

**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

GIPAC

ADDRESS (number and street)

PO Box 16515

Check if different than previously reported. (ACC)

Alexandria

VA

22302

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00354571

3. IS THIS REPORT

NEW (N) OR

X

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)

X 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

01

01

2005

through

06

30

2005

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

Mary M. Clancy

Signature of Treasurer

Electronically Filed by Mary M. Clancy

Date

01

31

2006

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. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
GIPAC

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		78461.15
(b) Cash on Hand at Beginning of Reporting Period	78461.15	
(c) Total Receipts (from Line 19)	30299.00	30299.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108760.15	108760.15
7. Total Disbursements (from Line 31)	30847.69	30847.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77912.46	77912.46
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)	17969.63	

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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

GIPAC

Report Covering the Period: From: ^M01 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

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)	26550.00	26550.00
(ii) Unitemized	3749.00	3749.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	30299.00	30299.00
(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)	30299.00	30299.00
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
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))	30299.00	30299.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30299.00	30299.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	13168.86	13168.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13168.86	13168.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17678.63	17678.63
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.....	0.00	0.00
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 ActMty (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))..	30847.69	30847.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	30847.69	30847.69

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

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)	30299.00	30299.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30299.00	30299.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13168.86	13168.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13168.86	13168.86

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 34

(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)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Islam F. Abul		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 3720 Katalin Court		Transaction ID: SA11A1.5318
City	State	Zip Code
Bay City	MI	48706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Gerald Bertiger		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 5 Hedgerow Drive		Transaction ID: SA11A1.5263
City	State	Zip Code
Spring House	PA	19477
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hillmont GI, PC	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregory P. Blitz		Date of Receipt M / D / Y 08 / 07 / 2005
Mailing Address 2050 West 106th Street		Transaction ID: SA11A1.5281
City	State	Zip Code
Camel	IN	46032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Meridan Medical Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 34

(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
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. John M. Buzdech		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 809 Long Drive		Transaction ID: SA11A1.5427
City Quincy	State IL	Zip Code 62301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Quincy Medical Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert B. Cameron		Date of Receipt M / D / Y 06 / 14 / 2005
Mailing Address 2871 Courtland Blvd.		Transaction ID: SA11A1.5463
City Shaker Heights	State OH	Zip Code 44122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 201.00
Name of Employer WSHC Physicians Inc.	Occupation Physician	Earmarked for Rick Santorum, Senate (PA) [MEMO ITEM]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) C. Dr. Charles L. Cannon		Date of Receipt M / D / Y 06 / 06 / 2005
Mailing Address 1121 Chantell Dr.		Transaction ID: SA11A1.5282
City Enid	State OK	Zip Code 73701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 34

(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
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Edward L. Carrau		Date of Receipt M / D / Y 06 / 14 / 2005
Mailing Address 9481 Gwynnbrook CV		Transaction ID: SA11A1.5482
City Germantown	State TN	Zip Code 38139
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memphis Gastroenterology Assoc	Occupation Physician	Earmarked for Rick Santorum, Senate (PA) [MEMO ITEM]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) B. Dr. Dalbert L. Chumley		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 300 Cliffside Drive		Transaction ID: SA11A1.5265
City San Antonio	State TX	Zip Code 78231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gastro Consultants of San Antonio	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. James P. Cranley		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 1505 Vancross Court		Transaction ID: SA11A1.5283
City Cincinnati	State OH	Zip Code 45230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greater Cincinnati Digestive	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(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
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Jack A. DiPalma		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2005	
Mailing Address One Buerger Road		Transaction ID: SA11A1.5241	
City State Zip Code Mobile AL 36608	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Michael Draslos		Date of Receipt M / D / Y Y Y Y 06 / 08 / 2005	
Mailing Address 1817 Chestnut Drive		Transaction ID: SA11A1.5265	
City State Zip Code High Point NC 27262	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Cornerstone Healthcare	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Peter Dumas		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2005	
Mailing Address 1143 Kings Way Drive		Transaction ID: SA11A1.5431	
City State Zip Code Nokomis FL 34275	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Rene S.M. Eng		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 200 East 58th Street Apt. 20A		Transaction ID: SA11A1.5242
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Ira L. Flax		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 12319 Mossycup		Transaction ID: SA11A1.5268
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Scott Fuels		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 10248 Vastal Court		Transaction ID: SA11A1.5312
City Coral Springs	State FL	Zip Code 33071
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Digestive Disease Associa- tes	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Jonathan C. Glen		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 716 E 71st Street		Transaction ID: SA11A1.5493
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Joel P. Goldfarb		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 2621 Palisade Avenue Suite 5-B		Transaction ID: SA11A1.5270
City Riverdale	State NY	Zip Code 10463-6106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Peter H. Greenwall		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 3145 North Park Blvd.		Transaction ID: SA11A1.5271
City Cleveland Heights	State OH	Zip Code 44118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer North Shore Gastroenterology, Inc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 12 / 34

