

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES P

ADDRESS (number and street) 395 WEST LAKE STREET
Check if different than previously reported. (ACC) ELMHURST IL 60126

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00545558 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2026 through 05 / 31 / 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Frasca, Darren, , ,

Signature of Treasurer Frasca, Darren, , , Date 06 / 09 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>	<input type="text" value=""/>	<input type="text" value="12124.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9367.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2528.91"/>	<input type="text" value="9272.67"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="11896.70"/>	<input type="text" value="21396.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="9500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11896.70"/>	<input type="text" value="11896.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2368.91	9112.67
(ii) Unitemized	160.00	160.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2528.91	9272.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2528.91	9272.67
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2528.91	9272.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2528.91	9272.67

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	9500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	9500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2528.91	9272.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2528.91	9272.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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 15
	<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. Ablan, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 Mulford Lane
 City Roselle State IL Zip Code 60172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air-Ground Ambulance Occupation (for Individual) Director of Strategic Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5373
 Amount of Each Receipt this Period 25.00
 Memo Item
 Contribution

B. Ablan, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 Mulford Lane
 City Roselle State IL Zip Code 60172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air-Ground Ambulance Occupation (for Individual) Director of Strategic Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5381
 Amount of Each Receipt this Period 25.00
 Memo Item
 Contribution

C. Ablan, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 Mulford Lane
 City Roselle State IL Zip Code 60172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air-Ground Ambulance Occupation (for Individual) Director of Strategic Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5382
 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).....▶	

**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 7 OF 15
	<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. Beskow, Theodore, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36074 N. James Ct.
 City Ingelside State IL Zip Code 60041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Operations Manger - Metro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5374
 Amount of Each Receipt this Period 30.00
 Memo Item
 Contribution

B. Beskow, Theodore, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36074 N. James Ct.
 City Ingelside State IL Zip Code 60041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Operations Manger - Metro
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5383
 Amount of Each Receipt this Period 30.00
 Memo Item
 Contribution

C. Beskow, Theodore, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36074 N. James Ct.
 City Ingelside State IL Zip Code 60041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Operations Manger - Metro
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5384
 Amount of Each Receipt this Period 30.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	90.00
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 NUMBER: (check only one)	PAGE 8 OF 15
	<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 A. Fleming, Ellen, , ,			Date of Receipt												
Mailing Address 2113 Marywood Drive			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>01</td> <td></td> <td>2026</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	05		01		2026
M M M	/	D D D	/	Y Y Y Y Y Y											
05		01		2026											
City Royal Oak		State MI	Zip Code 48073												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.5372												
Name of Employer (for Individual) Smithfield Foods		Occupation (for Individual) Corporate Accreditation Manager													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 25.00													
		<input type="checkbox"/> Memo Item Contribution													
		Aggregate Year-to-Date ▼ 225.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fleming, Ellen, , ,			Date of Receipt												
Mailing Address 2113 Marywood Drive			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>15</td> <td></td> <td>2026</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	05		15		2026
M M M	/	D D D	/	Y Y Y Y Y Y											
05		15		2026											
City Royal Oak		State MI	Zip Code 48073												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.5385												
Name of Employer (for Individual) Smithfield Foods		Occupation (for Individual) Corporate Accreditation Manager													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 25.00													
		<input type="checkbox"/> Memo Item Contribution													
		Aggregate Year-to-Date ▼ 250.00													

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Fleming, Ellen, , ,			Date of Receipt												
Mailing Address 2113 Marywood Drive			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>29</td> <td></td> <td>2026</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	05		29		2026
M M M	/	D D D	/	Y Y Y Y Y Y											
05		29		2026											
City Royal Oak		State MI	Zip Code 48073												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11AI.5386												
Name of Employer (for Individual) Smithfield Foods		Occupation (for Individual) Corporate Accreditation Manager													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 25.00													
		<input type="checkbox"/> Memo Item Contribution													
		Aggregate Year-to-Date ▼ 275.00													

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 NUMBER: (check only one)	PAGE 9 OF 15
<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. 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 ▼ 1728.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5379
 Amount of Each Receipt this Period 192.00
 Memo Item
 Contribution

B. 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 ▼ 1920.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5387
 Amount of Each Receipt this Period 192.00
 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 ▼ 2112.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5390
 Amount of Each Receipt this Period 192.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	576.00
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 NUMBER: (check only one)	PAGE 10 OF 15
<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. Frasca, Darren, , ,
 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 Air-Ground Ambulance Occupation (for Individual) VP of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5378
 Amount of Each Receipt this Period 192.00
 Memo Item
 Contribution

