

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)

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 (12S)
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 07 01 2009 through 12 31 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 09 21 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

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"><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	170858.20									
(c) Total Receipts (from Line 19)	51206.69	160289.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	222064.89	292431.33								
7. Total Disbursements (from Line 31)	62346.27	132712.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	159718.62	159718.62								
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**

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)	50565.00	156705.00
(ii) Unitemized	625.00	975.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	51190.00	157680.00
(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)	51190.00	157680.00
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)	16.69	109.93
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	51206.69	160289.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51206.69	160289.93

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.....	61000.00	130500.00
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.....	1346.27	2212.71
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))..	62346.27	132712.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62346.27	132712.71

DETAILED SUMMARY PAGE
of Disbursements

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	51190.00	157680.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51190.00	157680.00
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)	16.69	109.93
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-16.69	-109.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31

(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)
Kermit E Austin, Jr.

Mailing Address 3301 Burnt Mill Drive

City State Zip Code
Wilmington NC 28403-2654

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
K.E. Austin Corporation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 24 / 2009

Transaction ID: SA11AI.4356

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Carl Bolch, Jr.

Mailing Address 3225 Cumberland Blvd SE Ste 100

City State Zip Code
Atlanta GA 30339-6408

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RaceTrac Petroleum CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
11 / 09 / 2009

Transaction ID: SA11AI.4360

Amount of Each Receipt this Period 2500.00

C.

Full Name (Last, First, Middle Initial)
Edmund F Burke

Mailing Address 284 Eastern Avenue

City State Zip Code
Chelsea MA 02150-3308

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Dennis K Burke Inc. Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 03 / 2009

Transaction ID: SA11AI.4362

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 4500.00

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 / 31
	<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) Edmund F Burke, Jr.		Date of Receipt
	Mailing Address 284 Eastern Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Chelsea	MA	02150-3308
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4364
Name of Employer Dennis K Burke Inc.		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Grady M Chronister		Date of Receipt
	Mailing Address 284 Eastern Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 2 / 2 0 0 9
	City	State	Zip Code
	Springfield	IL	62708-4307
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4366
Name of Employer Chronister Oil		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"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Jim Cornette		Date of Receipt
	Mailing Address 3407 S 31st Street, #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	City	State	Zip Code
	Temple	TX	76502
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4370
Name of Employer Professional Datasolution-s, In		Occupation VP - Professional & Customer Services	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"/> 240.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2090.00
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 8 / 31
(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)
Michael Davis

Mailing Address 1600 Duke Street

City State Zip Code
Alexandria VA 22314-3466

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

Name of Employer Occupation
NACS VP of Member Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: SA11AI.4371

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kenneth A Doyle

Mailing Address 3930 Pender Drive Suite 340

City State Zip Code
Fairfax VA 22030

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

Name of Employer Occupation
Society of Independent Gasolin Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.4373

Amount of Each Receipt this Period
950.00

C.

Full Name (Last, First, Middle Initial)
Dean C Durling

Mailing Address PO Box 600

City State Zip Code
Whitehouse Station NJ 08889

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

Name of Employer Occupation
Quick Chek Food Stores CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: SA11AI.4374

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3700.00**

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 9 / 31
(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)
Peggy Dwelle

Mailing Address 1420 Shadow Mountain Court

City Auburn	State CA	Zip Code 95602
-----------------------	--------------------	--------------------------

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

Name of Employer none	Occupation homemaker
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

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

Transaction ID: SA11AI.4378

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Thomas Dwelle

Mailing Address 2360 Lindbergh Street

City Auburn	State CA	Zip Code 95602-9562
-----------------------	--------------------	-------------------------------

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

Name of Employer Nella Oil Company	Occupation General Partner
---------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

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

Transaction ID: SA11AI.4376

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1231 Industrial Street

City Hudson	State WI	Zip Code 54016
-----------------------	--------------------	--------------------------

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

Name of Employer Erickson Oil Products, Inc.	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

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

Transaction ID: SA11AI.4380

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	2400.00
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 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
James E Farish, Jr.
Mailing Address 22 S. Main

City State Zip Code
Greenville SC 29601

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

Name of Employer Occupation
Lincoln Energy CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2009

Transaction ID: SA11AI.4382

Amount of Each Receipt this Period
3500.00

B. Full Name (Last, First, Middle Initial)
Renaie Farish
Mailing Address 6 Abbot Trl

City State Zip Code
Greenville SC 29605

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

Name of Employer Occupation
none homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3125.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2009

