

**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**

C00354571

CITY

STATE

ZIP CODE

3. IS THIS REPORT

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)
- 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 (12G)
- 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

01

01

2007

through

06

30

2007

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

07

31

2007

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
GIPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">82663.34</td></tr></table>	82663.34
Y	Y	Y	Y									
2	0	0	7									
82663.34												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">82663.34</td></tr></table>	82663.34										
82663.34												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">11200.00</td></tr></table>	11200.00	<table border="1" style="width: 100%;"><tr><td align="center">11200.00</td></tr></table>	11200.00								
11200.00												
11200.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">93863.34</td></tr></table>	93863.34	<table border="1" style="width: 100%;"><tr><td align="center">93863.34</td></tr></table>	93863.34								
93863.34												
93863.34												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">22308.71</td></tr></table>	22308.71	<table border="1" style="width: 100%;"><tr><td align="center">22308.71</td></tr></table>	22308.71								
22308.71												
22308.71												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">71554.63</td></tr></table>	71554.63	<table border="1" style="width: 100%;"><tr><td align="center">71554.63</td></tr></table>	71554.63								
71554.63												
71554.63												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name
GIPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	10500.00	10500.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	700.00	700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11200.00	11200.00
(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)	11200.00	11200.00
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))	11200.00	11200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11200.00	11200.00

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.....	5808.71	5808.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5808.71	5808.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	16500.00	16500.00
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 Activity (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))..	22308.71	22308.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22308.71	22308.71

DETAILED SUMMARY PAGE
of Disbursements

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)	11200.00	11200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11200.00	11200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5808.71	5808.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5808.71	5808.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
Dr. Edward L. Cattau

Mailing Address 9461 Gwynnbrook CV

City State Zip Code
Germantown TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memphis Gastroenterology Assoc Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2007

Transaction ID: SA11A1.6016

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Richard Farleigh

Mailing Address 4601 Golden Spring Circle

City State Zip Code
Anchorage AK 99507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2007

Transaction ID: SA11A1.6011

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Amy Foxx-Orenstein

Mailing Address 200 First Street, SW

City State Zip Code
Rochester MN 55905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mayo Clinic Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2007

Transaction ID: SA11A1.6017

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Ben A. Guider, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 6040 Chestnut Street		Transaction ID: SA11A1.6084	
City State Zip Code New Orleans LA 70118	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Metropolitan Gastroenterology Assoc.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Mark E. Jonas		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7	
Mailing Address 3793 Brighton Manor Lane		Transaction ID: SA11A1.6019	
City State Zip Code Cincinnati OH 45208	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. William E. Lyles		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 500 Janet Drive		Transaction ID: SA11A1.6018	
City State Zip Code Pineville LA 71360	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Alexandria Gastro Assoc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. William E. Lyles		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2007	
Mailing Address 500 Janet Drive		Transaction ID: SA11A1.6024	
City Pineville	State LA	Zip Code 71360	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Alexandria Gastro Assoc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Dr. Mark Mallory		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2007	
Mailing Address 6259 W. Emerald Street		Transaction ID: SA11A1.6022	
City Boise	State ID	Zip Code 83704	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Digestive Health Clinic	Occupation Gastroenterologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Fadel Nammour		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2007	
Mailing Address 1726 Princeton Lane		Transaction ID: SA11A1.6025	
City West Fargo	State ND	Zip Code 58078	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dakota Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Lenin Peters		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 507 Lindsay Street		Transaction ID: SA11A1.6048
City State Zip Code High Point NC 27262	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Bethany Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John W. Popp, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7
Mailing Address 2739 Laurel Street		Transaction ID: SA11A1.6027
City State Zip Code Columbia SC 29204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Columbia Gastroenterology Assoc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. March E. Seabrook		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 2036 Shady Lane		Transaction ID: SA11A1.6012
City State Zip Code Columbia SC 29206	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer CIG	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Christina Surawicz		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007
Mailing Address 629 37th Avenue		Transaction ID: SA11A1.6033
City State Zip Code Seattle WA 98122	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer University of Washington	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Andrzej Triebling		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 1001 Southpark Drive		Transaction ID: SA11A1.6045
City State Zip Code Littleton CO 80120	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Arapahoe Gastroenterology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary Varilek		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2007
Mailing Address 6316 Rainier Court		Transaction ID: SA11A1.6013
City State Zip Code Lincoln NE 68510	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Gastroenterology Special- ties	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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 11 / 20
	(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. Ronald J. Vender		Date of Receipt MM / DD / YYYY 06 / 16 / 2007	
Mailing Address 123 Rolling Meadow Road		Transaction ID: SA11A1.6030	
City State Zip Code Madison CT 06443	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Gastroenterology Center of CT	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Richard A. Zak		Date of Receipt MM / DD / YYYY 06 / 29 / 2007	
Mailing Address 61 Hostick Way		Transaction ID: SA11A1.6046	
City State Zip Code Chico CA 95928	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Contribution		
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	10500.00

