

**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 6 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GIPAC

A. Amy Foxx-Orenstein
Full Name (Last, First, Middle Initial)
Mailing Address 200 1st SW
City Rochester State MN Zip Code 55905
FEC ID number of contributing federal political committee. **C**
Name of Employer Mayo Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : A2014-2395082
Amount of Each Receipt this Period 1000.00

B. Jan Janson
Full Name (Last, First, Middle Initial)
Mailing Address 1101 First Colonial Road Suite 300
City Virginia Beach State VA Zip Code 23456
FEC ID number of contributing federal political committee. **C**
Name of Employer Gastroenterology Ltd. of VA Beach Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2014
Transaction ID : A2014-2739928
Amount of Each Receipt this Period 500.00

C. Carol D Koscheski
Full Name (Last, First, Middle Initial)
Mailing Address 456 44th Ave Dr. NW
City Hickory State NC Zip Code 28601
FEC ID number of contributing federal political committee. **C**
Name of Employer Gastroenterology Associates P.A. Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2014
Transaction ID : A2014-2395080
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 2500.00
TOTAL This Period (last page this line number only).....▶