



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
GIPAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		56796.71
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	71825.70									
(c) Total Receipts (from Line 19) .....	8283.33	42425.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	80109.03	99222.68								
7. Total Disbursements (from Line 31) .....	1864.61	20978.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	78244.42	78244.42								
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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	8083.33	41583.31
(ii) Unitemized .....	200.00	842.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8283.33	42425.97
(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) .....	8283.33	42425.97
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)) .....	8283.33	42425.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8283.33	42425.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	864.61	13978.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	864.61	13978.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	7000.00
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))..	1864.61	20978.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1864.61	20978.26

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	8283.33	42425.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8283.33	42425.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	864.61	13978.26
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	864.61	13978.26

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

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

FOR LINE NUMBER: PAGE 6 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
GIPAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brett Bernstein

Mailing Address 17 Hillview Drive

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Occupation  
Beth Israel Medical Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2009

**Transaction ID:** SA11AI.6594

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert Burakoff

Mailing Address GI-Thorn 1428  
Brigham and Womans Hospital

City State Zip Code  
Boston MA 02115

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

Name of Employer Occupation  
Bringham and Women's Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2009

**Transaction ID:** SA11AI.6599

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address 8000 Wolf River Boulevard

City State Zip Code  
Germantown TN 38138

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

Name of Employer Occupation  
Memphis Gastroenterology Group Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2009

**Transaction ID:** SA11AI.6592

Amount of Each Receipt this Period  
1000.00

Contribution

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Ira L. Flax

Mailing Address 12319 Mossycup

City State Zip Code  
Houston TX 77024

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

Name of Employer Self 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  
09 / 09 / 2009

**Transaction ID:** SA11AI.6607

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

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 Mayo Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2009

**Transaction ID:** SA11AI.6610

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Harris Goldberg

Mailing Address 6141 Sunset Drive Suite 301

City State Zip Code  
South Miami FL 33143

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

Name of Employer GastroHealth 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  
09 / 03 / 2009

**Transaction ID:** SA11AI.6585

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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: PAGE 8 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
GIPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Pedro P. Ibaneza</p> <p>Mailing Address 9195 SW 72 Street Suite 120</p> <p>City State Zip Code Miami FL 33143</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 03 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.6603</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Mark A. Molos</p> <p>Mailing Address 11200 Brookwood Avenue</p> <p>City State Zip Code Leawood KS 66211</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer WestGlen GI Consultants Occupation GI Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 01 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.6596</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Lawrence R. Schiller</p> <p>Mailing Address 7701 Mullrany Drive</p> <p>City State Zip Code Dallas TX 75248</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Digestive Health Associates TX Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 01 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.6598</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<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 / 13
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen M. Schutz	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 6259 W. Emerald	<b>Transaction ID:</b> SA11AI.6601
	City State Zip Code Boise ID 83704	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Boise Gastroenterology Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Christina Surawicz	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 629 37th Avenue	<b>Transaction ID:</b> SA11AI.6595
	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 Occupation University of Washington Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Marc K. Taormina	Date of Receipt MM / DD / YYYY 09 / 05 / 2009
	Mailing Address 8108 Forest Park Drive	<b>Transaction ID:</b> SA11AI.6588
	City State Zip Code Parkville MO 64152	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Midwest Gastroenterology PC Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	833.33
<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 10 / 13  
(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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Paul R. Tarnasky

Mailing Address 3643 University Boulevard

City State Zip Code  
Dallas TX 75205

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

Name of Employer Digestive Health Assoc. of TX  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** SA11AI.6608

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Unger

Mailing Address 4 Green Mountain Drive

City State Zip Code  
Basking Ridge NJ 07920

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

Name of Employer Gastromed Healthcare, PA  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2009

**Transaction ID:** SA11AI.6605

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Dr. John J. Walker

Mailing Address 2702 Swan Lake Dr.

City State Zip Code  
High Point NC 27262

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

Name of Employer Self  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2009

**Transaction ID:** SA11AI.6602

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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:		PAGE 11 / 13	
	(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"/> 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
--------------------------------------

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Marc D. Wishingrad	Date of Receipt
	Mailing Address 490 North Bowling Green Way	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City State Zip Code Los Angeles CA 90049	<b>Transaction ID:</b> SA11AI.6611
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
	Name of Employer Self Occupation Physician	Contribution
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="8083.33"/>

**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

A.

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

Transaction ID: SB21B.6616  
Date of Disbursement

Mailing Address 118 N.Saint Asaph Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

266.66
--------

Purpose of Disbursement  
Credit Card Online Processing

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
PinSource

Transaction ID: SB21B.6583  
Date of Disbursement

Mailing Address 380 Hurricane Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

City Williston State VT Zip Code 05495

Amount of Each Disbursement this Period

590.00
--------

Purpose of Disbursement  
Collateral Materials - Lapel Pins

006
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

856.66
--------

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

856.66
--------

# 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 13 / 13

<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: SB23.6582

Date of Disbursement

Mailing Address 76 MAGNOLIA TERRACE

/   /

City State Zip Code  
SPRINGFIELD MA 01108

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

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

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