

**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

CITY

STATE

ZIP CODE

C00354571

3. IS THIS REPORT

x

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)

X 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 (12S)

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

07

01

2003

through

12

31

2003

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

Dr. Robert Ganz

Signature of Treasurer

Electronically Filed by Dr. Robert Ganz

Date

01

31

2004

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

FEC FORM 3X
(Rev. 02/2003)

**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: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003		62748.92
(b) Cash on Hand at Beginning of Reporting Period	56700.86	
(c) Total Receipts (from Line 19)	36425.00	38475.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	93125.86	101223.92
<hr/>		
7. Total Disbursements (from Line 31)	18655.53	26753.59
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74470.33	74470.33
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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. 02/2003)

Page 3

Write or Type Committee Name
GIPAC

Report Covering the Period: From: ^M07 ^D01 ^Y2003 To: ^M12 ^D31 ^Y2003

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)	29975.00	
(ii) Unitemized	6450.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	36425.00	38475.00
(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)	36425.00	38475.00
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))	36425.00	38475.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36425.00	38475.00

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.....	19655.53	21253.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	19655.53	21253.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1000.00	5500.00
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 ActMty (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))..	18655.53	26753.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	18655.53	26753.59

DETAILED SUMMARY PAGE
of Disbursements

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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)	36425.00	38475.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36425.00	38475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19855.53	21253.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19855.53	21253.59

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

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

FOR LINE NUMBER: PAGE 6 / 41

(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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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

Full Name (Last, First, Middle Initial) A. Dr. Howard Abrams		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 9422 N. 43rd Place		Transaction ID: SA11A1.4872
City Phoenix	State AZ	Zip Code 85028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Larry A. Adler		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address 301D Exmoor		Transaction ID: SA11A1.4798
City Ann Arbor	State MI	Zip Code 48104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Huron Gastroenterology As- soc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Peter J. Bannheim		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 9024 Greymonte Circle		Transaction ID: SA11A1.4874
City Gulfport	State MS	Zip Code 39503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gastroenterology Center, PA	Occupation Physician	Contribution
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)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 41
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Gregory P. Blitz		Date of Receipt M / D / Y 10 / 15 / 2003
Mailing Address 205D West 108th Street		Transaction ID: SA11A1.4739
City	State	Zip Code
Carmel	IN	46032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Meridian Medical Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Gail Lucie Bongiovanni		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 825D Eagle Ridge Drive		Transaction ID: SA11A1.4740
City	State	Zip Code
Cincinnati	OH	45243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greater Cincinnati Digestive	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth J. Boyd		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 108B W. Baltimore Place Suite 2101		Transaction ID: SA11A1.4800
City	State	Zip Code
Media	PA	19063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 8/41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Charles L. Cannon		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 1121 Chantrell Dr.		Transaction ID: SA11A1.4802
City	State	Zip Code
Enid	OK	73701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Marc S. Darp		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 1400 NE Miami Gardens Drive, 221		Transaction ID: SA11A1.4758
City	State	Zip Code
North Miami Beach	FL	33179
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Leslie E. Coshel		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 10 Tanglewood Lane		Transaction ID: SA11A1.4741
City	State	Zip Code
Greenville	RI	02828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UG Inc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 41

(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. George M. Cibik		Date of Receipt M / D / Y 11 / 10 / 2003
Mailing Address 5889 Peachtree Dunwoody Suite 210		Transaction ID: SA11A1.4761
City Atlanta	State GA	Zip Code 30342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Gastroenterologist	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. William S. Cline		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 4405 Moorland		Transaction ID: SA11A1.4876
City Midland	State MI	Zip Code 48640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Consultants In Gastroenterology		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 131 Summerplace Drive		Transaction ID: SA11A1.4957
City West Columbia	State SC	Zip Code 29169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2750.00
Name of Employer	Occupation	Partnership Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

SUBTOTAL of Receipts This Page (optional)	▶	3750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 41

