

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 12
 (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
Plainfield

State
IL

Zip Code
60586

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Superior Air Ground Ambulance

Occupation (for Individual)
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 06 / 07 / 2019

Transaction ID : SA11AI.4719

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
Plainfield

State
IL

Zip Code
60586

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Superior Air Ground Ambulance

Occupation (for Individual)
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
 06 / 21 / 2019

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

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

C. Curtis, David, L., ,

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 Air Ground Ambulance

Occupation (for Individual)
Paramedic

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
 06 / 07 / 2019

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

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

150.00