SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBE (check only one)

FOR LINE NUMBER:					PAGE	=	8	OF		9	
(check only one)											
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	13		14		15		16			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 of Individual (Last, First, Middle Initial) or Full Organization Name Pepping, Cherie, , , Date of Receipt Mailing Address 509 Valley Rorge Ave. 2017 City State Zip Code Transaction ID: SA11AI.4966 IL South Elgin 60177 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Director of CCT Superiort Ambulance contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Pepping, Cherie, , , Date of Receipt Mailing Address 509 Valley Rorge Ave. 2017 City State Zip Code Transaction ID: SA11AI.4973 South Elgin IL 60177 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Superiort Ambulance contribution Director of CCT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Tillman, Mike, , , Date of Receipt Mailing Address 39 Dorset Court 12 2017 City State Zip Code Transaction ID: SA11AI.4965 IL Glen Ellyn 60137 Amount of Each Receipt this Period FEC ID number of contributing C 104.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Superior Ambulance Receipt For: Aggregate Year-to-Date ▼ Primary General 2496.00 Other (specify) 124.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....