

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
 Check if different than previously reported. (ACC)
Fairfax VA 20121

2. **FEC IDENTIFICATION NUMBER** C00120030
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY **STATE** **ZIP CODE**

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(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)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 Catherine Josephine Eifert

Signature of Treasurer Electronically Filed by Catherine Josephine Eifert Date 07 09 2009

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**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		132141.40
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	132141.40									
(c) Total Receipts (from Line 19)	107083.24	107083.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	239224.64	239224.64								
7. Total Disbursements (from Line 31)	69355.02	69355.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	169869.62	169869.62								
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**

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)	106640.00	106640.00
(ii) Unitemized	350.00	350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	106990.00	106990.00
(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)	106990.00	106990.00
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)	93.24	93.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
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))	107083.24	107083.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	107083.24	107083.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	68500.00	68500.00
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	0.00
(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	0.00
29. Other Disbursements.....	855.02	855.02
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))..	69355.02	69355.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69355.02	69355.02

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	106990.00	106990.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106990.00	106990.00
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)	93.24	93.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-93.24	-93.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 40
(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

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)
John M Arnold

Mailing Address PO Box 2621

City State Zip Code
Harrisburg PA 17105-2621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Petroleum Products Corp Chairman-CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **02 / 26 / 2009**

Transaction ID: SA11AI.4103

Amount of Each Receipt this Period **5000.00**

B. Full Name (Last, First, Middle Initial)
Ralph Arrell

Mailing Address PO Box 3514

City State Zip Code
Midland TX 79702-3514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WTG Fuels, Inc. Marketing/Supply Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **01 / 23 / 2009**

Transaction ID: SA11AI.4105

Amount of Each Receipt this Period **1000.00**

C. Full Name (Last, First, Middle Initial)
David B Atwater

Mailing Address PO Box 1107

City State Zip Code
Stockton CA 95201-1107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Van De Pol Enterprises, Inc. General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 26 / 2009**

Transaction ID: SA11AI.4107

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

TOTAL 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 / 40
	<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

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

A.	Full Name (Last, First, Middle Initial) Bruce B Bates			Date of Receipt		
	Mailing Address 3407 S 31st Street Suite 200			M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 9		
	City Temple		State TX	Zip Code 76502-1944		
	FEC ID number of contributing federal political committee. C			Transaction ID: SA11AI.4109		
	Name of Employer Professional Datasolution- s, In			Occupation Vice President - Sales		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 500.00		
			Amount of Each Receipt this Period 500.00			

B.	Full Name (Last, First, Middle Initial) Bryan Beaver			Date of Receipt		
	Mailing Address 6000 Metcalf Avenue			M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 9		
	City Overland Park		State KS	Zip Code 66202		
	FEC ID number of contributing federal political committee. C			Transaction ID: SA11AI.4221		
	Name of Employer CarterEnergy			Occupation Chairman & CEO		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 3000.00		
			Amount of Each Receipt this Period 3000.00			

C.	Full Name (Last, First, Middle Initial) Gary Bevers			Date of Receipt		
	Mailing Address 21814 Sheffield Gray			M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 9		
	City Cypress		State TX	Zip Code 77433		
	FEC ID number of contributing federal political committee. C			Transaction ID: SA11AI.4209		
	Name of Employer Bevers & Co			Occupation President		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 250.00		
			Amount of Each Receipt this Period 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
TOTAL 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: PAGE 8 / 40
(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)
Gary Bevers

Mailing Address 21814 Sheffield Gray

City State Zip Code
Cypress TX 77433

FEC ID number of contributing federal political committee. **C**

Name of Employer: Bevers & Co
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4271

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Carl Boyett

Mailing Address 601 McHenry Avenue

City State Zip Code
Modesto CA 95350-5411

FEC ID number of contributing federal political committee. **C**

Name of Employer: Boyett Petroleum
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: SA11AI.4111

