

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

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

FOR LINE NUMBER: PAGE 13 / 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. Kenneth S. Hepps		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2005	
Mailing Address 18548 Roscoe Blvd. Suite 110		Transaction ID: SA11A1.5275	
City State Zip Code Northridge CA 91324	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. Les Hurelbrink III		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2005	
Mailing Address 1111 Kensington Drive		Transaction ID: SA11A1.5276	
City State Zip Code High Point NC 27262	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Comerstone Healthcare	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. Dr. Angela Hutzenbuehler		Date of Receipt M / D / Y Y Y Y 01 / 01 / 2005	
Mailing Address 2819 Stone Gap Court		Transaction ID: SA11A1.5409	
City State Zip Code Raleigh NC 27612	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Digestive Healthcare	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

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

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