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ELECTIONS CENTER

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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

GEORGIA OILMEN'S ASSOCIATION, INC. PAC

GOAPAC

ADDRESS (number and street)

1775 SPECTRUM DRIVE

SUITE 100

(Check if address is changed)

LAWRENCEVILLE

GA

30043

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

rlane@gaoilassoc.com

mfranklin@gaoilassoc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.georgiaoilmensassoc.com

COMMITTEE'S FAX NUMBER

770 995 9757

2. DATE

05 / 04 / 19 9 6

3. FEC IDENTIFICATION NUMBER ▶

C 00339194

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer ROGER T. LANE, PRES.

Signature of Treasurer

Date

12 / 15 / 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

GEORGIA OILMEN'S ASSOCIATION, INC.

GQA

Mailing Address 1775 SPECTRUM DRIVE

SUITE 100

LAWRENCEVILLE GA 30044

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship connected (Parent company)

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

GEORGIA OILMEN'S ASSOCIATION, INC PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name ROGER T. LANE

Mailing Address GEORGIA OILMEN'S ASSOCIATION, INC.

1775 SPECTRUM DRIVE, SUITE 100

LAWRENCEVILLE GA 30043

Title or Position CITY STATE ZIP CODE

PRESIDENT

Telephone number 770-995-7570

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer ROGER T. LANE

Mailing Address (SAME AS ABOVE)

Title or Position CITY STATE ZIP CODE

President

Telephone number

Full Name of Designated Agent ROGER T. LANE

Mailing Address (SAME AS ABOVE)

Title or Position CITY STATE ZIP CODE

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUN TRUST

Mailing Address

6095 PEACHTREE INDUSTRIAL BLVD.

NORCROSS

GA

30092

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>12/14/06</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] *12/18/06*
 PREPARER DATE PREPARED

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