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11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Peter H. Greenwald		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 3145 North Park Blvd.		Transaction ID: SA11A1.5424
City Cleveland Heights	State OH	Zip Code 44118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer North Shore Gastroenterology, Inc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dr. J. Kent Hamilton		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 3434 Swiss Avenue, Suite 208		Transaction ID: SA11A1.5273
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Digestive Health Assoc. of TX	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard W. Hall		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 13020 Corta Diego		Transaction ID: SA11A1.5304
City Corral De Tierra	State CA	Zip Code 93508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GI Consultants	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 13 / 34

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11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Kenneth S. Hepps		Date of Receipt M / D / Y 06 / 06 / 2005
Mailing Address 18548 Roscoe Blvd. Suite 110		Transaction ID: SA11A1.5275
City Northridge	State CA	Zip Code 91324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Les Hurelbrink III		Date of Receipt M / D / Y 06 / 06 / 2005
Mailing Address 1111 Kensington Drive		Transaction ID: SA11A1.5276
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Comarstone Healthcare	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Angela Hutzenbuehler		Date of Receipt M / D / Y 01 / 01 / 2005
Mailing Address 2819 Stone Gap Court		Transaction ID: SA11A1.5409
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Digestive Healthcare	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(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
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. D. F. Jackson III		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 2 Belle Oak Road		Transaction ID: SA11A1.5257
City Dothan	State AL	Zip Code 36303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Gastroenterology Associates	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark E. Jones		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 3793 Brighton Manor Lane		Transaction ID: SA11A1.5429
City Cincinnati	State OH	Zip Code 45208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. John W. Jones		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 320 Summertime Road		Transaction ID: SA11A1.5350
City Fayetteville	State NC	Zip Code 28303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Qazi E. Khuro		Date of Receipt M / D / Y 06 / 14 / 2005
Mailing Address 2326 Snowbird Lane		Transaction ID: SA11A1.5277
City	State	Zip Code
North Mankato	MN	56003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mankato Clinic	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Douglas A. Kuperman		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 5424 Siesta Cove Drive		Transaction ID: SA11A1.5318
City	State	Zip Code
Sarasota	FL	34242
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gastro Assoc of Sarasota	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Louis LaLuna		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 2472 Jefferson Avenue		Transaction ID: SA11A1.5309
City	State	Zip Code
West Lawn	PA	19609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Digestive Disease Association	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 34

