursement Transaction ID: SB23.4538 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: Senate Presi	SCHEDULE B (FEC Form 3X)	Han announts of the Co.	FOR LINE	NUMBER:	PAGE 9 OF 10
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) SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES Full Name (Last, First, Middle Initial) A. DOLD FOR CONGRESS Mailing Address PO BOX 6312 City State Zip Code Lie 60048 Purpose of Disbursement contribution Candidate Name Category/ Type Category/ T	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	21b	22 🗙 23	
NAME OF COMMITTEE (In Full) SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES F Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Cariodate Name Office Sought: House Senate President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State Zip Code Disbursement For: 2016 Category' Type Office Sought: House Senate President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Amount of Each Disbursement this Period Category's Type Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate Primary Senate Primary Se					
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Mailing Address PO BOX 6312 City State Zip Code IL 60048 Purpose of Disbursement contribution Candidate Name Category/ Type President State: IL District: 10 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Category/ Type Disbursement For: 2016 Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) State: District: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: President Disbursement For: Senate Primary General Primary General Category/ Type Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Category/ Type Category/ Type Office Sought: President Disbursement Tor: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: District: Other (specify) ▼ Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Category/ Type					
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LIBERTYVILLE Purpose of Disbursement Candidate Name Candidate Name City Mailing Address City State: Disbursement City State: Disbursement Disbursement City State: Disbursement Disbursement City State Disbursement Category/ Type Transaction ID: S823.4538 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Disbursement Disbursement Category/ Type Disbursement Disbursement Category/ Type Disbursement Disbursement Disbursement Category/ Type Disbursement	Mailing Address PO BOX 6312			08 11	2015
Date of Disbursement Candidate Name ROBERT JAMES JR DOLD Office Sought:	•			Transaction ID : 9	SB23 4538
Contribution Candidate Name ROBERT JAMES JR DOLD Office Sought:		IL 60048		Transaction ib .	OB20.4000
ROBERT JAMES JR DOLD Office Sought: House Prisident State: IL District: 10 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House President Primary General Primary General President Other (specify) State: District: Dist				Amount of Each Di	sbursement this Period
Office Sought:					2000.00
Senate		nent For: 2016	Туре	-	7
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Hor: General Other (specify) Full Name (Last, First, Middle Initial) Category/ Type District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: General Other (specify) Office Sought: House Disbursement For: General Other (specify) Office Sought: District: District: Primary General Other (specify) Office Sought: Disbursement For: General Other (specify) Office Sought: District: District: Primary General Other (specify) Ot	Senate	Primary General			
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Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Disbursement For: Senate Primary General Other (specify) ▼ State: District:	Mailing Address				
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Candidate Name Category/ Type	Purpose of Disbursement			Amount of Each Di	ishursoment this Period
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Amount of Each Disbursement this Period Category/ Type Other (specify) State: District: Other (specify) State: District:	Candidate Name			Amount of Each Di	Spursement this 1 enou
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) State: District:	Senate President	Primary General			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Other (specify) State: District:	C.			Date of Disburseme	ent
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Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period	City	State Zip Code			
Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Purpose of Disbursement				
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	Candidate Name				
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General	71.		
SUBTUTAL OF DISpursements This Page (optional)					2000.00
	SUBTUTAL OF DISpursements This Page (optional)		······		

SCHEDULE B (FEC Form 3X)	The employer of the L.C.	FOR LINE	NUMBER: PAGE 10 OF 10
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) SUPERIOR AIR-GROUND AMBULANCE SI			
Full Name (Last, First, Middle Initial) 1. SUPERIOR AIR-GROUND AMBULANCE SERVICE AMBULANCE EMPLOYEES P	INC EMPLOYEES PAC (SU	IPERIOR	Date of Disbursement
Mailing Address 395 WEST LAKE STREET			08 31 2015
ELMHURST	tate Zip Code IL 60126		Transaction ID : SB29.4542
Purpose of Disbursement Expenses for fundraiser			Amount of Each Disbursement this Period
Candidate Name LAHOOD FOR CONGRESS	_	Category/ Type	1556.24
Senate President	nent For: 2016 Primary General Other (specify)		
State: IL District: 18 Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	tate Zip Code		
Purpose of Disbursement		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
President	nent For: Primary General Other (specify)	71-	
State: District: Full Name (Last, First, Middle Initial)			
C. 			Date of Disbursement
Mailing Address			
•	tate Zip Code		
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Type	
SUBTOTAL of Disbursements This Page (optional)			1556.24
TOTAL This Period (last page this line number only).			1556.24