Transaction ID: SA11AI.4383

Amount of Each Receipt this Period
3125.00

C. Full Name (Last, First, Middle Initial)
James A Haslam, III
Mailing Address PO Box 10146

City State Zip Code
Knoxville TN 37939

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

Name of Employer Occupation
Pilot Travel Centers President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2009

Transaction ID: SA11AI.4387

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **8625.00**

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 11 / 31
(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 D Heater

Mailing Address 915 Riverside Drive

City State Zip Code
Gassaway WV 26624

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

Name of Employer Go Mart, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 16 / 2009

Transaction ID: SA11AI.4388

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mark Jacobson

Mailing Address PO BOX 730

City State Zip Code
Lapeer MI 48446

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

Name of Employer CMS Oil Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 19 / 2009

Transaction ID: SA11AI.4390

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey W LeBeouf

Mailing Address 2825 Railroad Avenue

City State Zip Code
Ceres CA 95307

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

Name of Employer E.R. Vine & Sons Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 28 / 2009

Transaction ID: SA11AI.4396

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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 / 31

(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)
Gregory Love

Mailing Address 10601 N. Pennsylvania Avenue

City State Zip Code
Oklahoma City OK 73120

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

Name of Employer
Love's Travel Stops & Country
Occupation
President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2009

Transaction ID: SA11AI.4398

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
N Graham Mackie

Mailing Address 31 Wright Road

City State Zip Code
Hollister CA 95023

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

Name of Employer
Dassel's Petroleum
Occupation
Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2009

Transaction ID: SA11AI.4399

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Chris S McAuliffe

Mailing Address 9240 Bonita Beach Road, #3314

City State Zip Code
Bonita Springs FL 34135

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

Name of Employer
McAuliffe, Inc.
Occupation
President

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

Date of Receipt

M M / D D / Y Y Y Y
10 / 14 / 2009

Transaction ID: SA11AI.4401

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

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 13 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
 Max McBrayer
 Mailing Address 3225 Cumberland Blvd SE Ste 100
 City Atlanta State GA Zip Code 30339
 Date of Receipt 08 / 06 / 2009
Transaction ID: SA11AI.4403
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RaceTrac Petroleum Occupation Sr. VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
 Michael Newman
 Mailing Address 2440 Sheridan Drive
 City Tonawanda State NY Zip Code 14150
 Date of Receipt 11 / 10 / 2009
Transaction ID: SA11AI.4407
 Amount of Each Receipt this Period 2500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NOCO Energy Corp Occupation EVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 2500.00

C. Full Name (Last, First, Middle Initial)
 Joseph Petrowski
 Mailing Address 100 Crossing Blvd
 City Framingham State MA Zip Code 01702
 Date of Receipt 11 / 23 / 2009
Transaction ID: SA11AI.4409
 Amount of Each Receipt this Period 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cumberland Farms, Inc. Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 5000.00

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 14 / 31
(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)
Edward Rachins

Mailing Address 863 Crescent Street

City State Zip Code
Brockton MA 02302

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

Name of Employer Occupation
Mutual Oil President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.4411

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Richard Salinsky

Mailing Address 152 Lynnway Suite 2F

City State Zip Code
Lynn MA 01902

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

Name of Employer Occupation
Best Petroleum President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.4415

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Stewart 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 Company, Inc. Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4416

Amount of Each Receipt this Period
3500.00

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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 15 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Don Stephenson

Mailing Address 110 MacKenan Drive

City Cary State NC Zip Code 27511

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

Name of Employer Cary Oil Company, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2009

Transaction ID: SA11AI.4419

Amount of Each Receipt this Period 1000.00

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

Mailing Address 2211 West Bradley

City Champaign State IL Zip Code 61821

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

Name of Employer Tri Star Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 16 / 2009

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period 1500.00

C. Full Name (Last, First, Middle Initial)
William B Weigel

Mailing Address PO BOX 650

City Powell State TN Zip Code 37849

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

Name of Employer Rocket Oil Co. Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2009

Transaction ID: SA11AI.4423

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 16 / 31
(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) Millard Young		Date of Receipt																					
	Mailing Address PO Box 328		<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>1</td><td>1</td><td>/</td><td>1</td><td>8</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	1	1	/	1	8	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	8	/	2	0	0	9														
	City	State	Zip Code	Transaction ID: SA11AI.4427																				
Piedmont	AL	36272	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		500.00																					
Name of Employer Young Oil	Occupation 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)	500.00
TOTAL This Period (last page this line number only)	50565.00