(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
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. David J. Landset		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 4 Berwyn Drive		Transaction ID: SA11A1.5279
City Ocean View	State NJ	Zip Code 08230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark H. Laifer		Date of Receipt M / D / Y 06 / 18 / 2005
Mailing Address 4484 Indian Hill Drive		Transaction ID: SA11A1.5264
City Lima	State OH	Zip Code 45805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gastro-Intestinal Associa- tes	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Billy W. Long		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 110 Coachman's Road		Transaction ID: SA11A1.5246
City Madison	State MS	Zip Code 39110-9227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gastrointestinal Associat- es, P.A.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. William E. Lyles		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2005
Mailing Address 500 Janet Drive		Transaction ID: SA11A1.5281
City Pineville	State LA	Zip Code 71360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alexandria Gastro Assoc	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. William C. Martin		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2005
Mailing Address 1391 Edgehill Drive		Transaction ID: SA11A1.5284
City Fayetteville	State AR	Zip Code 72703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Fayetteville Clinic	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas R. McGinn		Date of Receipt M / D / Y Y Y Y 06 / 10 / 2005
Mailing Address 18561 Nina Circle		Transaction ID: SA11A1.5243
City Omaha	State NE	Zip Code 68130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GIA	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 34

(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
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. M.P. Meisenheimer		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2005
Mailing Address 1801 N Senate Boulevard		Transaction ID: SA11A1.5285
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Meridian Medical Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert A. Nussbaum		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2005
Mailing Address 4861 N. 24th Street		Transaction ID: SA11A1.5248
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Vincent Panella		Date of Receipt M / D / Y Y Y Y 06 / 18 / 2005
Mailing Address 205 McKenna Drive		Transaction ID: SA11A1.5290
City Norwood	State NJ	Zip Code 07648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 34

(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
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Richard Pannico		Date of Receipt M / D / Y 06 / 18 / 2005	
Mailing Address 1905 Highgate Road		Transaction ID: SA11A1.5320	
City State Zip Code Pittsburgh PA 15241	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Southwest Gastro Associates	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Parvej A. Patel		Date of Receipt M / D / Y 06 / 08 / 2005	
Mailing Address 50728 Lakeside Drive		Transaction ID: SA11A1.5344	
City State Zip Code Granger IN 46530	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Michigan Gastro	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. James H. Petersen		Date of Receipt M / D / Y 01 / 31 / 2005	
Mailing Address 3957 Hopewell Road		Transaction ID: SA11A1.5291	
City State Zip Code Wentzville MO 63385	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Digestive Disease Med. Consultants	Occupation Gastroenterologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 / 34

(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
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. John W. Papp, Jr.		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 273B Laurel Street		Transaction ID: SA11A1.5293
City Columbia	State SC	Zip Code 29204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Columbia Gastroenterology Assoc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. A. A. Ramage, III		Date of Receipt M / D / Y 06 / 14 / 2005
Mailing Address 812 East Henrietta Ave.		Transaction ID: SA11A1.5295
City Greenwood	State SC	Zip Code 29549
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Digestive Disease Group, P.A.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Sharon Roseman		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 109 Bell Farm Estates		Transaction ID: SA11A1.5244
City Sewickly	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Heritage Valley Health Systems	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Robert A. Sable		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 50 Butterwood Lane, W		Transaction ID: SA11A1.5329
City Irvington	State NY	Zip Code 10533
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. You Sung Sang		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 27 Sandpiper Lane		Transaction ID: SA11A1.5249
City East Lyme	State CT	Zip Code 06333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Norwich GI Assoc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Schmitz		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 301 Hudson Avenue		Transaction ID: SA11A1.5425
City Tenafly	State NJ	Zip Code 07670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Stephen M. Schute		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005	
Mailing Address 825B W. Emerald		Transaction ID: SA11A1.5348	
City State Zip Code Boise ID 83704	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Boise Gastro	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) B. Dr. Victor W. Sears, Jr.		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2005	
Mailing Address 160 Wing Haven Circle		Transaction ID: SA11A1.5297	
City State Zip Code Winston-Salem NC 27106	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Digestive Health Special-ists	Occupation Gastroenterologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Robert A. Simmons		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005	
Mailing Address 1101 Oakridge Drive		Transaction ID: SA11A1.5258	
City State Zip Code Ft. Collins CO 80525	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Center for Gastroenterology	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Thomas M. Soma		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 166 Clinton Street		Transaction ID: SA11A1.5298
City Brooklyn	State NY	Zip Code 11201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. T. Carter Towne		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 199 Cloister Green Lane		Transaction ID: SA11A1.5332
City Memphis	State TN	Zip Code 38120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memphis Gastro Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Frank J. Troncale		Date of Receipt M / D / Y 01 / 31 / 2005
Mailing Address 1 Dorr Street		Transaction ID: SA11A1.5301
City Brandford	State CT	Zip Code 06405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gastroenterology Center of CT	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Enrique A. Valdivia		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address 169 Byrd Cove		Transaction ID: SA11A1.5398
City Clarksdale	State MS	Zip Code 38614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John J. Walker		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 2702 Swan Lake Dr.		Transaction ID: SA11A1.5422
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert E. White		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 606 Dunk Rock Road		Transaction ID: SA11A1.5334
City Guilford	State CT	Zip Code 06437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	26550.00

