

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

ADDRESS (number and street) 3930 Pender Drive Suite 340 Fairfax VA 20121 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00120030 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2011 through 08 31 2011

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 Ms Susan Gregg Rice

Signature of Treasurer Electronically Filed by Ms Susan Gregg Rice Date 09 19 2011

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		119346.96
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	125281.45									
(c) Total Receipts (from Line 19)	8500.00	121434.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	133781.45	240780.96								
7. Total Disbursements (from Line 31)	21190.61	128190.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112590.84	112590.84								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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**

Write or Type Committee Name

SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	6000.00	116500.00
(ii) Unitemized	0.00	2434.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6000.00	118934.00
(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)	6000.00	118934.00
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	2500.00	2500.00
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 Transfer (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))	8500.00	121434.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8500.00	121434.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	21000.00	126000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	500.00
(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	500.00
29. Other Disbursements.....	190.61	1690.12
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	21190.61	128190.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21190.61	128190.12

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)	6000.00	118934.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6000.00	118434.00
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 / 14
	<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)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

A.	Full Name (Last, First, Middle Initial) Gregory Love		Date of Receipt
	Mailing Address 10601 N. Pennsylvania Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 08 / 2011
	City	State	Zip Code
	Oklahoma City	OK	73120
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5375
Name of Employer Love's Travel Stops & Country		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
			Contributor

B.	Full Name (Last, First, Middle Initial) Kerry Oliver		Date of Receipt
	Mailing Address 6000 Metcalf Avenue Suite 200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 29 / 2011
	City	State	Zip Code
	Overland Park	KS	66202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5357
Name of Employer Carter Energy		Occupation General Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Reggie Stanley		Date of Receipt
	Mailing Address 3301 Burnt Mill Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2011
	City	State	Zip Code
	Wilmington	NC	28403
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5376
Name of Employer K.E. Austin Corp		Occupation Chief Operating Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 14
	(check only one)
<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)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

A.

Full Name (Last, First, Middle Initial) Jon D Stewart		Date of Receipt
Mailing Address 2211 West Bradley		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 08 / 2011
City State Zip Code Champaign IL 61821		Transaction ID: SA11AI.5378
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 1500.00
Name of Employer Tri Star	Occupation President & CEO	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 3000.00	

B.

Full Name (Last, First, Middle Initial) Mr. Charles Thornbrugh		Date of Receipt
Mailing Address 4705 S. 129th East Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 29 / 2011
City State Zip Code Tulsa OK 74134-7005		Transaction ID: SA11AI.5374
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer QuikTrip Corporation	Occupation Manager Public and Government Affairs	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 6000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

A.

Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE		Date of Receipt
Mailing Address PO BOX 360		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
PRESCOTT	AR	71857
FEC ID number of contributing federal political committee.		Transaction ID: SA16.5356
<input type="text" value="C"/> <input type="text" value="C00345710"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	Refund of Contribution Made
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2500.00"/>

**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)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

A. Full Name (Last, First, Middle Initial)
BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 AVENUE OF THE CITIES SUITE D

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
ROBERT T MR. SCHILLING

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: IL District: 17

Transaction ID: SB23.5332
Date of Disbursement

08 / 17 / 2011

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Doyle for Congress

Mailing Address 205 HAWTHORNE COURT

City PITTSBURGH State PA Zip Code 15221

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
DOYLE FOR CONGRESS COMMITTEE

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 14

Transaction ID: SB23.5344
Date of Disbursement

08 / 05 / 2011

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. Box 100
P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
FRIENDS OF BENNIE THOMPSON

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: MS District: 02

Transaction ID: SB23.5337
Date of Disbursement

08 / 08 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

PAGE 10 / 14

<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)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

A.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE	Transaction ID: SB23.5347 Date of Disbursement 08 / 02 / 2011
	Mailing Address 205 5TH AVENUE SOUTH	Amount of Each Disbursement this Period 2000.00
	City LA CROSSE State WI Zip Code 54601	
	Purpose of Disbursement Contribution Candidate Name KIND FOR CONGRESS COMMITTEE	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS	Transaction ID: SB23.5322 Date of Disbursement 08 / 05 / 2011
	Mailing Address 5429 MADISON AVENUE	Amount of Each Disbursement this Period 1500.00
	City SACRAMENTO State CA Zip Code 95841	
	Purpose of Disbursement Contribution Candidate Name MIKE THOMPSON FOR CONGRESS	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS	Transaction ID: SB23.5324 Date of Disbursement 08 / 05 / 2011
	Mailing Address 5429 MADISON AVENUE	Amount of Each Disbursement this Period 1000.00
	City SACRAMENTO State CA Zip Code 95841	
	Purpose of Disbursement Contribution Candidate Name MIKE THOMPSON FOR CONGRESS	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

A. Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS <hr/> Mailing Address 5429 MADISON AVENUE <hr/> City SACRAMENTO State CA Zip Code 95841 <hr/> Purpose of Disbursement Contribution Candidate Name MIKE THOMPSON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5326 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS <hr/> Mailing Address P.O. BOX 37091 <hr/> City CHARLOTTE State NC Zip Code 28237 <hr/> Purpose of Disbursement Contribution Candidate Name SUE MYRICK FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5351 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TIM SCOTT FOR CONGRESS <hr/> Mailing Address 1405 ASHLEY RIVER ROAD <hr/> City CHARLESTON State SC Zip Code 29407 <hr/> Purpose of Disbursement Contribution Candidate Name TIM SCOTT FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5366 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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)

PAGE 12 / 14

<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)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

A.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS	Transaction ID: SB23.5329
	Mailing Address PO BOX 661	Date of Disbursement 08 / 05 / 2011
	City COLLINSVILLE State IL Zip Code 62234	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name JOHN M SHIMKUS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE	Transaction ID: SB23.5340
	Mailing Address P.O. BOX 391	Date of Disbursement 08 / 01 / 2011
	City HOPKINSVILLE State KY Zip Code 42241	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name WHITFIELD FOR CONGRESS COMMITTEE	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE	Transaction ID: SB23.5360
	Mailing Address P.O. BOX 391	Date of Disbursement 08 / 01 / 2011
	City HOPKINSVILLE State KY Zip Code 42241	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name WHITFIELD FOR CONGRESS COMMITTEE	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	21000.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

<p>A. Full Name (Last, First, Middle Initial) American Express Establishment Services</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85702</p> <p>Purpose of Disbursement AMEX Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5377</p> <p>Date of Disbursement 08 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 124.65</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) American Express Establishment Services</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85702</p> <p>Purpose of Disbursement AMex Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5365</p> <p>Date of Disbursement 08 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) American Express Establishment Services</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85702</p> <p>Purpose of Disbursement Credit Card Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.5371</p> <p>Date of Disbursement 08 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 27.70</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

157.30

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)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address PO Box 563966

City
Charlotte

State
NC

Zip Code
28256

Purpose of Disbursement
Bank Service Charges

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Transaction ID: SB29.5363

Date of Disbursement

08 / 05 / 2011

Amount of Each Disbursement this Period

33.31

SUBTOTAL of Disbursements This Page (optional)

33.31

TOTAL This Period (last page this line number only)

190.61