



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="852.91"/>	<input type="text" value="852.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1132.91"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="636.00"/>	<input type="text" value="8816.00"/>
(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="1768.91"/>	<input type="text" value="9668.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1750.00"/>	<input type="text" value="9650.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18.91"/>	<input type="text" value="18.91"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	616.00	8288.00
(ii) Unitemized .....	20.00	528.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	636.00	8816.00
(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) .....	636.00	8816.00
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))..... ▶	636.00	8816.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	636.00	8816.00

**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.....	1750.00	9350.00
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 .....	0.00	300.00
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)) ..	1750.00	9650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1750.00	9650.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	636.00	8816.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	636.00	8816.00
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**

Full Name (Last, First, Middle Initial) <b>A. David L. Curtis</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2016
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2016									
Mailing Address 1217 Triple Crown Court			<b>Transaction ID : SA11AI.4671</b>										
City Bantlett	State IL	Zip Code 60103	Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00									
100.00													
FEC ID number of contributing federal political committee. C	Occupation Paramedic		<input type="checkbox"/> Memo Item contribution										
Name of Employer Superior Ambulance	Aggregate Year-to-Date ▼ 1100.00												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial) <b>B. David L. Curtis</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>24</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		24		2016
M M M	/	D D D	/	Y Y Y Y Y Y									
06		24		2016									
Mailing Address 1217 Triple Crown Court			<b>Transaction ID : SA11AI.4675</b>										
City Bantlett	State IL	Zip Code 60103	Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00									
100.00													
FEC ID number of contributing federal political committee. C	Occupation Paramedic		<input type="checkbox"/> Memo Item contribution										
Name of Employer Superior Ambulance	Aggregate Year-to-Date ▼ 1200.00												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial) <b>C. Mary Franco</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2016
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2016									
Mailing Address 395 W. Lake Street			<b>Transaction ID : SA11AI.4672</b>										
City Elmhurst	State IL	Zip Code 60126	Amount of Each Receipt this Period <table border="1"> <tr> <td>104.00</td> </tr> </table>	104.00									
104.00													
FEC ID number of contributing federal political committee. C	Occupation VP		<input type="checkbox"/> Memo Item contribution										
Name of Employer Superior Ambulance	Aggregate Year-to-Date ▼ 1144.00												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	304.00
<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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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 ▼ 1248.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : SA11AI.4676**  
 Amount of Each Receipt this Period 104.00  
 Memo Item contribution

**B. Mike Tillman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 Dorset Court  
 City Glen Ellyn State IL Zip Code 60137  
 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 ▼ 1144.00

Date of Receipt 06 / 10 / 2016  
**Transaction ID : SA11AI.4673**  
 Amount of Each Receipt this Period 104.00  
 Memo Item contribution

**C. Mike Tillman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 Dorset Court  
 City Glen Ellyn State IL Zip Code 60137  
 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 ▼ 1248.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : SA11AI.4677**  
 Amount of Each Receipt this Period 104.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	312.00
<b>TOTAL</b> This Period (last page this line number only).....	616.00

**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"/> 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 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. DCCC**

Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2016

Transaction ID : SB23.4683

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DOLD FOR CONGRESS**

Mailing Address PO BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement Voided Check originally reported on the April 20th report

Candidate Name

**ROBERT JAMES JR DOLD**

Office Sought:  House  Senate  President  
State: IL District: 10

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB23.4687

Amount of Each Disbursement this Period

-250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 2365

City OTTAWA State IL Zip Code 61350

Purpose of Disbursement contribution

Candidate Name

**ADAM KINZINGER**

Office Sought:  House  Senate  President  
State: IL District: 16

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SB23.4686

Amount of Each Disbursement this Period

1000.00

Memo Item

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

1250.00

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



**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"/> 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 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. ROBIN KELLY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 10 / 2016
Mailing Address PO BOX 6953		<b>Transaction ID : SB23.4679</b>
City CHICAGO	State IL	
Purpose of Disbursement contribution		Amount of Each Disbursement this Period 500.00
Candidate Name <b>ROBIN L. KELLY</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 02	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
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>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
Candidate Name		
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1750.00