

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

PETROLEUM RETAILERS & AUTO REPAIR ASSOCIATION

ADDRESS (number and street)

1051 BRINTON RD

SUITE 304

Check if different
than previously
reported. (ACC)

PITTSBURGH

PA

15221

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS
REPORT

X NEW
(N) OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(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)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

X July 15
Quarterly Report (Q2)

PRE-Election

Convention (12C)

Special (12S)

October 15
Quarterly Report (Q3)

Report for the:

January 31
Year-End Report (YE)

Election on

in the
State of

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

(d) 30-Day

POST-Election

General (30G)

Runoff (30R)

Special (30S)

Termination Report
(TER)

Report for the:

Election on

in the
State of

5. Covering Period:

04 01 2010

through

06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer:

Raymond Moore

Signature of Treasurer:

R L Moore

Date

07 01 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Petroleum Retailers & Auto Repair Association

Report Covering the Period:

From:

04 01 2010

To:

06 30 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1.	<i>14283.53</i>	<i>14283.53</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>15633.53</i>	<i>15633.53</i>
(c) Total Receipts (from Line 19)		<i>1350.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>15633.53</i>	
7. Total Disbursements (from Line 31)	<i>100.00</i>	<i>100.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>15,533.53</i>	<i>15533.53</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

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)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Full Name (Last, First, Middle Initial)

A. Friends of Mike Turzai

Date of Disbursement

4/14/2010

Mailing Address

P.O. Box 721

City

Wexford

State

PA

Zip Code

15090

Purpose of Disbursement

Mike Turzai

Candidate Name

House Representative

Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought:

☒ House

Disbursement For:

☐ Senate

☐ Primary

☐ General

☐ President

☒ Other (specify) ▼

State:

PA

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

Disbursement For:

☐ Senate

☐ Primary

☐ General

☐ President

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

Disbursement For:

☐ Senate

☐ Primary

☐ General

☐ President

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 6/30/10
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

7/6/10
DATE PREPARED

(3/2005)

10030354058