

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

GIPAC

ADDRESS (number and street) 1950 Roland Clarke Place Suite 300

Check if different than previously reported. (ACC) Reston VA 20191

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00354571

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 Year-End 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 [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2011 through [MM] / [DD] / [YYYY] 12 / 31 / 2011

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 W. Elwyn Lyles, M.D., FAGC

Signature of Treasurer W. Elwyn Lyles, M.D., FAGC [Electronically Filed] Date 01 / 30 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**GIPAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		70906.98
(b) Cash on Hand at Beginning of Reporting Period.....	74183.29	
(c) Total Receipts (from Line 19) .....	19230.00	29955.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93413.29	100861.98
7. Total Disbursements (from Line 31).....	16015.22	23463.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	77398.07	77398.07
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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. 06/2004)

Write or Type Committee Name

**GIPAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y Y 12 / 31 / 2011

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).....	18750.00	29250.00
(ii) Unitemized .....	480.00	705.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19230.00	29955.00
(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) .....	19230.00	29955.00
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 Transfers (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))..... ▶	19230.00	29955.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19230.00	29955.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	11515.22	11963.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11515.22	11963.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	11500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	16015.22	23463.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16015.22	23463.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	19230.00	29955.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19230.00	29955.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11515.22	11963.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11515.22	11963.91

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Edgar Achkar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 Cedarwood Road  
 City State Zip Code  
 Pepper Pike OH 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cleveland Clinic Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : A2011-3013197**  
 Amount of Each Receipt this Period  
 1000.00

**B. William Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4644 Bluebonnet Road  
 City State Zip Code  
 Baton Rouge LA 70809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gastro Associates Gastroenterologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : A2011-3013184**  
 Amount of Each Receipt this Period  
 1000.00

**C. Richard Bear**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9062 NE 37th PL  
 City State Zip Code  
 Bellevue WA 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CRH Medical Corp. CFO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : A2011-3013183**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 25  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**GIPAC**

**A. Carol Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22449 Rye Rd  
 City State Zip Code  
 Shaker Heights OH 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cleveland Clinic MD  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : A2011-3013185**  
 Amount of Each Receipt this Period  
 250.00

**B. Robert B. Cameron Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2871 Courtland Blvd.  
 City State Zip Code  
 Shaker Heights OH 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UHMP Gastroenterology Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : A2011-3013190**  
 Amount of Each Receipt this Period  
 1000.00

**C. Delbert L. Chumley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Cliffside Drive  
 City State Zip Code  
 San Antonio TX 78231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gastro Consultants of San Antonio Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : A2011-3011967**  
 Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 25
	<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**

**A. Douglas D. Dalke Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4710 Browning Court  
 City Lincoln State NE Zip Code 68516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gastroenterology Specialties PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2011  
**Transaction ID : A2011-3056161**  
 Amount of Each Receipt this Period  
 1000.00

**B. Francis Farraye**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 Harrison Avenue Suite 405  
 City Boston State MA Zip Code 02118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : A2011-3013192**  
 Amount of Each Receipt this Period  
 250.00

**C. David Greenwald Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Anderson Court  
 City Woodcliff Lake State NJ Zip Code 07677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montefiore Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : A2011-3013193**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<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) <b>A. Jack C Huang</b>		Date of Receipt
Mailing Address 14010 Smoketown Rd		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City	State	Zip Code
Woodbridge	VA	22192
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2011-3013196</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Associates in Gastroenterology	Physican	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Carol D Koscheski</b>		Date of Receipt
Mailing Address 456 44th Ave Dr. NW		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code
Hickory	NC	28601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2011-3013182</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Gastroenterology Associates PA	Physican	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. William E. Lyles</b>		Date of Receipt
Mailing Address 500 Janet Drive		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code
Pineville	LA	71360
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2011-3013191</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Alexandria Gastro Assoc	Physician	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<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) <b>A. Dr. David F Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 <b>Transaction ID : A2011-2964975</b>
Mailing Address 1 Belair Place		Amount of Each Receipt this Period 1000.00
City Pinehurst	State NC	Zip Code 28374
FEC ID number of contributing federal political committee. C		
Name of Employer Pinehurst Medical Clinic Inc.	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>B. Saluature A Moscatello</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2011 <b>Transaction ID : A2011-3013181</b>
Mailing Address 2891B Tricom St.		Amount of Each Receipt this Period 500.00
City N. Charleston	State SC	Zip Code 29406
FEC ID number of contributing federal political committee. C		
Name of Employer South Coast Gastroenterology LLC	Occupation Physican	
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>C. Daniel Pambianco Dr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2011 <b>Transaction ID : A2011-2771661</b>
Mailing Address 2335 Cinnamon Ridge Road		Amount of Each Receipt this Period 1000.00
City Charlottesville	State VA	Zip Code 22901
FEC ID number of contributing federal political committee. C		
Name of Employer Charlottesville Gastro Assoc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
<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**

