

# 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

**SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC**

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00120030 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

10 / 01 / 2011 through 10 / 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 Ms Susan Gregg Rice [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

11 / 18 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC**

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="2011"/>		119346.96
(b) Cash on Hand at Beginning of Reporting Period.....	108077.48	
(c) Total Receipts (from Line 19) .....	8950.00	133384.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	117027.48	252730.96
7. Total Disbursements (from Line 31).....	6075.30	141778.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	110952.18	110952.18
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC**

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).....	8750.00	128250.00
(ii) Unitemized .....	200.00	2634.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8950.00	130884.00
(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) .....	8950.00	130884.00
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	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 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))..... ▶	8950.00	133384.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8950.00	133384.00

**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.....	6000.00	139500.00
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	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 .....	75.30	1778.78
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)) ..	6075.30	141778.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6075.30	141778.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	8950.00	130884.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8950.00	130384.00
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 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. Carl Bolch Jr.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2011
Mailing Address 3225 Cumberland Blvd SE Ste 100		<b>Transaction ID : SA11AI.5412</b>
City Atlanta	State GA	Zip Code 30339-6408
FEC ID number of contributing federal political committee.	C	
Name of Employer RaceTrac Petroleum	Occupation CEO	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Contribution

Full Name (Last, First, Middle Initial) <b>B. Damon Cranford</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2011
Mailing Address 4141 Rockside Road Suite 400		<b>Transaction ID : SA11AI.5429</b>
City Seven Hills	State OH	Zip Code 44131-2593
FEC ID number of contributing federal political committee.	C	
Name of Employer EZ Energy	Occupation VP of Marketing	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Contribution

Full Name (Last, First, Middle Initial) <b>C. James E Farish Jr.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 22 S. Main		<b>Transaction ID : SA11AI.5424</b>
City Greenville	State SC	Zip Code 29601
FEC ID number of contributing federal political committee.	C	
Name of Employer Lincoln Energy	Occupation CEO	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Renaie Farish</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2011
Mailing Address 6 Abbot Trl		<b>Transaction ID : SA11AI.5425</b>
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steve Loehr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2011
Mailing Address 1626 Oak Street		<b>Transaction ID : SA11AI.5417</b>
City La Crosse	State WI	Zip Code 54603-2308
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Kwik Trip Inc.	Occupation Vice President Operations Support	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Newman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2011
Mailing Address 2440 Sheridan Drive		<b>Transaction ID : SA11AI.5410</b>
City Tonawanda	State NY	Zip Code 14150
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer NOCO Energy Corp	Occupation EVP	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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 8 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Maureen Schmitt</b>		Date of Receipt										
Mailing Address 2101 St. Ritas Lane		<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>10</td> <td></td> <td>07</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		07		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10		07		2011								
City State Zip Code Buffalo NY 14221		<b>Transaction ID : SA11AI.5413</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00										
Name of Employer Occupation Schmitt Sales CEO		Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00										

Full Name (Last, First, Middle Initial) <b>B. Mr. Gregory M Scott</b>		Date of Receipt										
Mailing Address 7724 Cannonball Gate Road		<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>10</td> <td></td> <td>24</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		24		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10		24		2011								
City State Zip Code Warrenton VA 20186		<b>Transaction ID : SA11AI.5423</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00										
Name of Employer Occupation Merevir Consulting President		Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00										

Full Name (Last, First, Middle Initial) <b>C. Mr. Donald Zietlow</b>		Date of Receipt										
Mailing Address 1626 Oak Street		<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>10</td> <td></td> <td>17</td> <td></td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		17		2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10		17		2011								
City State Zip Code La Crosse WI 54603-2308		<b>Transaction ID : SA11AI.5427</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00										
Name of Employer Occupation Kwik Trip Inc. CEO		Contribution										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00										

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8750.00



**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**

Full Name (Last, First, Middle Initial)

**A. FAMILIES FOR JAMES LANKFORD**

Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008

Purpose of Disbursement  
Contribution

011

Candidate Name

**FAMILIES FOR JAMES LANKFORD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2011

Transaction ID : SB23.5407

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN SULLIVAN FOR CONGRESS INC**

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOHN SULLIVAN FOR CONGRESS INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2011

Transaction ID : SB23.5409

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. MARKEY FOR CONGRESS**

Mailing Address PO BOX 1333

City FORT COLLINS State CO Zip Code 80521

Purpose of Disbursement  
Contribution

Candidate Name

**THE MARKEY COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2011

Transaction ID : SB23.5399

Amount of Each Disbursement this Period

2000.00
---------

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

5000.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
Contribution

011

Candidate Name

**PAT MEEHAN FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2011

Transaction ID : SB23.5406

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00
---------

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

6000.00
---------

**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**

Full Name (Last, First, Middle Initial)

**A. American Express Establishment Services**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85702

Purpose of Disbursement  
Amex Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : SB29.5418

Amount of Each Disbursement this Period

47.99
-------

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address PO Box 563966

City Charlotte State NC Zip Code 28256

Purpose of Disbursement  
Bank Service Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : SB29.5421

Amount of Each Disbursement this Period

27.31
-------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

75.30
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**TOTAL** This Period (last page this line number only)..... ▶

75.30
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