

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

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

FOR LINE NUMBER: PAGE 6 / 8

(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. Larry R. Cain		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 196 Smith Knolls Rd		Transaction ID: SA11A1.4977
City Fairview	State NC	Zip Code 28730-9546
FEC ID number of contributing federal political committee. <b>C</b>		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. Kenneth D. Emkey		Date of Receipt M / D / Y 03 / 23 / 2004
Mailing Address 1020 Old Mill Road		Transaction ID: SA11A1.4991
City Wyomissing	State PA	Zip Code 19610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Digestive Diseases Assoc., LTD	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ira L. Flex		Date of Receipt M / D / Y 03 / 23 / 2004
Mailing Address 12319 Mossycup		Transaction ID: SA11A1.4995
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	