

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)			
<b>GIPAC</b>			
<b>A. Full Name, Mailing Address and ZIP Code</b> Joel P. Goldfarb 2621 Palisade Avenue, Suite 5-B Riverdale NY 10463	Name of Employer SELF	Date (month, day, year) 4-28-00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> D. F. JACKSON, III 2 Belle Oak Road Dothan AL 36303	Name of Employer Gastroenterology Assoc.	Date (month, day, year) 4-29-00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert P. McGoVERN 805 37th Place Vero Beach FL 32960	Name of Employer SELF	Date (month, day, year) 4-28-00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> March E. Seabrook 2036 Shady Lane Columbia SC 29206	Name of Employer CIG	Date (month, day, year) 4-29-00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> Frank J. Troncale 1 Dorr Street Bradford CT 06405	Name of Employer Gastroenterology Center of CT	Date (month, day, year) 4-28-00	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 200.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> Brian K. Cooley 5132 Seascope Lane Plano TX 75093	Name of Employer DHAT	Date (month, day, year) 5-15-00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Edward J. Feldman 8635 West Third Street, Suite 96000 Los Angeles CA 90048	Name of Employer SELF	Date (month, day, year) 5-15-00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	

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

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