

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

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

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

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NAME OF COMMITTEE (In Full)
GIPAC

A. Full Name (Last, First, Middle Initial)
Dr. Christopher Barrilleaux
 Mailing Address 4833 Antonini Drive
 City State Zip Code
 Metairie LA 70006
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 1 0
Transaction ID: A2010-1966966
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation
 Self Employed Physician
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Andrew Gottesman
 Mailing Address 6906 Vista Willow Drive
 City State Zip Code
 Dallas TX 75248
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 1 0
Transaction ID: A2010-1966967
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation
 Self-Employed Physician
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Maury Morrison
 Mailing Address 6014 Bayou Robert Drive
 City State Zip Code
 Alexandria LA 71301
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 1 0
Transaction ID: A2010-1912992
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Freedman Clinic Occupation
 Freedman Clinic Physician
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

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