

# **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 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

A. Collins, Jeffrey, , ,

Mailing Address 1810 Whispering Oaks Court

City  
PlainfieldState  
ILZip Code  
60586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Superior Air Ground AmbulanceOccupation (for Individual)  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2020

Transaction ID : SA11AI.5722

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution

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

B. Collins, Jeffrey, , ,

Mailing Address 1810 Whispering Oaks Court

City  
PlainfieldState  
ILZip Code  
60586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Superior Air Ground AmbulanceOccupation (for Individual)  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2020

Transaction ID : SA11AI.5723

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution

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

C. Collins, Jeffrey, , ,

Mailing Address 1810 Whispering Oaks Court

City  
PlainfieldState  
ILZip Code  
60586FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Superior Air Ground AmbulanceOccupation (for Individual)  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2020

Transaction ID : SA11AI.5724

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution

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

75.00

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