

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 14
(check only one)

<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. 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 ▼

600.00

Date of Receipt

11 / 22 / 2019

Transaction ID : SA11AI.5526

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

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

B. 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 ▼

2300.00

Date of Receipt

11 / 08 / 2019

Transaction ID : SA11AI.5533

Amount of Each Receipt this Period

100.00

☐ 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 ▼

2400.00

Date of Receipt

11 / 22 / 2019

Transaction ID : SA11AI.5534

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

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

225.00

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