

**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)

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

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

Full Name (Last, First, Middle Initial) <b>C. Dr. Scott Fuels</b>		Date of Receipt M / D / Y Y Y Y 06 / 07 / 2005	
Mailing Address 10249 Vastal Court		Transaction ID: SA11A1.5312	
City Coral Springs	State FL	Zip Code 33071	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Digestive Disease Associa- tes	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ..... ▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) ..... ▶	