**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)

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<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: SB21B.5411 Date of Disbursement 06 / 30 / 2005	
Mailing Address P. O. Box 27025		Amount of Each Disbursement this Period 125.00	
City Richmond State VA Zip Code 23201	Purpose of Disbursement Credit Card Processing	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DotterLydon, Inc.		Transaction ID: SB21B.5365 Date of Disbursement 06 / 30 / 2005	
Mailing Address 1251 Dartmouth Court		Amount of Each Disbursement this Period 644.82	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Compliance & Bookkeeping	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DotterLydon, Inc.		Transaction ID: SB21B.5367 Date of Disbursement 06 / 30 / 2005	
Mailing Address 1251 Dartmouth Court		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Compliance & Bookkeeping	Candidate Name	001 Category/ Type
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ► **1769.82**

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)

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<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. eDonation.com

Mailing Address 118 N.Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Credit card processing

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: SB21B.5434
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
395.00

Full Name (Last, First, Middle Initial)
B. Klasek Letter Company

Mailing Address 2850 S. Jefferson Avenue

City St. Louis State MO Zip Code 63118

Purpose of Disbursement
General Funct. Postage Non Candidate

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: SB21B.5358
Date of Disbursement
06 / 11 / 2005

Amount of Each Disbursement this Period
3912.45

Full Name (Last, First, Middle Initial)
C. Klasek Letter Company

Mailing Address 2850 S. Jefferson Avenue

City St. Louis State MO Zip Code 63118

Purpose of Disbursement
Postage, Mailing

Candidate Name
RICHARD J SANTORUM

Office Sought: House Senate President State: PA District 00

Disbursement For: 2006 Primary General Other (specify) ▼

Category/Type 011

Transaction ID: SB21B.5495
Date of Disbursement
06 / 11 / 2005

Amount of Each Disbursement this Period
58.83

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 4307.45

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)

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<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. Patton Boggs

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.5369
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Patton Boggs

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Void State Check

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: SB21B.5560
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
-4200.00

Full Name (Last, First, Middle Initial)
C. Response Consulting

Mailing Address 2800 Shirlington Road Suite 900

City Arlington State VA Zip Code 22208

Purpose of Disbursement
Mailing printing

Candidate Name
RICHARD J SANTORUM

Office Sought: House Senate President State: PA District 00

Disbursement For: 2006 Primary General Other (specify) ▼

Category/Type 011

Transaction ID: SB21B.5496
Date of Disbursement
05 / 11 / 2005

Amount of Each Disbursement this Period
120.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 800.00

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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)

A. Response Consulting

Mailing Address 2800 Shirlington Road
Suite 900

City Arlington State VA Zip Code 22206

Purpose of Disbursement
General Funct. Production, Non Candidate

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

003
Category/
Type

Transaction ID: SB21B.5361

Date of Disbursement

06 / 30 / 2005

Amount of Each Disbursement this Period

6102.59

SUBTOTAL of Disbursements This Page (optional) ▶

6102.59

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

12979.86

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. BEN CARDIN FOR SENATE

Mailing Address PO BOX 65056

City BALTIMORE State MD Zip Code 21209

Purpose of Disbursement
Contribution

Candidate Name
BENJAMIN L CARDIN

Office Sought: House Senate President
 Senate
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: MD District: D3

