

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:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> 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:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 01 2014 through 02 28 2014

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 Kevin Plowman

Signature of Treasurer Kevin Plowman [Electronically Filed] Date 03 07 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="140.15"/>	<input type="text" value="140.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="883.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1185.46"/>	<input type="text" value="2028.52"/>
(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="2068.67"/>	<input type="text" value="2168.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="2100.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="68.67"/>	<input type="text" value="68.67"/>
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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).....	1144.66	1561.32
(ii) Unitemized	40.80	467.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1185.46	2028.52
(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)	1185.46	2028.52
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))..... ▶	1185.46	2028.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1185.46	2028.52

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	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	2000.00	2100.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	2000.00	2100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	2100.00

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)	1185.46	2028.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1185.46	2028.52
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 9
	<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. David L. Curtis
 Full Name (Last, First, Middle Initial)
 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 Superior Ambulance Occupation Paramedic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : SA11AI.4160
 Amount of Each Receipt this Period
 104.00
 contribution

B. Mary Franco
 Full Name (Last, First, Middle Initial)
 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 Superior Ambulance Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : SA11AI.4161
 Amount of Each Receipt this Period
 104.00
 contribution

C. Mary Franco
 Full Name (Last, First, Middle Initial)
 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 Superior Ambulance Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2014
Transaction ID : SA11AI.4167
 Amount of Each Receipt this Period
 104.00
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	312.00
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 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kimberly Pate Godden
 Full Name (Last, First, Middle Initial)
 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 Superior Air Ground Ambulance Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 02 / 07 / 2014
Transaction ID : SA11AI.4159
 Amount of Each Receipt this Period 104.00
 contribution

B. Kimberly Pate Godden
 Full Name (Last, First, Middle Initial)
 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 Superior Air Ground Ambulance Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 02 / 21 / 2014
Transaction ID : SA11AI.4168
 Amount of Each Receipt this Period 104.00
 contribution

C. David B. Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Natoma Drive
 City Oak Brook State IL Zip Code 60523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Superior Air-Ground Amulance Occupation CEO / President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 07 / 2014
Transaction ID : SA11AI.4165
 Amount of Each Receipt this Period 416.66
 contribution

SUBTOTAL of Receipts This Page (optional).....▶	624.66
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 9
	<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 (Last, First, Middle Initial) A. Mike Tillman			Date of Receipt MM / DD / YYYY 02 / 07 / 2014 Transaction ID : SA11AI.4162
Mailing Address 39 Dorset Court			Amount of Each Receipt this Period 104.00 contribution
City Glen Ellyn	State IL	Zip Code 60137	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 208.00	
Name of Employer Superior Ambulance		Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mike Tillman			Date of Receipt MM / DD / YYYY 02 / 21 / 2014 Transaction ID : SA11AI.4171
Mailing Address 39 Dorset Court			Amount of Each Receipt this Period 104.00 contribution
City Glen Ellyn	State IL	Zip Code 60137	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 312.00	
Name of Employer Superior Ambulance		Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C.			Date of Receipt MM / DD / YYYY
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	208.00
TOTAL This Period (last page this line number only).....▶	1144.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR AIR-GROUND AMBULANCE SERVICE INC EMPLOYEES PAC (SUPERIOR AMBULANCE EMPLOYEES P

Full Name (Last, First, Middle Initial) A. Citizens for Antonio Munoz		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 3872 S Archer Ave		Transaction ID : SB29.4172
City Chicago	State IL	
Zip Code 60632	Purpose of Disbursement Contributor	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Don Harmon		Date of Disbursement MM / DD / YYYY 02 / 27 / 2014
Mailing Address 6933 W. North Avenue		Transaction ID : SB29.4174
City Oak Park	State IL	
Zip Code 60302	Purpose of Disbursement Contributor	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City	State	
Zip Code	Purpose of Disbursement Contributor	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	2000.00
TOTAL This Period (last page this line number only)..... ▶	2000.00