

# 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2018 through  /  /  2018

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

Signature of Treasurer Leonard, Francis, J., , [Electronically Filed] Date  /  /  2018

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**

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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="2018"/>	<input type="text" value="3159.38"/>	<input type="text" value="3159.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4293.34"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1057.94"/>	<input type="text" value="10391.90"/>
(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="5351.28"/>	<input type="text" value="13551.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="10200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3351.28"/>	<input type="text" value="3351.28"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	1022.94	8489.05
(ii) Unitemized .....	35.00	1902.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1057.94	10391.90
(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) .....	1057.94	10391.90
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)).....▶	1057.94	10391.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1057.94	10391.90

**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.....	2000.00	9700.00
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	500.00
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)) ..	2000.00	10200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	10200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1057.94	10391.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1057.94	10391.90
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 12
<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. Brown, Andy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1227 E. Fifth Street  
 City Royal Oak State MI Zip Code 48067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.5204**  
 Amount of Each Receipt this Period 20.00  
 Memo Item contribution

**B. Brown, Andy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1227 E. Fifth Street  
 City Royal Oak State MI Zip Code 48067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Superior Air Ground Ambulance Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.5214**  
 Amount of Each Receipt this Period 20.00  
 Memo Item contribution

**C. Collins, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Ambulance Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.5208**  
 Amount of Each Receipt this Period 25.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> 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 12
	<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. Collins, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Ambulance Occupation (for Individual) General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.5218**  
 Amount of Each Receipt this Period 25.00  
 Memo Item contribution

**B. Curtis, David L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Ambulance Occupation (for Individual) Paramedic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.5199**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Curtis, David L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Ambulance Occupation (for Individual) Paramedic  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.5209**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> 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 12
	<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 ▼ 1976.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.5201**  
 Amount of Each Receipt this Period 104.00  
 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 ▼ 2080.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.5211**  
 Amount of Each Receipt this Period 104.00  
 Memo Item contribution

**C. Godden, Kimberly, Pate, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1900.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.5200**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	308.00
<b>TOTAL</b> 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 12
	<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. Godden, Kimberly, Pate, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 2000.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.5210**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. 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 Ambulance Occupation (for Individual) Senior Finance Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.5207**  
 Amount of Each Receipt this Period 20.00  
 Memo Item contribution

**C. 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 Ambulance Occupation (for Individual) Senior Finance Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.5217**  
 Amount of Each Receipt this Period 20.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> 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: PAGE 10 OF 12  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. 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
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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 ▼  
1976.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : SA11AI.5202**

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
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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 ▼  
2080.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.5212**

Amount of Each Receipt this Period  
104.00

Memo Item contribution

**C. Wolber, Kyle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 Ovaltine Ct.

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	Occupation (for Individual) Operations Liaison
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
730.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : SA11AI.5205**

Amount of Each Receipt this Period  
38.47

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	246.47
<b>TOTAL</b> 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: PAGE 11 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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Wolber, Kyle, , ,**

Mailing Address 2100 Ovaltine Ct.

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    Occupation (for Individual) Operations Liaison

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 769.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2018

**Transaction ID : SA11AI.5215**

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

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

**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).....▶	38.47
<b>TOTAL</b> This Period (last page this line number only).....▶	1022.94

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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) <b>A. RODNEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2018
Mailing Address PO BOX 344		FEC Identification Number C 000521948 <b>Transaction ID : SB23.5219</b>
City TAYLORVILLE	State IL	Zip Code 62568
Purpose of Disbursement contribution to federal candidate		Amount of Each Disbursement this Period 1000.00
Candidate Name DAVIS, RODNEY L, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 13	

Full Name (Last, First, Middle Initial) <b>B. SCHAKOWSKY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 04 / 2018
Mailing Address P.O. BOX 5130		FEC Identification Number C 000327023 <b>Transaction ID : SB23.5220</b>
City EVANSTON	State IL	Zip Code 60204
Purpose of Disbursement contribution to federal committee		Amount of Each Disbursement this Period 1000.00
Candidate Name SCHAKOWSKY, JANICE D, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: IL	District: 09	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

2000.00