B. Frasca, Darren, , ,
 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 Air-Ground Ambulance Occupation (for Individual) VP of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5391
 Amount of Each Receipt this Period 192.00
 Memo Item
 Contribution

C. Frasca, Darren, , ,
 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 Air-Ground Ambulance Occupation (for Individual) VP of Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2112.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5392
 Amount of Each Receipt this Period 192.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	576.00
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 NUMBER: (check only one)	PAGE 11 OF 15
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Godden, Kimberly, Pate, ,

Mailing Address 2135 W. Walton Street

City Chicago	State IL	Zip Code 60622
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Superior Air Ground Ambulance	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1728.00

Date of Receipt
 05 / 01 / 2026
Transaction ID : SA11AI.5380

Amount of Each Receipt this Period
 192.00

Memo Item
 Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Godden, Kimberly, Pate, ,

Mailing Address 2135 W. Walton Street

City Chicago	State IL	Zip Code 60622
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Superior Air Ground Ambulance	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1920.00

Date of Receipt
 05 / 15 / 2026
Transaction ID : SA11AI.5393

Amount of Each Receipt this Period
 192.00

Memo Item
 Contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Godden, Kimberly, Pate, ,

Mailing Address 2135 W. Walton Street

City Chicago	State IL	Zip Code 60622
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Superior Air Ground Ambulance	Occupation (for Individual) Vice President
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 2112.00

Date of Receipt
 05 / 29 / 2026
Transaction ID : SA11AI.5394

Amount of Each Receipt this Period
 192.00

Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	576.00
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 NUMBER: (check only one)	PAGE 12 OF 15
<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. Hermes, Heidi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Margarett Street
 City Wilmington State IL Zip Code 60481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Executive Director of Business Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5377
 Amount of Each Receipt this Period 50.00
 Memo Item
 Contribution

B. Hermes, Heidi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Margarett Street
 City Wilmington State IL Zip Code 60481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Executive Director of Business Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5395
 Amount of Each Receipt this Period 50.00
 Memo Item
 Contribution

C. Hermes, Heidi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Margarett Street
 City Wilmington State IL Zip Code 60481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Executive Director of Business Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5396
 Amount of Each Receipt this Period 50.00
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
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 NUMBER: (check only one)	PAGE 13 OF 15
<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. Hill, Blanche, , ,
 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 Air Ground Ambulance Occupation (for Individual) Senior Finance Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5398
 Amount of Each Receipt this Period 20.00
 Memo Item
 Contribution

B. Rose, Julie, Anne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1123 Chestnut Drive
 City Ashtabula State OH Zip Code 44004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Director of Policy and Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5376
 Amount of Each Receipt this Period 38.50
 Memo Item
 Contribution

C. Rose, Julie, Anne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1123 Chestnut Drive
 City Ashtabula State OH Zip Code 44004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Director of Policy and Advocacy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5403
 Amount of Each Receipt this Period 38.50
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	97.00
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 NUMBER: (check only one)	PAGE 14 OF 15
<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. Rose, Julie, Anne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1123 Chestnut Drive
 City Ashtabula State OH Zip Code 44004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Director of Policy and Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.50

Date of Receipt 05 / 29 / 2026
Transaction ID : SA11AI.5404
 Amount of Each Receipt this Period 38.50
 Memo Item
 Contribution

B. Wolber, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Ovaltine Court
 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 Ambulance Occupation (for Individual) Operations Liason
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt 05 / 01 / 2026
Transaction ID : SA11AI.5375
 Amount of Each Receipt this Period 38.47
 Memo Item
 Contribution

C. Wolber, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Ovaltine Court
 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 Ambulance Occupation (for Individual) Operations Liason
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.70

Date of Receipt 05 / 15 / 2026
Transaction ID : SA11AI.5409
 Amount of Each Receipt this Period 38.47
 Memo Item
 Contribution

SUBTOTAL of Receipts This Page (optional).....	115.44
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 NUMBER: (check only one)	PAGE 15 OF 15
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Wolber, Kyle, , ,

Mailing Address 2100 Ovaltine Court

City Villa Park	State IL	Zip Code 60181
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Superior Air Ground Ambulance	Occupation (for Individual) Operations Liason
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 05 / 29 / 2026
Transaction ID : SA11AI.5410

Amount of Each Receipt this Period
 38.47

Memo Item
 Contribution

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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).....▶	38.47
TOTAL This Period (last page this line number only).....▶	2368.91