(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. Eric J. Heinzlmann		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address Consultants in Gastroenterology 131 Summerplace Drive		Transaction ID: SA11A1.4957.0
City West Columbia	State SC	Zip Code 29169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 458.33
Name of Employer Consultants in Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.33	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Dr. Richard Lawson		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address Consultants in Gastroenterology 131 Summerplace Drive		Transaction ID: SA11A1.4957.1
City West Columbia	State SC	Zip Code 29169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 458.34
Name of Employer Consultants in Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.34	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Dr. S. Gaba Gately		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address Consultants in Gastroenterology 131 Summerplace Drive		Transaction ID: SA11A1.4957.2
City West Columbia	State SC	Zip Code 29169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 458.33
Name of Employer Consultants in Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.33	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 11 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. John W. Scheberg		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address Consultants in Gastroenterology 131 Summerplace Drive		Transaction ID: SA11A1.4957.3
City West Columbia	State SC	Zip Code 29169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 458.33
Name of Employer Consultants in Gastroenterology	Occupation Physician	Contribution [MEMO ITEM]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.33	

Full Name (Last, First, Middle Initial) B. Dr. March E. Seabrook		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 2036 Shady Lane		Transaction ID: SA11A1.4957.4
City Columbia	State SC	Zip Code 29206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 458.34
Name of Employer CIG	Occupation Physician	Contribution [MEMO ITEM]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.34	

Full Name (Last, First, Middle Initial) C. Dr. Rajeev Vasudeva		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address Consultants in Gastroenterology 131 Summerplace Drive		Transaction ID: SA11A1.4957.5
City West Columbia	State SC	Zip Code 29169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 458.33
Name of Employer Consultants in Gastroenterology	Occupation Physician	Contribution [MEMO ITEM]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.33	

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 12 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Brian K. Cooley		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 1800 Coit #401		Transaction ID: SA11A1.4804
City	State	Zip Code
Piano	TX	75083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DHAT	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. James P. Cranley		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 1505 Vancross Court		Transaction ID: SA11A1.4763
City	State	Zip Code
Cincinnati	OH	45220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greater Cincinnati Digestive	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Rashad E. Dabaghi		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 4206 Spinnaker Cove		Transaction ID: SA11A1.4806
City	State	Zip Code
Austin	TX	78731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Austin Gastroenterology Assoc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. John J. DeGude		Date of Receipt M / D / Y 12 / 10 / 2003
Mailing Address 3847 Gray Fox Run		Transaction ID: SA11A1.4808
City Rockford	State IL	Zip Code 61114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rockford Health Systems	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jack A. DiPalma		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address One Buerger Road		Transaction ID: SA11A1.4810
City Mobile	State AL	Zip Code 36608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. M. Bruce Dretter		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 1154 Ridgemont Drive		Transaction ID: SA11A1.4812
City Meadville	State PA	Zip Code 16335
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Physicians Assoc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Anthony B. Elkins		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003	
Mailing Address 204 Tilting Rock Drive		Transaction ID: SA11A1.4814	
City Hopkins	State SC	Zip Code 29061	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Consultants In Gastroenterology, PC Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Rene S.M. Eng		Date of Receipt M / D / Y Y Y Y 10 / 08 / 2003	
Mailing Address 200 East 58th Street Apt. 20A		Transaction ID: SA11A1.4742	
City New York	State NY	Zip Code 10022	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Babak F. Flood		Date of Receipt M / D / Y Y Y Y 10 / 03 / 2003	
Mailing Address 100 Old Palisades Road		Transaction ID: SA11A1.4816	
City Fort Lee	State NJ	Zip Code 07024	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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