011
Category/
Type

Transaction ID: SB23.5396
Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. BLUEGRASS COMMITTEE

Mailing Address 400 North Capitol Street NW
#585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.5393
Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)
C. COMMITTEE FOR THE PRESERVATION OF CAPITALISM (CPC), THE

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.5386
Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. CONGRESSIONAL MAJORITY COMMITTEE

Mailing Address P. O. BOX 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5381
Date of Disbursement
06 / 29 / 2005

Amount of Each Disbursement this Period
3000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF KENT CONRAD

Mailing Address PO BOX 812

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement Contribution
Candidate Name KENT CONRAD

Office Sought: House Senate President
State: ND District 00

Disbursement For: 2006 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5390
Date of Disbursement
06 / 29 / 2005

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Klasek Letter Company

Mailing Address 2850 S. Jefferson Avenue

City St. Louis State MO Zip Code 63118

Purpose of Disbursement In-kind mailing postage
Candidate Name RICHARD J SANTORUM

Office Sought: House Senate President
State: PA District 00

Disbursement For: 2006 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5493
Date of Disbursement
05 / 11 / 2005

Amount of Each Disbursement this Period
58.83

SUBTOTAL of Disbursements This Page (optional) ▶

4058.83

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. NELSON 2006

Mailing Address P O BOX 8666

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
Contribution

Candidate Name
E BENJAMIN NELSON

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼

State: NE District: 00

011
Category/
Type

Transaction ID: SB23.5371
Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. NELSON 2006

Mailing Address P O BOX 8666

City OMAHA State NE Zip Code 68103

Purpose of Disbursement
Contribution

Candidate Name
E BENJAMIN NELSON

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼

State: NE District: 00

011
Category/
Type

Transaction ID: SB23.5389
Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)
C. Response Consulting

Mailing Address 2800 Shirlington Road
Suite 900

City Arlington State VA Zip Code 22206

Purpose of Disbursement
In-kind Mailing

Candidate Name
RICHARD J SANTORUM

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼

State: PA District: 00

011
Category/
Type

Transaction ID: SB23.5492
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

120.00

SUBTOTAL of Disbursements This Page (optional) ▶

2620.00

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. SANTORUM 2008

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement
Ed Cattau Earmark by Contributor Check

Candidate Name
RICHARD J SANTORUM

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: PA District: 00 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5485
Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period
250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. SANTORUM 2006

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement
Robert Cameron Earmark by Contributor

Candidate Name
RICHARD J SANTORUM

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: PA District: 00 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5486
Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period
201.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SANTORUM 2008

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement
Contribution

Candidate Name
RICHARD J SANTORUM

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President
 State: PA District: 00 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.5399
Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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 33 / 34

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)

A. SNOWE FOR SENATE

Mailing Address PO BOX 2006

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement
Contribution

Candidate Name
OLYMPIA J SNOWE

Office Sought: House Senate President
 Senate
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: ME District: D0

011
Category/
Type

Transaction ID: SB23.5374

Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

011
Category/
Type

Transaction ID: SB23.5383

Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

17678.83

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
GIPAC

(Use separate schedule(s) for each numbered line)	PAGE 34 / 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs		Nature of Debt (Purpose): Legal expense	
Mailing Address 2550 M Street, NW			
City Washington	State DC	ZIP Code 20037	
Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.5559	
Amount Incurred This Period 4200.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Response Consulting		Nature of Debt (Purpose): Gen. Fund. - Direct Mail Production	
Mailing Address 2800 Shirlington Road Suite 900			
City Arlington	State VA	ZIP Code 22206	
Outstanding Balance Beginning This Period 0.00		Transaction ID: SD1D.5558	
Amount Incurred This Period 13789.63	Payment This Period 0.00	Outstanding Balance at Close of This Period 13789.63	

1) SUBTOTALS This Period This Page (optional)	▶	17989.63
2) TOTALS This Period (last page this line number only)	▶	17989.63
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	