

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

Use separate schedule(s)
or each category of the
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)	