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Dale Boyett

Mailing Address 601 McHenry Avenue

City State Zip Code
Modesto CA 95350

FEC ID number of contributing federal political committee. **C**

Name of Employer: Boyett Petroleum
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.4223

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **6250.00**

TOTAL 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 9 / 40
	<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

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

A.	Full Name (Last, First, Middle Initial) Richard K Clark		Date of Receipt	
	Mailing Address 3724 Marguerite Dirve		M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.4113
	Canastota	NY	13032	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00		
Name of Employer Fastrac Markets LLC		Occupation Manager		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1000.00		

B.	Full Name (Last, First, Middle Initial) James G Clifford		Date of Receipt	
	Mailing Address PO Box 378		M M / D D / Y Y Y Y Y 0 3 / 2 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.4115
	Utica	NY	13503-0378	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		2000.00		
Name of Employer Clifford Fuel Inc.		Occupation President		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		2000.00		

C.	Full Name (Last, First, Middle Initial) Robert Timothy Columbus, Esq.		Date of Receipt	
	Mailing Address 1330 Connecticut Avenue, NW		M M / D D / Y Y Y Y Y 0 2 / 2 6 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.4207
	Washington	DC	20036-1704	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		2500.00		
Name of Employer Steptoe & Johnson		Occupation Counsel		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		2500.00		

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL 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: PAGE 10 / 40
(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)
Beth Gladden Coulson

Mailing Address 4 East Palisades

City State Zip Code
Little Rock AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Coulson Oil Occupation Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: SA11AI.4254

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Michael B Coulson

Mailing Address PO Box 68

City State Zip Code
North Little Rock AR 72115

FEC ID number of contributing federal political committee. **C**

Name of Employer Coulson Oil Company Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11AI.4117

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Brad Douglass

Mailing Address PO Box 1124

City State Zip Code
Sherman TX 75091

FEC ID number of contributing federal political committee. **C**

Name of Employer Douglass Distributing Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.4225

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **10500.00**

TOTAL 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 11 / 40
	<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) Richard W Dyke	Date of Receipt MM / DD / YYYY 02 / 26 / 2009
	Mailing Address 2929 NW 29th Avenue	Transaction ID: SA11AI.4119
	City State Zip Code Portland OR 97210-1705	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer WSCO Petroleum Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Don R Everett, Sr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2715 S Byron Butler Parkway	Transaction ID: SA11AI.4272
	City State Zip Code Perry FL 32348	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ware Oil & Supply Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) James E Farish, Jr.	Date of Receipt MM / DD / YYYY 05 / 12 / 2009
	Mailing Address 22 S. Main	Transaction ID: SA11AI.4256
	City State Zip Code Greenville SC 29601	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lincoln Energy Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL 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: PAGE 12 / 40
(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)
Greg Gilkerson

Mailing Address 3407 S 31st Street, Suite 200

City State Zip Code
Temple TX 76502-1944

FEC ID number of contributing federal political committee. **C**

Name of Employer Professional Datasolutions, In Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11AI.4121

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Frank Greinke

Mailing Address PO Box 4159

City State Zip Code
Orange CA 92867-3449

FEC ID number of contributing federal political committee. **C**

Name of Employer SC Fuels Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: SA11AI.4123

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Frank Greinke

Mailing Address PO Box 4159

City State Zip Code
Orange CA 92867-3449

FEC ID number of contributing federal political committee. **C**

Name of Employer SC Fuels Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: SA11AI.4258

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

TOTAL 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 13 / 40
	<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

