

**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 10  |
| <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. Pepping, Cherie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Valley Rorge Ave.  
 City South Elgin State IL Zip Code 60177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Superiort Ambulance Director of CCT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2016  
**Transaction ID : SA11AI.4756**  
 Amount of Each Receipt this Period 10.00  
 Memo Item contribution

**B. Pepping, Cherie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Valley Rorge Ave.  
 City South Elgin State IL Zip Code 60177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Superiort Ambulance Director of CCT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 11 / 2016  
**Transaction ID : SA11AI.4761**  
 Amount of Each Receipt this Period 10.00  
 Memo Item contribution

**C. Pepping, Cherie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 Valley Rorge Ave.  
 City South Elgin State IL Zip Code 60177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Superiort Ambulance Director of CCT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2016  
**Transaction ID : SA11AI.4766**  
 Amount of Each Receipt this Period 10.00  
 Memo Item contribution

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 30.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |