

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 12 OF 15
	<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) Superior Air Ground Ambulance Occupation (for Individual) Director of CCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 26 / 2018
Transaction ID : SA11AI.4431
 Amount of Each Receipt this Period 10.00
 Memo Item
 Individual 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) Superior Air Ground Ambulance Occupation (for Individual) Director of CCT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 09 / 2018
Transaction ID : SA11AI.4467
 Amount of Each Receipt this Period 10.00
 Memo Item
 Individual 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) Superior Air Ground Ambulance Occupation (for Individual) Director of CCT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 23 / 2018
Transaction ID : SA11AI.4466
 Amount of Each Receipt this Period 10.00
 Memo Item
 Individual contribution

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	