A.	Full Name (Last, First, Middle Initial) Thomas Gresham		Date of Receipt
	Mailing Address PO Box 690		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 14 / 2009
	City	State	Zip Code
	Indianola	MS	38751
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4211
		Amount of Each Receipt this Period	
		<input type="text"/> 1000.00	
Name of Employer Double Quick		Occupation Chairman of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Ken Gunn		Date of Receipt
	Mailing Address 10430 231st Street SW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 02 / 13 / 2009
	City	State	Zip Code
	Edmonds	WA	98020-5105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4125
		Amount of Each Receipt this Period	
		<input type="text"/> 1000.00	
Name of Employer Califber Consulting		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) James A Haslam, III		Date of Receipt
	Mailing Address PO Box 10146		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 02 / 24 / 2009
	City	State	Zip Code
	Knoxville	TN	37939
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4129
		Amount of Each Receipt this Period	
		<input type="text"/> 2000.00	
Name of Employer Pilot Travel Centers		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 4000.00
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: (check only one)	PAGE 14 / 40
	<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) Edward Hong		Date of Receipt
	Mailing Address 655 Engineering Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 12 / 2009
	City	State	Zip Code
	Norcross	GA	30092
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4259
Name of Employer FleetCor		Occupation Marketing Director	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"/> 230.00

B.	Full Name (Last, First, Middle Initial) Kenneth Kral		Date of Receipt
	Mailing Address 738 Highway 6 South, Suite 600		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2009
	City	State	Zip Code
	Houston	TX	77079
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4131
Name of Employer US Bank		Occupation SVP - Business Development	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"/> 225.00

C.	Full Name (Last, First, Middle Initial) Jeffrey L Kramer		Date of Receipt
	Mailing Address 600 17th Street, Suite 2250S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 26 / 2009
	City	State	Zip Code
	Denver	CO	80202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4133
Name of Employer Prima Marketing		Occupation CEO	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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 955.00
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 15 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Leo Leibowitz		Date of Receipt MM / DD / YYYY 02 / 26 / 2009
Mailing Address 125 Jericho Turnpike, Suite 103		Transaction ID: SA11AI.4135
City Jericho	State NY	Zip Code 11753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Getty Realty Co.	Occupation Chairman & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Max Lenker		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address 3225 Cumberland Blvd, SE Suite 100		Transaction ID: SA11AI.4227
City Atlanta	State GA	Zip Code 30339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RaceTrac Petroleum	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Gregory Love		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 10601 N. Pennsylvania Avenue		Transaction ID: SA11AI.4213
City Oklahoma City	State OK	Zip Code 73120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Love's Travel Stops & Country	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
TOTAL 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: PAGE 16 / 40
(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)
Tom E Love

Mailing Address PO Box 26210

City State Zip Code
Oklahoma City OK 73216

FEC ID number of contributing federal political committee. **C**

Name of Employer
Love's Travel Stops & Country

Occupation
CEO & Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period
4000.00

B.

Full Name (Last, First, Middle Initial)
Dudley Maples

Mailing Address PO Box 292

City State Zip Code
Meridian MS 39302

FEC ID number of contributing federal political committee. **C**

Name of Employer
Maples Gas Co., Inc.

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2009

Transaction ID: SA11AI.4248

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Jason McAuliffe

Mailing Address 9240 Bonita Beach

City State Zip Code
Bonita Springs FL 34135

FEC ID number of contributing federal political committee. **C**

Name of Employer
Energy Recruiters

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2009

Transaction ID: SA11AI.4215

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

TOTAL 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: PAGE 17 / 40
(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)
Cash Mulligans

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2185.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2009

Transaction ID: SA11AI.4354

Amount of Each Receipt this Period
2185.00

Mulligans sold at Golf Tourny - 4/25 \$25 each

B.

Full Name (Last, First, Middle Initial)
G Randy Nicholson

Mailing Address 1202 Estates Dr, Suite D

City State Zip Code
Abilene TX 79602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AutoGas Systems President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.4229

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Robert G Norris

Mailing Address PO Box 143

City State Zip Code
Holly Pond AL 35083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jet-Pep President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2009

Transaction ID: SA11AI.4267

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4185.00**

TOTAL 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: PAGE 18 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
 Jack C Pester
 Mailing Address 3751 Arnold Street
 City State Zip Code
 Houston TX 77005
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 0 9
Transaction ID: SA11AI.4139
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pester Marketing Chairmand & CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