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(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. Elliot N. Freiberg		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 44555 Woodward # 304		Transaction ID: SA11A1.4764
City Pontiac	State MI	Zip Code 48323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Digestive Disease Consultants P.C.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey H. Garelick		Date of Receipt M / D / Y 11 / 18 / 2003
Mailing Address 3370 Burns Road		Transaction ID: SA11A1.4743
City Palm Beach Gardens	State FL	Zip Code 33410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Joel P. Goldfarb		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 2821 Palidade Avenue Suite 5-B		Transaction ID: SA11A1.4773
City Riverdale	State NY	Zip Code 10463-6108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Peter H. Greenwald		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 3145 North Park Blvd.		Transaction ID: SA11A1.4759
City Cleveland Heights	State OH	Zip Code 44118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 425.00
Name of Employer North Shore Gastroenterology, Inc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) B. Dr. Jack R. Groover		Date of Receipt M / D / Y 10 / 15 / 2003
Mailing Address 24490 Doartraco Dr.		Transaction ID: SA11A1.4893
City Ponte Vedra	State FL	Zip Code 32082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Borland Groover Clinic	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Howard A. Grossbard		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 7430 Cove Terrace		Transaction ID: SA11A1.4818
City Sarasota	State FL	Zip Code 34231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1675.00
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 17 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. J. Kent Hamilton		Date of Receipt M / D / Y 11 / 10 / 2003
Mailing Address 3434 Swiss Avenue, Suite 206		Transaction ID: SA11A1.4744
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Digestive Health Assoc. of TX	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Kenneth S. Hepps		Date of Receipt M / D / Y 09 / 24 / 2003
Mailing Address 18548 Roscoe Blvd. Suite 110		Transaction ID: SA11A1.4745
City Northridge	State CA	Zip Code 91324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Les Hunsbrink III		Date of Receipt M / D / Y 12 / 14 / 2003
Mailing Address 1111 Kensington Drive		Transaction ID: SA11A1.4785
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cornerstone Healthcare	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. D.F. Jackson III		Date of Receipt M / D / Y 11 / 19 / 2003
Mailing Address 2 Belle Oak Road		Transaction ID: SA11A1.4768
City Dothan	State AL	Zip Code 36303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gastroenterology Assoc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph X. Jenkins		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 1101 Oakridge Drive		Transaction ID: SA11A1.4746
City Et. Collins	State CO	Zip Code 80525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Center for Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Davendra S. Kation		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 40124 Hwy 27 North Suite 102		Transaction ID: SA11A1.4747
City Davenport	State FL	Zip Code 33837
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gastroenterology Consultants of Florida	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 10 / 41

(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. Jaffer J. Khan		Date of Receipt M / D / Y 10 / 15 / 2003
Mailing Address Information Requested		Transaction ID: SA11A1.4748
City	State	Zip Code
Washington	DC	20037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven Kussin		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 110 Business Park Drive		Transaction ID: SA11A1.4878
City	State	Zip Code
Utica	NY	13502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Digestive Disease Med of Central NY	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jodie Lebowitz		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 6120 E. Desert Cove Ave		Transaction ID: SA11A1.4787
City	State	Zip Code
Scottsdale	AZ	85254-5437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Arizona Digestive & Liver	Occupation Physician	Contribution
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)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 41

(check only one)

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. David J. Landset		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 4 Berwyn Drive		Transaction ID: SA11A1.4768
City Ocean View	State NJ	Zip Code 08230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Gerardo Lanes		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 140 SW 84 Avenue		Transaction ID: SA11A1.4820
City Plantation	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer West Broward Gastroenterology Assoc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Frank L. Lanza		Date of Receipt M / D / Y 10 / 30 / 2003
Mailing Address 7777 SW Freeway Suite 720		Transaction ID: SA11A1.4749
City Houston	State TX	Zip Code 77074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 41

(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. Eric R. Lee		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 2824 Braided Mane		Transaction ID: SA11A1.4822
City Diamond Bar	State CA	Zip Code 91764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark H. Laifer		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 4484 Indian Hill Drive		Transaction ID: SA11A1.4750
City Lima	State OH	Zip Code 45805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gastro-Intestinal Associa- tes	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael W. Liewens		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 848 N. St Francis		Transaction ID: SA11A1.4824
City Wichita	State KS	Zip Code 67214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 22 / 41

