

**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

x

NEW (N)

OR

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)

X January 31 Quarterly Report (YE)

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

07

01

2005

through

12

31

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: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		78461.15
(b) Cash on Hand at Beginning of Reporting Period .....	77912.46	
(c) Total Receipts (from Line 19) .....	10826.92	41125.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	88739.38	119587.07
7. Total Disbursements (from Line 31) .....	43949.22	74796.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44790.16	44790.16
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) .....	0.00	

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: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2005

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) .....	9756.92	36306.92
(ii) Unitemized .....	1070.00	4819.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	10826.92	41125.92
(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) .....	10826.92	41125.92
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)) .....	10826.92	41125.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10826.92	41125.92

## 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.....	26949.22	40118.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	26949.22	40118.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	34678.63
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))..	43949.22	74796.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	43949.22	74796.91

**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) .....	10826.92	41125.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10826.92	41125.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26949.22	40118.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26949.22	40118.08

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

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

FOR LINE NUMBER: PAGE 6 / 22

(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) <b>A. Dr. Rajender Arora</b>		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005	
Mailing Address 280 Henry Street		Transaction ID: SA11A1.5524	
City State Zip Code Orange NJ 07050	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Anthony G. Auleri</b>		Date of Receipt M / D / Y Y Y Y 12 / 28 / 2005	
Mailing Address 1600 Spring Valley Road		Transaction ID: SA11A1.5511	
City State Zip Code Bethlehem PA 18015	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self	Occupation Gastroenterologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Dr. Natarajan Balu</b>		Date of Receipt M / D / Y Y Y Y 08 / 12 / 2005	
Mailing Address 444 F.M. 1959		Transaction ID: SA11A1.5549	
City State Zip Code Houston TX 77034	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Gastroenterology Assoc., LLP	Occupation Physician	Aggregate Year-to-Date ▼ 750.00	
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**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
GIPAC

Full Name (Last, First, Middle Initial) <b>A. Dr. Charles L. Cannon</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1121 Chantrell Dr.		Transaction ID: SA11A1.5528
City	State	Zip Code
Enid	OK	73701
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James Cheng</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 1905 Chint Moor Road		Transaction ID: SA11A1.5527
City	State	Zip Code
Boca Raton	FL	33496
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>C. Dr. Ramon Collins</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 7126 Beneva Road		Transaction ID: SA11A1.5545
City	State	Zip Code
Sarasota	FL	34238
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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NAME OF COMMITTEE (In Full)  
GIPAC

Full Name (Last, First, Middle Initial) <b>A. Dr. Douglas D. Dalke</b>		Date of Receipt M / D / Y 12 / 28 / 2005
Mailing Address 471 D Browning Court		Transaction ID: SA11A1.5518
City Lincoln	State NE	Zip Code 68516
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard Fareigh</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 4801 Golden Spring Circle		Transaction ID: SA11A1.5498
City Anchorage	State AK	Zip Code 99507
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>C. Dr. Ramesh Gandhi</b>		Date of Receipt M / D / Y 12 / 28 / 2005
Mailing Address 999 Brubaker Drive, Ste 1		Transaction ID: SA11A1.5500
City Dayton	State OH	Zip Code 45429
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Digestive Specialists, In- c.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 22

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
GIPAC

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael Guil</b>		Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 8214 Wurzbach		Transaction ID: SA11A1.5597	
City San Antonio	State TX	Zip Code 78229	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Gastro. Cons. of San Antonio	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Dr. James S. Hoffman</b>		Date of Receipt M / D / Y 12 / 30 / 2005	
Mailing Address 21 Strathmore Road		Transaction ID: SA11A1.5497	
City Dartmouth	State MA	Zip Code 02742	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer St. Elizabeth's Hospital	Occupation Physician	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Dr. Peter Kay</b>		Date of Receipt M / D / Y 12 / 28 / 2005	
Mailing Address 677 E. 12th Street Suite N-500		Transaction ID: SA11A1.5507	
City Eugene	State OR	Zip Code 97401	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Eugene Gastroenterology	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(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) <b>A. Dr. Louis LaLune</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 2472 Jefferson Avenue		Transaction ID: SA11A1.5529
City West Lawn	State PA	Zip Code 19609
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Gerardo Lanes</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 140 SW 84 Avenue		Transaction ID: SA11A1.5530
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer West Broward Gastroenterology Assoc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. John Lee</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 6806 Glendora Avenue		Transaction ID: SA11A1.5531
City Dallas	State TX	Zip Code 95230
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	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
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 11 / 22