**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)

<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
<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. American College of Gastroenterology		Transaction ID: SB21B.6093 Date of Disbursement																				
Mailing Address 6400 Goldsboro Road Suite 450		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	8		2	0	7														
City Bethesda	State MD	Zip Code 20817																				
Purpose of Disbursement Gen Fund. List Rental		<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																			
003																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: _____	District: _____																					
		Amount of Each Disbursement this Period <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.6082 Date of Disbursement																				
Mailing Address P.O. Box 53853		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	3		2	0	7														
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Credit Card Merchant Fee		<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																			
003																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: _____	District: _____																					
		Amount of Each Disbursement this Period <table border="1"><tr><td>5.00</td></tr></table>	5.00																			
5.00																						

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.6081 Date of Disbursement																				
Mailing Address P.O. Box 53853		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	5		2	0	7														
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Credit Card Merchant Fee		<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																			
003																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: _____	District: _____																					
		Amount of Each Disbursement this Period <table border="1"><tr><td>5.95</td></tr></table>	5.95																			
5.95																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>260.95</td></tr></table>	260.95
260.95		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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)

<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
<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. American Express		Transaction ID: SB21B.6080 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 53853		Amount of Each Disbursement this Period 5.95
City Phoenix State AZ Zip Code 85072	003 Category/ Type	
Purpose of Disbursement Credit Card Merchant Fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.6079 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 53853		Amount of Each Disbursement this Period 5.95
City Phoenix State AZ Zip Code 85072	003 Category/ Type	
Purpose of Disbursement Credit Card Merchant Fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.6078 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 53853		Amount of Each Disbursement this Period 5.95
City Phoenix State AZ Zip Code 85072	003 Category/ Type	
Purpose of Disbursement Credit Card Merchant Fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	17.85
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)

<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
<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. American Express		Transaction ID: SB21B.6077	
Mailing Address P.O. Box 53853		Date of Disbursement MM / DD / YYYY 06 / 04 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 5.95
Purpose of Disbursement Credit Card Merchant Fee		<input type="text" value="003"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Compliance Consulting LLC		Transaction ID: SB21B.6091	
Mailing Address P.O. Box 365		Date of Disbursement MM / DD / YYYY 06 / 28 / 2007	
City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period 3363.75
Purpose of Disbursement Compliance Consulting		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. DotterLydon, Inc.		Transaction ID: SB21B.6090	
Mailing Address 1251 Dartmouth Court		Date of Disbursement MM / DD / YYYY 06 / 28 / 2007	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1095.21
Purpose of Disbursement Compliance Consulting		<input type="text" value="001"/>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4464.91
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)

<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
<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. eDonation.com		Transaction ID: SB21B.6042 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 7
Mailing Address 118 N.Saint Asaph Street		Amount of Each Disbursement this Period 55.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Online Processing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Credit Card Online Processing Candidate Name		