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

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) BLACKBURN, MARSHA MRS. Mailing Address 6103 Murray Lane City Brentwood State TN Zip Code 37027 Purpose of Disbursement 011 Candidate Name BLACKBURN, MARSHA MRS. 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: TN District: 07	Transaction ID: SB23.4506 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	3	/	2	0	0	9													
B.	Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS Mailing Address PO Box 1924 City Muskogee State OK Zip Code 74402 Purpose of Disbursement 011 Candidate Name BOREN FOR CONGRESS 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: OK District: 02	Transaction ID: SB23.4435 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>7</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	1	5	/	2	0	0	9													
C.	Full Name (Last, First, Middle Initial) BUYER, CONGRESSMAN STEVE Mailing Address 103 West Broadway St, P.O. Box 712 City Monticello State IN Zip Code 47960 Purpose of Disbursement 011 Candidate Name BUYER, CONGRESSMAN STEVE 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: IN District: 04	Transaction ID: SB23.4473 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>7</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> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	6	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	1	6	/	2	0	0	9													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; width: 100%;">5000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 31

<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

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) CHILDERS FOR CONGRESS <hr/> Mailing Address PO BOX 177 <hr/> City BOONEVILLE State MS Zip Code 38829 Purpose of Disbursement <input type="text" value="011"/> Candidate Name CHILDERS FOR CONGRESS 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: MS District: 01	Transaction ID: SB23.4447 Date of Disbursement <input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
B.	Full Name (Last, First, Middle Initial) COBLE FOR CONGRESS <hr/> Mailing Address PO Box 1177 PO Box 1177 <hr/> City Greensboro State NC Zip Code 27402 Purpose of Disbursement <input type="text" value="011"/> Candidate Name COBLE FOR CONGRESS 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: NC District: 06	Transaction ID: SB23.4442 Date of Disbursement <input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
C.	Full Name (Last, First, Middle Initial) COLE FOR CONGRESS <hr/> Mailing Address P.O. Box 722256 <hr/> City Norman State OK Zip Code 73070 Purpose of Disbursement <input type="text" value="011"/> Candidate Name COLE FOR CONGRESS 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: OK District: 04	Transaction ID: SB23.4439 Date of Disbursement <input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="6000.00"/>
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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name COURTNEY FOR CONGRESS</p> <p>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: CT District: 02</p>	<p>Transaction ID: SB23.4493 Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON</p> <p>Mailing Address P.O. Box 100 P.O. Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name FRIENDS OF BENNIE THOMPSON</p> <p>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: MS District: 02</p>	<p>Transaction ID: SB23.4445 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA</p> <p>Mailing Address PO Box 2749</p> <p>City Merced State CA Zip Code 95340</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name FRIENDS OF DENNIS CARDOZA</p> <p>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: CA District: 18</p>	<p>Transaction ID: SB23.4457 Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

<p>A. Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name KAGEN 4 CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4460 Date of Disbursement 07 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS</p> <p>Mailing Address 29 RUFF CIRCLE</p> <p>City GLASTONBURY State CT Zip Code 06033</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name LARSON FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4495 Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name LEE TERRY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4480 Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

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

<p>A. Full Name (Last, First, Middle Initial) LOFGREN FOR CONGRESS</p> <p>Mailing Address P.O. Box 8180 Suite 350</p> <p>City San Jose State CA Zip Code 95155</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name LOFGREN FOR CONGRESS</p> <p>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) ▼</p> <p>State: CA District: 16</p>	<p>Transaction ID: SB23.4487</p> <p>Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LUCAS FOR CONGRESS</p> <p>Mailing Address Post Office Box 1726 Post Office Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name LUCAS FOR CONGRESS</p> <p>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) ▼</p> <p>State: OK District: 03</p>	<p>Transaction ID: SB23.4437</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS</p> <p>Mailing Address 6520 Village Parkway Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name MCNERNEY FOR CONGRESS</p> <p>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) ▼</p> <p>State: CA District: 11</p>	<p>Transaction ID: SB23.4476</p> <p>Date of Disbursement 07 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