(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. David M. Maccini		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 17205 N. Brookside Lane		Transaction ID: SA11A1.4828
City Colbert	State WA	Zip Code 99005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Spokane Digestive Disease Center	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mario Magalic		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 100 Brick Road Suite 300		Transaction ID: SA11A1.4769
City Marlton	State NJ	Zip Code 08053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BZ Gastrointestinal	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Hutt E. Mattox		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 3217 4th Street		Transaction ID: SA11A1.4770
City Brunswick	State GA	Zip Code 31520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Digestive Associates	Occupation Physician	Contribution
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)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Thomas R. McGinn		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 16561 Nina Circle		Transaction ID: SA11A1.4680
City Omaha	State NE	Zip Code 68130
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GIA	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. M.P. Meisenheimer		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 1801 N Senate Boulevard		Transaction ID: SA11A1.4751
City Indianapolis	State IN	Zip Code 46202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Meriden Medical Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kennepan Mohan		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 583 W. Putnam		Transaction ID: SA11A1.4752
City Porterville	State CA	Zip Code 93257
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 24 / 41

(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. Carlos Montero		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 201 D 58th Street, West Suite 2000		Transaction ID: SA11A1.4828
City Bradenton	State FL	Zip Code 34209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gastroenterology Assoc of Manatee	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Frank J. Nemes		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 3301 S. Maryland #765		Transaction ID: SA11A1.4832
City Las Vegas	State NV	Zip Code 89109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark D. Noer		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 7402 York Road Suite 100		Transaction ID: SA11A1.4830
City Towson	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Endoscopic Microsurgery	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 25 / 41

(check only one)

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. A. A. Ramage, III		Date of Receipt M / D / Y 10 / 15 / 2003
Mailing Address 812 East Henrietta Ave.		Transaction ID: SA11A1.4832
City Greenwood	State SC	Zip Code 29649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Digestive Disease Group, P.A.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. David R. Riedel		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 355D College Ave. Suite B		Transaction ID: SA11A1.4834
City Alton	State IL	Zip Code 62002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Vincent Rigoglioso		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 222 Cedar Lane Suite 2D4		Transaction ID: SA11A1.4834
City Teaneck	State NJ	Zip Code 07666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 26 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. John D. Roddenbery		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003
Mailing Address 759 Hillcrest Drive, NW		Transaction ID: SA11A1.4753
City Bradenton	State FL	Zip Code 34209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GI Associates of Manatee	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Manuel E. Rodriguez		Date of Receipt M / D / Y Y Y Y 10 / 08 / 2003
Mailing Address 201D 59th Street, West Suite 2000		Transaction ID: SA11A1.4836
City Bradenton	State FL	Zip Code 34209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gastroenterology Associates of Manatee	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary M. Roggin		Date of Receipt M / D / Y Y Y Y 10 / 08 / 2003
Mailing Address 10215 Fernwood Rd. #401		Transaction ID: SA11A1.4838
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 27 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Harold Rosen		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 3305 St. Charles Circle		Transaction ID: SA11A1.4840
City	State	Zip Code
Boca Raton	FL	33434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael A. Sefdi		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 2836 Losantiridge Avenue		Transaction ID: SA11A1.4886
City	State	Zip Code
Cincinnati	OH	45213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greater Cincinnati Gastro Assoc	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. You Sung Sang		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 27 Sandpiper Lane		Transaction ID: SA11A1.4842
City	State	Zip Code
East Lyme	CT	06333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Norwich GI Assoc.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 28 / 41

(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. Robert L. Sawyer, Jr.		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 1520 S. Dobson, Suite 302		Transaction ID: SA11A1.4889
City Mesa	State AZ	Zip Code 85202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mesa GI	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Schmalz		Date of Receipt M / D / Y 10 / 08 / 2003
Mailing Address 7553 Cambridge Dr.		Transaction ID: SA11A1.4844
City Franklin	State WI	Zip Code 53132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GI Consultants Ltd.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael H. Schmidt		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 1800 Parke Avenue		Transaction ID: SA11A1.4771
City Et Lee	State NJ	Zip Code 07024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
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)	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 41

(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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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

