

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

|   |                               |
|---|-------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 OF 10 |
|   | (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   |                               |

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**

**A. Curtis, David L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1217 Triple Crown Court  
 City Bantlett State IL Zip Code 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Superior Ambulance Occupation (for Individual) Paramedic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.4932**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Curtis, David L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1217 Triple Crown Court  
 City Bantlett State IL Zip Code 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Superior Ambulance Occupation (for Individual) Paramedic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 24 / 2017  
**Transaction ID : SA11AI.4939**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Franco, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 W. Lake Street  
 City Elmhurst State IL Zip Code 60126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Superior Ambulance Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 10 / 10 / 2017  
**Transaction ID : SA11AI.4934**  
 Amount of Each Receipt this Period 104.00  
 Memo Item contribution

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 304.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |