

**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)	PAGE 6 OF 8
	<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)  
**SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES P**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Curtis, David L., , ,</b>			Date of Receipt
Mailing Address 1217 Triple Crown Court			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Bantlett	State IL	Zip Code 60103	<b>Transaction ID : SA11AI.4880</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Superior Ambulance		Occupation (for Individual) Paramedic	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1400.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Curtis, David L., , ,</b>			Date of Receipt
Mailing Address 1217 Triple Crown Court			<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2017"/>
City Bantlett	State IL	Zip Code 60103	<b>Transaction ID : SA11AI.4886</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Superior Ambulance		Occupation (for Individual) Paramedic	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Franco, Mary, , ,</b>			Date of Receipt
Mailing Address 395 W. Lake Street			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2017"/>
City Elmhurst	State IL	Zip Code 60126	<b>Transaction ID : SA11AI.4882</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="104.00"/>
Name of Employer (for Individual) Superior Ambulance		Occupation (for Individual) VP	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1456.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="304.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>