(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) <b>A. Dr. Thomas R. McGinn</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 16561 Nina Circle		Transaction ID: SA11A1.5533
City Omaha	State NE	Zip Code 68130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer GIA	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Ross McHenry</b>		Date of Receipt M / D / Y 12 / 28 / 2005
Mailing Address 196 Barnwood Drive		Transaction ID: SA11A1.5517
City Edgewood	State KY	Zip Code 41017
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>C. Dr. John Meier</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 4035 5th Street, NW		Transaction ID: SA11A1.5547
City Hickory	State NC	Zip Code 28601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Gastroenterology Assoc.	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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FOR LINE NUMBER: PAGE 12 / 22

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NAME OF COMMITTEE (In Full)  
GIPAC

Full Name (Last, First, Middle Initial) <b>A. Dr. Vinod M. Patel</b>		Date of Receipt M / D / Y 08 / 02 / 2005
Mailing Address 563D Clinton Street		Transaction ID: SA11A1.5534
City	State	Zip Code
Erie	PA	16509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Medical-Surgical Assoc., Inc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Suresh Rajendran</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 444 F.M. 1959		Transaction ID: SA11A1.5541
City	State	Zip Code
Houston	TX	77034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gastroenterology Associates, L	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Dean L. Rider</b>		Date of Receipt M / D / Y 12 / 28 / 2005
Mailing Address 350 Parnassus No. 900		Transaction ID: SA11A1.5508
City	State	Zip Code
San Francisco	CA	94117
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	

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 13 / 22

(check only one)

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NAME OF COMMITTEE (In Full)  
GIPAC

Full Name (Last, First, Middle Initial) <b>A. Dr. Jonathan Sachs</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 281 Witherspoon Street #230		Transaction ID: SA11A1.5535
City Princeton	State NJ	Zip Code 08542
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>B. Dr. Michael A. Sefdi</b>		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2836 Losantiridge Avenue		Transaction ID: SA11A1.5543
City Cincinnati	State OH	Zip Code 45213
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Greater Cincinnati Gastro Assoc	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. William Stam</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 15001 Shady Grove Road		Transaction ID: SA11A1.5539
City Rockville	State MD	Zip Code 20850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Associates in Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 14 / 22

(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. Frank J. Troncale</b>		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005	
Mailing Address 1 Dorr Street		Transaction ID: SA11A1.5523	
City Brandford	State CT	Zip Code 06405	Amount of Each Receipt this Period 206.92
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Gastroenterology Center of CT	Occupation Physician	Aggregate Year-to-Date ▼ 456.92	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Dr. John J. Walker</b>		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005	
Mailing Address 2702 Swan Lake Dr.		Transaction ID: SA11A1.5544	
City High Point	State NC	Zip Code 27262	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Dr. William C. Wu</b>		Date of Receipt M / D / Y Y Y Y 12 / 30 / 2005	
Mailing Address 677 E. 12th Avenue, N-500		Transaction ID: SA11A1.5551	
City Eugene	State OR	Zip Code 97401	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Eugene Gastro	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ..... ▶	<b>1706.92</b>
TOTAL This Period (last page this line number only) ..... ▶	<b>9756.92</b>

**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 15 / 22

<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. Association & Government Relations Mgt.**

Mailing Address 4900 B South 31st Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Gen. fund. - List Rental

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.5572  
Date of Disbursement  
12 / 30 / 2005

Amount of Each Disbursement this Period  
250.00

003  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. DotterLydon, Inc.**

Mailing Address 1251 Dartmouth Court

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Compliance and Bookkeeping

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.5570  
Date of Disbursement  
12 / 30 / 2005

Amount of Each Disbursement this Period  
900.00

001  
Category/  
Type

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

Mailing Address 118 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Credit Card. Online Processing

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.5578  
Date of Disbursement  
07 / 01 / 2005

Amount of Each Disbursement this Period  
440.00

003  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1590.00**

**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 16 / 22

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input 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. eDonation.com

Mailing Address 118 N.Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Credit Card, Online processing

Candidate Name

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

State: District

003  
Category/  
Type

Transaction ID: SB21B.5580  
Date of Disbursement

12 / 17 / 2005

Amount of Each Disbursement this Period

44.50

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

Mailing Address 118 N.Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Credit card, online processing

Candidate Name

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

State: District

003  
Category/  
Type

Transaction ID: SB21B.5582  
Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

370.60

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

Mailing Address 2560 M Street, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Legal exp., Recut voided check

