

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

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

FOR LINE NUMBER: PAGE 9 / 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) A. Dr. Michael Guil		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. C		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. Dr. James S. Hoffman		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. C		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) C. Dr. Peter Kay		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. C		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) ►