

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

Use separate schedule(s)  
or each category of the  
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) <b>A. Dr. Anthony B. Elkins</b>		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 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
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>B. Dr. Rene S.M. Eng</b>		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 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Receipt For: Primary      General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Babak F. Flood</b>		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 250.00
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Receipt For: Primary      General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶	<b>750.00</b>
TOTAL This Period (last page this line number only) ..... ▶	