Full Name (Last, First, Middle Initial) A. Dr. Victor W. Sears, Jr.		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 180 Wing Haven Circle		Transaction ID: SA11A1.4772
City Winston-Salem	State NC	Zip Code 27106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Digestive Health Special- ists	Occupation Gastroenterologist	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert A. Simmons		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 1101 Oakridge Drive		Transaction ID: SA11A1.4754
City Et. Collins	State CO	Zip Code 80525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Center for Gastroenterolo- gy	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Anil K. Singh		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 1504 B Grand Central Ave. Digestive Care Center, PLLC		Transaction ID: SA11A1.4848
City Vienna	State VA	Zip Code 28105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 30 / 41
(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

Full Name (Last, First, Middle Initial) A. Dr. Mark Stechschube		Date of Receipt M / D / Y Y Y Y 10 / 21 / 2003
Mailing Address 5588 Dublin Road		Transaction ID: SA11A1.4848
City	State	Zip Code
Dublin	OH	43017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ohio Gastroenterology Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce E. Stein		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003
Mailing Address 73 Braeside Crescent		Transaction ID: SA11A1.4850
City	State	Zip Code
Manchester	CT	06040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Howard A. Stein		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2003
Mailing Address 1001 N. Waldrop Drive Suite 811		Transaction ID: SA11A1.4755
City	State	Zip Code
Arlington	TX	76012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 31 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Andrej Triebing		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 1001 Southpark Drive		Transaction ID: SA11A1.4852
City Littleton	State CO	Zip Code 80120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anaphea Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John J. Walker		Date of Receipt M / D / Y 10 / 15 / 2003
Mailing Address 2702 Swan Lake Dr.		Transaction ID: SA11A1.4854
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David Brent Welch		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 310 State of Franklin Suite 202		Transaction ID: SA11A1.4895
City Johnson City	State TN	Zip Code 37604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer GI Assoc. of NE TN, PC	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts TN's 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 32 / 41

(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. Stephen W. Wilde		Date of Receipt M / D / Y 11 / 06 / 2003
Mailing Address 975 Hawthorne Avenue Suite B		Transaction ID: SA11A1.4891
City Athens	State GA	Zip Code 30606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NE GA Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Barry Winston		Date of Receipt M / D / Y 10 / 21 / 2003
Mailing Address 800 Peakwood #5D		Transaction ID: SA11A1.4973
City Houston	State TX	Zip Code 77060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Houston Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jerry C. Woodard		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 2805 Deerfield Lane		Transaction ID: SA11A1.4756
City Wilson	State NC	Zip Code 27898
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 33 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Dr. Robert P. Yatta		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 95 Hayes Street Suite 102		Transaction ID: SA11A1.4858
City Crossville	State TN	Zip Code 38555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Young Yoo		Date of Receipt M / D / Y 10 / 02 / 2003
Mailing Address 150D E. 36th Street		Transaction ID: SA11A1.4858
City Hazleton	State PA	Zip Code 18202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwest Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Estephan N. Zayat		Date of Receipt M / D / Y 10 / 03 / 2003
Mailing Address 848 N. St Francis		Transaction ID: SA11A1.4880
City Wichita	State KS	Zip Code 67214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	750.00
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 34 / 41

(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. Barry M. Ziegler		Date of Receipt M / D / Y 10 / 20 / 2008
Mailing Address 1555 Central Avenue		Transaction ID: SA11A1.4757
City	State	Zip Code
Ft. Lee	NJ	07670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	29975.00

**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)

PAGE 35 / 41

<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
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. Association & Government Relations Mgt.

Mailing Address 4900 B South 31st Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Credit Card Processing & Fees

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: SB21B.4953
Date of Disbursement
12 / 31 / 2003

Amount of Each Disbursement this Period
402.33

Full Name (Last, First, Middle Initial)
B. DotterLydon, Inc.