**A. Irving Pike**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1004 Cannonbury Common  
 City Virginia Beach State VA Zip Code 23452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gastroenterology Consultants Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : A2011-3013195**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Manuel E Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 62nd Street NW  
 City Bradenton State FL Zip Code 34209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bradenton Gastroenterology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2011  
**Transaction ID : A2011-1464472**  
 Amount of Each Receipt this Period  
 500.00

**C. Harry Sarles Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 777 Walter Reed Suite 301  
 City Garland State TX Zip Code 75042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Digestive Health Associates TX Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : A2011-3013189**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. John W. Schaberg Dr.</b>		Date of Receipt 08 / 05 / 2011 <b>Transaction ID : A2011-1692858</b>
Mailing Address Consultants in Gastroenterology 131 Summerplace Drive		Amount of Each Receipt this Period 1000.00
City West Columbia	State SC	Zip Code 29169
FEC ID number of contributing federal political committee. C		
Name of Employer Consultants in Gastroenterology	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>B. Lawrence Schiller</b>		Date of Receipt 12 / 02 / 2011 <b>Transaction ID : A2011-3013188</b>
Mailing Address 7701 Mullrany Drive		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75248
FEC ID number of contributing federal political committee. C		
Name of Employer Digestive Health Associates TX	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>C. March E. Seabrook Dr.</b>		Date of Receipt 07 / 08 / 2011 <b>Transaction ID : A2011-1464474</b>
Mailing Address 2036 Shady Lane		Amount of Each Receipt this Period 1000.00
City Columbia	State SC	Zip Code 29206
FEC ID number of contributing federal political committee. C		
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**GIPAC**

**A. March E. Seabrook Dr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2036 Shady Lane  
 City Columbia State SC Zip Code 29206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CIG Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2011  
**Transaction ID : A2011-3013194**  
 Amount of Each Receipt this Period  
 1000.00

**B. Samir Shah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Wadsworth Way  
 City Sharon State MA Zip Code 02067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brown University Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2011  
**Transaction ID : A2011-3013187**  
 Amount of Each Receipt this Period  
 1000.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18750.00

**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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2011

Transaction ID : B403903

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2011

Transaction ID : B403904

Amount of Each Disbursement this Period

14.80

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2011

Transaction ID : B389936

Amount of Each Disbursement this Period

14.80

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

59.60

**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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2011

Transaction ID : B403905

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2011

Transaction ID : B403906

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2011

Transaction ID : B403907

Amount of Each Disbursement this Period

30.00

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

90.00

**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)

<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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2011

Transaction ID : B403911

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2011

Transaction ID : B403915

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2011

Transaction ID : B403916

Amount of Each Disbursement this Period

0.59

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

59.19

**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)

<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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2011  Primary  General  Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 10 / 30 / 2011

Transaction ID : **B403918**

Amount of Each Disbursement this Period: 1.03

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2011  Primary  General  Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 11 / 01 / 2011

Transaction ID : **B403919**

Amount of Each Disbursement this Period: 1.03

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2011  Primary  General  Other (specify) ▼

State: District: Not Applicable

Date of Disbursement: 11 / 01 / 2011

Transaction ID : **B403921**

Amount of Each Disbursement this Period: 30.00

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 32.06

**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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : B403922

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

Transaction ID : B403923

Amount of Each Disbursement this Period

29.30

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403924

Amount of Each Disbursement this Period

31.30

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

89.60

**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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403925

Amount of Each Disbursement this Period

15.80

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403926

Amount of Each Disbursement this Period

31.30

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403927

Amount of Each Disbursement this Period

15.80

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

62.90

**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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403928

Amount of Each Disbursement this Period

31.30

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403929

Amount of Each Disbursement this Period

8.05

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403930

Amount of Each Disbursement this Period

0.92

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

40.27

**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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403931

Amount of Each Disbursement this Period

31.30

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403932

Amount of Each Disbursement this Period

31.30

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403933

Amount of Each Disbursement this Period

31.30

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

93.90

**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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2011

Transaction ID : B403934

Amount of Each Disbursement this Period

31.30
-------

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2011

Transaction ID : B403935

Amount of Each Disbursement this Period

31.30
-------

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2011

Transaction ID : B403936

Amount of Each Disbursement this Period

8.05
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

70.65
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**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)

<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. PayPal Inc.**

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : B403937

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Admin expen-Report prep.

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2011

Transaction ID : B391725

Amount of Each Disbursement this Period

8517.65

Full Name (Last, First, Middle Initial)

**C. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Admin expen-Report prep.

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
11 / 28 / 2011

Transaction ID : B400372

Amount of Each Disbursement this Period

2369.40

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

10917.05

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

11515.22

# 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)

<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. Becerra for Congress

Mailing Address P.O. Box 116

City Hyattsville State MD Zip Code 20781

Purpose of Disbursement  
Contribution

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 31

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2011			

Transaction ID : B395887

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. John Lewis for Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Lewis**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2011			

Transaction ID : B390645

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

### C. Gillibrand for Senate

Mailing Address 236 Massachusetts Ave. Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kirsten Gillibrand**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2011			

Transaction ID : B389306

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
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**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)

<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**

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Allyson Schwartz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

/  /

**Transaction ID : B402478**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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