B. Full Name (Last, First, Middle Initial)
 Paul Reid
 Mailing Address 100 W. Genesee Street
 City State Zip Code
 Lockport NY 14094
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 4 / 2 0 0 9
Transaction ID: SA11AI.4217
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Reid Group CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
 Thomas Robinson
 Mailing Address 4250 Williams Road
 City State Zip Code
 San Jose CA 95129
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 7 / 2 0 0 9
Transaction ID: SA11AI.4250
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Robinson Oil President
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00
TOTAL 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 19 / 40
	<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

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

A.	Full Name (Last, First, Middle Initial) Richard Salinsky		Date of Receipt	
	Mailing Address 152 Lynnway Suite 2F		M M / D D / Y Y Y Y Y 04 / 14 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4219
	Lynn	MA	01902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
	Name of Employer Best Petroleum		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Thomas Schmidt		Date of Receipt	
	Mailing Address 425 S. Washington Street		M M / D D / Y Y Y Y Y 05 / 12 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4261
	Combined Locks	WI	54113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2500.00	
	Name of Employer US Oil Co., Inc.		Occupation Chairman of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

C.	Full Name (Last, First, Middle Initial) Maureen Schmitt		Date of Receipt	
	Mailing Address 2101 St. Ritas Lane		M M / D D / Y Y Y Y Y 03 / 26 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.4141
	Buffalo	NY	14221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Schmitt Sales		Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL 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: PAGE 20 / 40
(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)
William S Shipley, III

Mailing Address 415 Norway

City State Zip Code
York PA 17403

FEC ID number of contributing federal political committee. **C**

Name of Employer Shipley Group Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
03 / 26 / 2009

Transaction ID: SA11AI.4143

Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Roger Simons

Mailing Address 210 Park Avenue

City State Zip Code
Oklahoma City OK 73102

FEC ID number of contributing federal political committee. **C**

Name of Employer Simons Petroleum Inc. Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
01 / 22 / 2009

Transaction ID: SA11AI.4145

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Daniel Singh

Mailing Address 4 King Avenue

City State Zip Code
New Castel DE 19720

FEC ID number of contributing federal political committee. **C**

Name of Employer Universal Marketing Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.4231

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

TOTAL 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: PAGE 21 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Rodney D Smith

Mailing Address PO Box 6

City State Zip Code
Grandview WA 98930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RH Smith Distributing Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2009

Transaction ID: SA11AI.4252

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Steve Spinks

Mailing Address PO Box 8624

City State Zip Code
Greenville SC 29604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The SPINX Co President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: SA11AI.4147

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Richard Spresser

Mailing Address 5600 S. Quebec, Suite 335A

City State Zip Code
Greenwood Village CO 80111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pester Marketing President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.4233

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

TOTAL 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: PAGE 22 / 40
(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)
Reggie Stanley

Mailing Address 3301 Burnt Mill Drive

City State Zip Code
Wilmington NC 28403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
K.E. Austin Corp Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.4235

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joe Stark

Mailing Address 14 E Main Street

City State Zip Code
Emmaus PA 18049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Top Star, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.4237

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jon D Stewart

Mailing Address 2211 West Bradley

City State Zip Code
Champaign IL 61821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tri Star President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2009

Transaction ID: SA11AI.4239

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL 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 23 / 40
	<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

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

A.	Full Name (Last, First, Middle Initial) William B Sumrall	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address PO Box 525	Transaction ID: SA11AI.4241
	City State Zip Code Bay Spring MS 39422	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sumrall Oil Services Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Haskel Thompson	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 19657 Vintage Trace Circle	Transaction ID: SA11AI.4149
	City State Zip Code Fort Myers FL 33967	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer HLT Enterprises LLC Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Benjamin N Wafle	Date of Receipt MM / DD / YYYY 04 / 17 / 2009
	Mailing Address 1701 Fall Hill Avenue Suite 200	Transaction ID: SA11AI.4243
	City State Zip Code Fredericksburg VA 22401	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Quarles Petroleum Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL 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: PAGE 24 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Stephen F White