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) MEEKS FOR CONGRESS	Transaction ID: SB23.4478 Date of Disbursement 07 / 20 / 2009
	Mailing Address 153-01 Jamaica Ave. Suite 535 219-10 South Conduit Avenue	Amount of Each Disbursement this Period 2000.00
	City Jamaica State NY Zip Code 11432	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name MEEKS FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE	Transaction ID: SB23.4489 Date of Disbursement 08 / 05 / 2009
	Mailing Address P. O. Box 408	Amount of Each Disbursement this Period 5000.00
	City Anderson State IN Zip Code 46015	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name MIKE PENCE COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NEAL, RICHARD E MR.	Transaction ID: SB23.4500 Date of Disbursement 10 / 29 / 2009
	Mailing Address 36 ATWATER TERRACE	Amount of Each Disbursement this Period 1000.00
	City SPRINGFIELD State MA Zip Code 01107	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name NEAL, RICHARD E MR.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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) PITTS, JOSEPH R.	Transaction ID: SB23.4485 Date of Disbursement 07 / 16 / 2009
	Mailing Address PO BOX 775 PO BOX 775	Amount of Each Disbursement this Period 2000.00
	City Unionville	State PA
	Zip Code 19375	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name PITTS, JOSEPH R.	
	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: PA District: 16	

B.	Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS	Transaction ID: SB23.4451 Date of Disbursement 07 / 15 / 2009
	Mailing Address P. O. Box 1919 P. O. Box 1919	Amount of Each Disbursement this Period 2000.00
	City Janesville	State WI
	Zip Code 53547	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name RYAN FOR CONGRESS	
	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: WI District: 01	

C.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: SB23.4491 Date of Disbursement 09 / 09 / 2009
	Mailing Address P.O. BOX 2006	Amount of Each Disbursement this Period 1000.00
	City PORTLAND	State ME
	Zip Code 04104	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name SNOWE FOR SENATE	
	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) ▼
	State: ME District: 00	

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

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) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.4440 Date of Disbursement 07 / 15 / 2009
	Mailing Address P.O. Box 37091	
	City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name SUE MYRICK FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SULLIVAN, JOHN	Transaction ID: SB23.4431 Date of Disbursement 07 / 15 / 2009
	Mailing Address 1643 East 44 Street	
	City Tulsa State OK Zip Code 47105	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name SULLIVAN, JOHN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TEXAS FREEDOM FUND	Transaction ID: SB23.4497 Date of Disbursement 09 / 21 / 2009
	Mailing Address 104 East Hume Avenue	
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period 2500.00
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 31

<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

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) VOLUNTEERS FOR SHIMKUS	Transaction ID: SB23.4428 Date of Disbursement 07 / 15 / 2009
	Mailing Address PO Box 5458 PO BOX 5458	Amount of Each Disbursement this Period 2000.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name VOLUNTEERS FOR SHIMKUS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	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: SB23.4430 Date of Disbursement 07 / 15 / 2009
	Mailing Address PO BOX 1682	Amount of Each Disbursement this Period 2000.00
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

61000.00

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

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

<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</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: SB29.4509</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.95"/></p> <p>Category/Type: <input type="text" value="001"/></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 Interchange 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: SB29.4517</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.63"/></p> <p>Category/Type: <input type="text"/></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 interchange 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: SB29.4518</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="69.25"/></p> <p>Category/Type: <input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="108.83"/>
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)

PAGE 29 / 31

<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

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

<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 interchange 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: SB29.4520 Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 60.80</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 interchange 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: SB29.4521 Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 13.85</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 interchange 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: SB29.4522 Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 27.70</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

102.35

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 31

<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

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

<p>A.</p> <p>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</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: SB29.4524</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="166.20"/></p>
<p>B.</p> <p>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 interchange 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: SB29.4525</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="334.48"/></p>
<p>C.</p> <p>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 interchange 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: SB29.4526</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.55"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="542.23"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank NA</p> <p>Mailing Address PO Box 40031</p> <p>City Roanoke State VA Zip Code 24022</p> <p>Purpose of Disbursement</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: SB29.4513</p> <p>Date of Disbursement 10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 240.72</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank NA</p> <p>Mailing Address PO Box 40031</p> <p>City Roanoke State VA Zip Code 24022</p> <p>Purpose of Disbursement</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: SB29.4514</p> <p>Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 44.76</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank NA</p> <p>Mailing Address PO Box 40031</p> <p>City Roanoke State VA Zip Code 24022</p> <p>Purpose of Disbursement</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: SB29.4515</p> <p>Date of Disbursement 12 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 270.78</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	556.26
TOTAL This Period (last page this line number only)	1309.67