Full Name (Last, First, Middle Initial) B. eDonation.com		Transaction ID: SB21B.6111 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 7
Mailing Address 118 N.Saint Asaph Street		Amount of Each Disbursement this Period 365.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Online Processing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Credit Card Online Processing Candidate Name		

Full Name (Last, First, Middle Initial) C. eDonation.com		Transaction ID: SB21B.6112 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 7
Mailing Address 118 N.Saint Asaph Street		Amount of Each Disbursement this Period 35.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Online Processing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Credit Card Online Processing Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	455.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. eDonation.com		Transaction ID: SB21B.6076 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 118 N.Saint Asaph Street		Amount of Each Disbursement this Period 110.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Online Processing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

Full Name (Last, First, Middle Initial) B. eDonation.com		Transaction ID: SB21B.6110 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 118 N.Saint Asaph Street		Amount of Each Disbursement this Period 500.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Online Processing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

SUBTOTAL of Disbursements This Page (optional)	610.00
TOTAL This Period (last page this line number only)	5808.71

**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)

<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. ALLYSON SCHWARTZ FOR CONGRESS		Transaction ID: SB23.6107 Date of Disbursement																				
Mailing Address P.O. Box 2232		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	9		2	0	7														
City Jenkintown	State PA	Zip Code 19046																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name ALLYSON SCHWARTZ		<table border="1"><tr><td>011</td></tr></table>	011																			
011																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: PA District: 13																						

Full Name (Last, First, Middle Initial) B. KENDRICK MEEK CAMPAIGN FOR CONGRESS		Transaction ID: SB23.6097 Date of Disbursement																				
Mailing Address 111 NW 183rd Street Suite 325		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	5		2	0	7														
City Miami	State FL	Zip Code 33169																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name KENDRICK B MEEK		<table border="1"><tr><td>011</td></tr></table>	011																			
011																						
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: FL District: 17																						

Full Name (Last, First, Middle Initial) C. LINDSEY GRAHAM FOR SENATE		Transaction ID: SB23.6094 Date of Disbursement																				
Mailing Address PO BOX 1801		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	2		2	0	7														
City COLUMBIA	State SC	Zip Code 29202																				
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																				
Candidate Name LINDSEY OLIN GRAHAM		<table border="1"><tr><td>011</td></tr></table>	011																			
011																						
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: SC District: 00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>8000.00</td></tr></table>	8000.00
8000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 18 / 20

<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

A. LINDSEY GRAHAM FOR SENATE

Full Name (Last, First, Middle Initial)
LINDSEY GRAHAM FOR SENATE
Mailing Address PO BOX 1801

Transaction ID: SB23.6104
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	7	

City COLUMBIA State SC Zip Code 29202

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
LINDSEY OLIN GRAHAM

Office Sought: House
 Senate
 President
State: SC District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B. PETE STARK RE-ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 8331

Transaction ID: SB23.6100
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	7	

City Fremont State CA Zip Code 94537

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
PETE STARK

Office Sought: House
 Senate
 President
State: CA District: 13

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C. RANGEL FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5577
MANHATTANVILLE STA

Transaction ID: SB23.6103
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	7	

City New York State NY Zip Code 10027

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
RANGEL FOR CONGRESS

Office Sought: House
 Senate
 President
State: NY District: 15

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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**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 / 20

<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

A. Full Name (Last, First, Middle Initial)
RICHARD E NEAL FOR CONGRESS COMMITTEE

Transaction ID: SB23.6085

Date of Disbursement

Mailing Address 76 MAGNOLIA TERRACE

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	7

City State Zip Code
SPRINGFIELD MA 01108

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
RICHARD E MR. NEAL

Office Sought: House
 Senate
 President
State: MA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

16500.00

Image# 27990432252

Form/Schedule: **SB21B** All disbursements described as 'Gen Fund.' are for the fundraising activity of GIPAC and not for the benefit
Transaction ID: **SB21B.6093** of a particular candidate.
