

**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 9 OF 10
	<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

A. Wolber, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Ovaltine Ct.
 City Villa Park State IL Zip Code 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Occupation (for Individual) Operations Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.4938
 Amount of Each Receipt this Period 38.47
 Memo Item contribution

B. Wolber, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Ovaltine Ct.
 City Villa Park State IL Zip Code 60181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Occupation (for Individual) Operations Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.35

Date of Receipt 10 / 24 / 2017
Transaction ID : SA11AI.4944
 Amount of Each Receipt this Period 38.47
 Memo Item contribution

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.94
TOTAL This Period (last page this line number only).....	902.94