Mailing Address 4250 Williams Road

City State Zip Code
San Jose CA 95129

FEC ID number of contributing federal political committee. **C**

Name of Employer Robinson Oil Occupation Vice Presidenet & CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.4151

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard Wiehl

Mailing Address 204 Spring Hill Road

City State Zip Code
Trumbull CT 06611

FEC ID number of contributing federal political committee. **C**

Name of Employer Consumers Petroleum of CT, Inc Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.4263

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Millard Young

Mailing Address PO Box 328

City State Zip Code
Piedmont AL 36272

FEC ID number of contributing federal political committee. **C**

Name of Employer Young Oil Occupation CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.4265

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL 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:		PAGE 25 / 40	
	(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"/> 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) Glenn Zirkle		Date of Receipt																					
	Mailing Address 2929 NW 29th Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	7		2	0	0	9														
	City	State	Zip Code		Transaction ID: SA11AI.4245																			
	Portland	OR	97210																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer WSCO Petroleum		Occupation President		<input type="text" value="1000.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="1000.00"/>																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="106640.00"/>

**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) BENNET FOR COLORADO <hr/> Mailing Address 1900 GRANT STREET SUITE 1170 <hr/> City DENVER State CO Zip Code 80203 <hr/> Purpose of Disbursement <hr/> Candidate Name BENNET FOR COLORADO <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4177 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE <hr/> Mailing Address PO BOX 848 <hr/> City CHATTANOOGA State TN Zip Code 37401 <hr/> Purpose of Disbursement <hr/> Candidate Name BOB CORKER FOR SENATE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 00	Transaction ID: SB23.4291 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BOUCHER FOR CONGRESS COMMITTEE <hr/> Mailing Address PO Box 2000 PO BOX 2000 <hr/> City Abingdon State VA Zip Code 24212 <hr/> Purpose of Disbursement <hr/> Candidate Name BOUCHER FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 09	Transaction ID: SB23.4293 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <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) ▶

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) BUTTERFIELD FOR CONGRESS COMMITTEE	Transaction ID: SB23.4181
	Mailing Address PO Box 2571	Date of Disbursement MM / DD / YYYY 03 / 24 / 2009
	City Wilson State NC Zip Code 27894	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name BUTTERFIELD FOR CONGRESS COMMITTEE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) CHARLIE MELANCON CAMPAIGN COMMITTEE INC	Transaction ID: SB23.4340
	Mailing Address PO Box 549 PO BOX 549	Date of Disbursement MM / DD / YYYY 05 / 13 / 2009
	City Napoleonville State LA Zip Code 70390	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name CHARLIE MELANCON CAMPAIGN COMMITTEE INC	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: LA District: 03	