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: SB21B.5588  
Date of Disbursement

12 / 30 / 2005

Amount of Each Disbursement this Period

4200.00

SUBTOTAL of Disbursements This Page (optional) ▶

4615.19

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 17 / 22

<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  
Gen. Fund.-Direct Mail Postage

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

003  
Category/  
Type

Transaction ID: SB21B.5552

Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

2128.19

Full Name (Last, First, Middle Initial)

**B. Response Consulting**

Mailing Address 2800 Shirlington Road  
Suite 900

City Arlington State VA Zip Code 22206

Purpose of Disbursement  
Gen. Fund.-Direct Mail Production

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

003  
Category/  
Type

Transaction ID: SB21B.5556

Date of Disbursement

12 / 30 / 2005

Amount of Each Disbursement this Period

4796.21

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  
Gen. Fund.-Direct Mail Prod.

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

003  
Category/  
Type

Transaction ID: SB21B.5563

Date of Disbursement

12 / 30 / 2005

Amount of Each Disbursement this Period

13788.63

SUBTOTAL of Disbursements This Page (optional) ▶

20714.03

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

26919.22

**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. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN**

Mailing Address PO BOX 10210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement Contribution

Candidate Name JEFF BINGAMAN

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

State: NM District: 00

Transaction ID: SB23.5482  
Date of Disbursement  
10 / 26 / 2005

Amount of Each Disbursement this Period  
3000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF JOE LIEBERMAN**

Mailing Address PO BOX 231294  
STATE HOUSE SQUARE

City STATE HOUSE SQUARE State CT Zip Code 06123

Purpose of Disbursement Contribution

Candidate Name JOSEPH I LIEBERMAN

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

State: CT District: 00

Transaction ID: SB23.5488  
Date of Disbursement  
09 / 15 / 2005

Amount of Each Disbursement this Period  
500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF MAX BAUCUS**

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement Contribution

Candidate Name MAX BAUCUS

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

State: MT District: 00

Transaction ID: SB23.5491  
Date of Disbursement  
11 / 17 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ▶ **4500.00**

**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 19 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. KEEP OUR MAJORITY PAC**

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5474  
Date of Disbursement  
09 / 26 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. NATIONAL LEADERSHIP PAC**

Mailing Address PO BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5472  
Date of Disbursement  
09 / 16 / 2005

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. NEBRASKA LEADERSHIP PAC (NELPAC)**

Mailing Address P.O. Box 3325

City Omaha State NE Zip Code 68103

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5485  
Date of Disbursement  
10 / 26 / 2005

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3000.00**

**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 20 / 22

<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. PEOPLE FOR ENGLISH

Mailing Address PO BOX 1940

City State Zip Code  
ERIE PA 16507

Purpose of Disbursement  
Contribution

Candidate Name  
PHILIP S ENGLISH

Office Sought:  House  
Senate  
President

State: PA District: D3

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5481  
Date of Disbursement

07 / 19 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)  
B. PEOPLE WITH HART INC

Mailing Address P.O. Box 435

City State Zip Code  
Wexford PA 15080

Purpose of Disbursement  
Contribution

Candidate Name  
MELISSA A. HART

Office Sought:  House  
Senate  
President

State: PA District: D4

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5477  
Date of Disbursement

10 / 24 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. PROMOTING REPUBLICANS YOU CAN ELECT PROJECT (PRYCE PROJ-ECT)

Mailing Address 1155 21ST STREET NW SUITE 300

City State Zip Code  
WASHINGTON DC 20036

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For:  
Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.5488  
Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 21 / 22

<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 19426

Purpose of Disbursement  
Contribution

Candidate Name  
RICHARD J SANTORUM

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

State: PA District: D0

011  
Category/  
Type

Transaction ID: SB23.5471  
Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

3370.17

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

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19426

Purpose of Disbursement  
Contribution

Candidate Name  
RICHARD J SANTORUM

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

State: PA District: D0

011  
Category/  
Type

Transaction ID: SB23.5587  
Date of Disbursement

09 / 16 / 2005

Amount of Each Disbursement this Period

1629.83

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

17000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
GIPAC

(Use separate  
schedule(s)  
for each  
numbered line)

FOR LINE NUMBER:  
(check only one)

9  
 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	State	ZIP Code	
Washington	DC	20037	
Outstanding Balance Beginning This Period		Transaction ID: SD10.5559	
4200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	4200.00	0.00	

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	State	ZIP Code	
Arlington	VA	22206	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.5558	
13789.63			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	13789.63	0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	0.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	