

**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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Tillman, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Dorset Court  
 City Glen Ellyn State IL Zip Code 60137  
 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 ▼ 312.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2017  
**Transaction ID : SA11AI.4796**  
 Amount of Each Receipt this Period 104.00  
 Memo Item contribution

**B. Tillman, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Dorset Court  
 City Glen Ellyn State IL Zip Code 60137  
 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 ▼ 416.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2017  
**Transaction ID : SA11AI.4801**  
 Amount of Each Receipt this Period 104.00  
 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  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	208.00
<b>TOTAL</b> This Period (last page this line number only).....	816.00