C.	Full Name (Last, First, Middle Initial) COBLE FOR CONGRESS	Transaction ID: SB23.4175
	Mailing Address PO Box 1177 PO Box 1177	Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	City Greensboro State NC Zip Code 27402	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name COBLE FOR CONGRESS	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	8500.00
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) COLE FOR CONGRESS	Transaction ID: SB23.4285 Date of Disbursement 05 / 20 / 2009
	Mailing Address P.O. Box 722256	Amount of Each Disbursement this Period 2500.00
	City Norman State OK Zip Code 73070	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name COLE FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS	Transaction ID: SB23.4299 Date of Disbursement 06 / 23 / 2009
	Mailing Address PO Box 1316	Amount of Each Disbursement this Period 1000.00
	City Springfield State OR Zip Code 97477	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name DEFAZIO FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DUNCAN FOR CONGRESS	Transaction ID: SB23.4173 Date of Disbursement 03 / 17 / 2009
	Mailing Address PO BOX 2646	Amount of Each Disbursement this Period 1000.00
	City KNOXVILLE State TN Zip Code 37901	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name DUNCAN FOR CONGRESS	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <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) ELLISON FOR CONGRESS <hr/> Mailing Address PO Box 6072 <hr/> City Minneapolis State MN Zip Code 55406 <hr/> Purpose of Disbursement <hr/> Candidate Name ELLISON FOR CONGRESS <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4189 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE <hr/> Mailing Address 424 C Street NE Basement UNIT <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name FREEDOM PROJECT; THE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4179 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN <hr/> Mailing Address PO BOX 3197 <hr/> City LITTLE ROCK State AR Zip Code 72203 <hr/> Purpose of Disbursement <hr/> Candidate Name FRIENDS OF BLANCHE LINCOLN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4337 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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) FRIENDS OF BYRON DORGAN	Transaction ID: SB23.4331 Date of Disbursement 02 / 10 / 2009
	Mailing Address PO BOX 871	Amount of Each Disbursement this Period 2500.00
	City BISMARCK State ND Zip Code 58502	
	Purpose of Disbursement	011 Category/Type
	Candidate Name FRIENDS OF BYRON DORGAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA	Transaction ID: SB23.4325 Date of Disbursement 05 / 12 / 2009
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 1000.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement	011 Category/Type
	Candidate Name FRIENDS OF DENNIS CARDOZA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: SB23.4319 Date of Disbursement 05 / 29 / 2009
	Mailing Address PO Box 50100 PO Box 50100	Amount of Each Disbursement this Period 1500.00
	City Springfield State MO Zip Code 65805	
	Purpose of Disbursement	011 Category/Type
	Candidate Name FRIENDS OF ROY BLUNT	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

<p>A. Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE</p> <p>Mailing Address 313 C STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name GILLIBRAND FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 00</p>	<p>Transaction ID: SB23.4334 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	3	/	2	0	0	9	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	0	3	/	2	0	0	9													
5000.00																						
<p>B. Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name HOOSIERS FOR HILL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4165 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	6	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	1	6	/	2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 4201 Northview Dr, Ste 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name HOYER FOR CONGRESS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.4183 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	4	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	4	/	2	0	0	9													
2500.00																						

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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)
JOHN D. DINGELL FOR CONGRESS

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011
Category/
Type

Candidate Name
JOHN D. DINGELL FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: MI District: 15

Transaction ID: SB23.4328

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JOHN SALAZAR FOR CONGRESS

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
void Check

011
Category/
Type

Candidate Name
JOHN SALAZAR FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: CO District: 03

Transaction ID: SB23.4202

Date of Disbursement

03 / 01 / 2009

Amount of Each Disbursement this Period

-2000.00

C. Full Name (Last, First, Middle Initial)
JOHN SALAZAR FOR CONGRESS

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement

011
Category/
Type

Candidate Name
JOHN SALAZAR FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CO District: 03

Transaction ID: SB23.4203

Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

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<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) KLEIN FOR CONGRESS <hr/> Mailing Address 21301 Powerline Road, Suite 204 <hr/> City Boca Raton State FL Zip Code 33431 Purpose of Disbursement <hr/> Candidate Name KLEIN FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4185 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MARKEY COMMITTEE, THE <hr/> Mailing Address PO Box 526 <hr/> City Medford State MA Zip Code 02155 Purpose of Disbursement <hr/> Candidate Name MARKEY COMMITTEE, THE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4167 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS <hr/> Mailing Address PO BOX 1738 <hr/> City SACRAMENTO State CA Zip Code 95812 Purpose of Disbursement <hr/> Candidate Name MATSUI FOR CONGRESS Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4157 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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 ROSS FOR CONGRESS COMMITTEE	Transaction ID: SB23.4345 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MIKE ROSS FOR CONGRESS COMMITTEE	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: SB23.4342 Date of Disbursement
	Mailing Address 607 14th Street, NW Suite 800	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name NANCY PELOSI FOR CONGRESS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE	Transaction ID: SB23.4322 Date of Disbursement
	Mailing Address POST OFFICE BOX 5928	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name RICHARD BURR COMMITTEE; THE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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) ROCK CITY PAC	Transaction ID: SB23.4289 Date of Disbursement																				
	Mailing Address 1015 Stonebridge Park Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	6		0	2		2	0	0	9												
	City Franklin State TN Zip Code 37069	Amount of Each Disbursement this Period <table border="1"><tr><td>2500.00</td></tr></table>	2500.00																			
2500.00																						
Purpose of Disbursement	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																				
011																						
Candidate Name ROCK CITY PAC																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

