REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JUL 17 P 12:00

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
GIPAC

ADDRESS (number and street) ☐ Check if different than previously reported
4900 B South 31st Street

CITY, STATE and ZIP CODE
Arlington, VA 22206-1656

2. FEC IDENTIFICATION NUMBER
C00354571

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☒ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01-01-01 through 06-30-01		
6. (a) Cash on Hand January 1, 19 01		$ 47,381.44
(b) Cash on Hand at Beginning of Reporting Period	$ 47,381.44	
(c) Total Receipts (from Line 19)	$ 3,000.00	$ 3,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 50,381.44	$ 50,381.44
7. Total Disbursements (from Line 30)	$ 2,751.48	$ 2,751.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 47,629.96	$ 47,629.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
Deane A. Penn, M.D.

Signature of Treasurer

Date 7/12/01

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

FEC FORM 3X
(revised 9/93)

FEDAN049

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: GIPAC

REPORT COVERING PERIOD FROM 01-01-01 TO: 06-30-01

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,500.00	2,500.00	11(a)
ii. Unitemized	500.00	500.00	11(a)
iii. Total (add i and ii) ➤	3,000.00	3,000.00	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	3,000.00	3,000.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,000.00	3,000.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,000.00	3,000.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(a)
b. Other Federal Operating Expenditures	2,751.48	2,751.48	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2,751.48	2,751.48	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,751.48	2,751.48	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	2,751.48	2,751.48	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,000.00	3,000.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,000.00	3,000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2,751.48	2,751.48	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2,751.48	2,751.48	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11.a.i.

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): GIPAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joseph S. Caradonna, M.D. 1003 Losilles de Avila Tampa FL 33613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 250	2-13-01	250
B. Martin F. Carr, Jr. 2401 N Terraza Place Fullerton CA 92835 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Jude Heritage Medical Group Physician Aggregate Year-to-Date $ 250	2-13-01	250
C. Christopher Forsmark, M.D. 2902 SW 4th Court Gainesville FL 32601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	University of Florida Physician Aggregate Year-to-Date $ 250	2-13-01	250
D. Huitt E. Mattox, M.D. 3217 4th street Brunswick GA 31520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Digestive Associates PC Physician Aggregate Year-to-Date $ 250	2-13-01	250
E. Robin A. Rittgers, M.D. 135 Arthur Moore Drive St. Simons Island GA 31522 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 250	2-13-01	250
F. Michael A. Garone, M.D. 3142 Trenholm Drive Oakton VA 22124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gastroenterology Associates of NOVA, Ltd. Physician Aggregate Year-to-Date $ 250	2-13-01	250
G. Harold Rosen, M.D. 3305 St. Charles Circle Boca Raton FL 33434 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 500	2-13-01	500

SUBTOTAL of Receipts This Page (optional) .....

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)
GIPAC

A. Full Name, Mailing Address and ZIP Code Darrell E. Schwartner, M.D. 408 Bonaventure Road St. Simons Island GA 31522 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Digestive Associates PC Occupation Physician Aggregate Year-to-Date $ 500	Date (month, day, year) 2-13-01	Amount of Each Receipt this Period 500
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	2,500

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21.b.

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)

GIPAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. AGRM, Inc. 4900 B South 31st Street Arlington VA 22206-1656	Management Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1-31-01	326.23
B. Doyle Printing + Offset Co. 6911 Old Landover Road Landover MD 20785	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1-31-01	198.55
C. AGRM, Inc. 4900 B South 31st Street Arlington VA 22206-1656	Management Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2-28-01	420.09
D. AGRM, Inc. 4900 B South 31st Street Arlington VA 22206-1656	Management Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-31-01	196.23
E. AGRM, Inc. 4900 B South 31st Street Arlington VA 22206-1656	Management Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-30-01	741.14
F. AGRM, Inc. 4900 B South 31st Street Arlington VA 22206-1656	Management Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-31-01	43.42
G. Webster, Chamberlain + Bean 1747 Pennsylvania Ave, NW Washington DC 20006	legal services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-31-01	647.50
H. AGRM, Inc. 4900 B South 31st Street Arlington VA 22206-1656	Management Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-31-01	178.32
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 2,751.48

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 7-13-01
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Amu — PREPARER

7-17-01 — DATE PREPARED

(6/2000)