Mailing Address 704 Fitzhugh Way

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Compliance and bookkeeping services

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: SB21B.4958
Date of Disbursement
12 / 29 / 2003

Amount of Each Disbursement this Period
2961.25

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

Mailing Address 118 N.Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Gen. fund. - Internet service

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: SB21B.4917
Date of Disbursement
12 / 01 / 2003

Amount of Each Disbursement this Period
495.00

SUBTOTAL of Disbursements This Page (optional) ▶

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

3858.58

**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 36 / 41

<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
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)

A. eDonation.com

Mailing Address 118 N.Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Gen. fund. - Internet service

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: SB21B.4919

Date of Disbursement

12 / 02 / 2003

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

B. eDonation.com

Mailing Address 118 N.Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Gen. fund. - Internet Service

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: SB21B.4904

Date of Disbursement

12 / 29 / 2003

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Ms. Angelique Glass

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Gen. fund. - Event coordination

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: SB21B.4911

Date of Disbursement

12 / 29 / 2003

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ▶

712.50

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)

PAGE 37 / 41

<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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial)

A. Harris Services

Mailing Address 413 Calvert Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Gen. fund. - Direct Mail Prod.

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB21B.4807

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

1138.75

Full Name (Last, First, Middle Initial)

B. Response Consulting

Mailing Address 2800 Shirlington Road
Suite 900

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Gen. fund. - Direct Mail Production

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB21B.4801

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

13770.70

SUBTOTAL of Disbursements This Page (optional) ▶

14909.45

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

19480.53

**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 38 / 41

<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

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

Full Name (Last, First, Middle Initial)
A. BEN CARDIN FOR CONGRESS

Mailing Address 100 E. Pratt Street 26th Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement
Contribution

Candidate Name
BENJAMIN L CARDIN

Office Sought: House
Senate
President

State: MD District 3

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4910

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. BEN CARDIN FOR CONGRESS

Mailing Address 100 E. Pratt Street 26th Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement
Void uncashed check, 10/31/00

Candidate Name
BENJAMIN L CARDIN

Office Sought: House
Senate
President

State: MD District 3

Disbursement For: 2000
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4928

Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)
C. DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Void uncashed check, 10/31/00

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4936

Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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)

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<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. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
MAX BAUCUS

Office Sought: House Disbursement For: 2008
 Senate X Primary General
 President Other (specify) ▼

State: MT District: D0

011
Category/
Type

Transaction ID: SB23.4914

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. FRIENDS OF SHERROD BROWN

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Void uncashed check, 10/31/00

Candidate Name
SHERROD BROWN

Office Sought: x House Disbursement For: 2000
 Senate Primary X General
 President Other (specify) ▼

State: OH District: 13

011
Category/
Type

Transaction ID: SB23.4932

Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)
C. FRIST 2000 INC

Mailing Address PO BOX 158552

City NASHVILLE State TN Zip Code 37215

Purpose of Disbursement
Void uncashed check, 7/14/00

Candidate Name
WILLIAM H FRIST

Office Sought: House Disbursement For: 2000
 Senate Primary X General
 President Other (specify) ▼

State: TN District: 00

011
Category/
Type

Transaction ID: SB23.4922

Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. KENNEDY FOR SENATE 2000

Mailing Address 426 C STREET NE REAR BLDG

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Void uncashed check, 10/31/00

Candidate Name
EDWARD MOORE SENATOR KENNEDY

Office Sought: House Disbursement For: 2000
 Senate Primary General
President Other (specify) ▼

State: MA District: D0

011
Category/
Type

Transaction ID: SB23.4925
Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)
B. NATIONAL LEADERSHIP PAC

Mailing Address PO BOX 5577

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Disbursement For:
Senate Primary General
President Other (specify) ▼

State: District:

011
Category/
Type

Transaction ID: SB23.4152
Date of Disbursement

08 / 29 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. PEOPLE FOR GANSKE

Mailing Address 521 E LOCUST 2ND FLOOR

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
Void uncashed check, 10/31/00

Candidate Name
JOHN GREG GANSKE

Office Sought: House Disbursement For: 2000
Senate Primary General
President Other (specify) ▼

State: IA District: 04

011
Category/
Type

Transaction ID: SB23.4929
Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

-1500.00

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial)
A. PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Contribution

Candidate Name
FORTNEY PETE STARK

Office Sought: House
Senate
President

State: CA District: 13

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4807

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Void uncashed check, 10/31/00

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4808

Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

-1000.00