B.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	Transaction ID: SB23.4187 Date of Disbursement																				
	Mailing Address PO Box 581 Post Office Box 581	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	3		1	2		2	0	0	9												
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period <table border="1"><tr><td>2500.00</td></tr></table>	2500.00																			
2500.00																						
Purpose of Disbursement	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																				
011																						
Candidate Name ROGERS FOR CONGRESS																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

C.	Full Name (Last, First, Middle Initial) TEXANS FOR LAMAR SMITH	Transaction ID: SB23.4350 Date of Disbursement																				
	Mailing Address PO Box 6155	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y												
	0	2		1	2		2	0	0	9												
	City San Antonio State TX Zip Code 78209	Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Purpose of Disbursement	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																				
011																						
Candidate Name TEXANS FOR LAMAR SMITH																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) TEXAS FREEDOM FUND	Transaction ID: SB23.4153 Date of Disbursement 01 / 30 / 2009
	Mailing Address 104 East Hume Avenue	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name TEXAS FREEDOM FUND	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS	Transaction ID: SB23.4295 Date of Disbursement 06 / 17 / 2009
	Mailing Address PO BOX 1682	Amount of Each Disbursement this Period 1000.00
	City BURLINGTON State VT Zip Code 05402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name WELCH FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE	Transaction ID: SB23.4297 Date of Disbursement 06 / 17 / 2009
	Mailing Address P.O. BOX 391	Amount of Each Disbursement this Period 2500.00
	City HOPKINSVILLE State KY Zip Code 42241	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name WHITFIELD FOR CONGRESS COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	68500.00

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 Credit Card fees</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: SB29.4195 Date of Disbursement 01 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 166.20</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 Service Fee</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: SB29.4198 Date of Disbursement 02 / 05 / 2009</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 Fee</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: SB29.4199 Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 27.70</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

198.85

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 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 American Express Fee 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: SB29.4301 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 286.19</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 Service Charge 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: SB29.4302 Date of Disbursement 04 / 06 / 2009</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 American Express fee 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: SB29.4303 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 90.00</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

381.14

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)

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<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) American Express Establishment Services Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85702 Purpose of Disbursement American Express fee Candidate Name	Transaction ID: SB29.4304 Date of Disbursement 05 / 14 / 2009
	Amount of Each Disbursement this Period 131.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

B. Full Name (Last, First, Middle Initial) American Express Establishment Services Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85702 Purpose of Disbursement American Express Fee Candidate Name	Transaction ID: SB29.4305 Date of Disbursement 05 / 18 / 2009
	Amount of Each Disbursement this Period 0.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

C. Full Name (Last, First, Middle Initial) American Express Establishment Services Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85702 Purpose of Disbursement Service Charge Candidate Name	Transaction ID: SB29.4316 Date of Disbursement 06 / 05 / 2009
	Amount of Each Disbursement this Period 4.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	136.53
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)

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<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)
American Express Establishment Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85702

Purpose of Disbursement
American Express Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4315

Date of Disbursement

^M 0	^M 6	/	^D 1	^D 1	/	^Y 2	^Y 0	^Y 0	^Y 9
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Amount of Each Disbursement this Period

138.50

SUBTOTAL of Disbursements This Page (optional) ►

138.50

TOTAL This Period (last page this line number only) ►

855.02
