

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 Alexandria VA 22302 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00354571 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 Mary M. Clancy

Signature of Treasurer Electronically Filed by Mary M. Clancy Date 01 31 2008

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 table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		82663.34
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	71554.63									
(c) Total Receipts (from Line 19)	14382.50	25582.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	85937.13	108245.84								
7. Total Disbursements (from Line 31)	28553.98	50862.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57383.15	57383.15								
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**

Write or Type Committee Name
GIPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	12450.00	22950.00
(i) Itemized (use Schedule A)	1932.50	2632.50
(ii) Unitemized	14382.50	25582.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14382.50	25582.50
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))	14382.50	25582.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14382.50	25582.50

DETAILED SUMMARY PAGE
of Disbursements

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.....	18553.98	24362.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18553.98	24362.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	26500.00
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))..	28553.98	50862.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28553.98	50862.69

DETAILED SUMMARY PAGE
of Disbursements

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)	14382.50	25582.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14382.50	25582.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18553.98	24362.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18553.98	24362.69

**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 6 / 22
	<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

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. Shoukath Ansari	Date of Receipt MM / DD / YYYY 07 / 22 / 2007
	Mailing Address 714 Lakeshore Drive	Transaction ID: SA11AI.6074
	City State Zip Code Bennettsville SC 29512	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Marlboro Gastroenterology Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Nicholas Belitsos	Date of Receipt MM / DD / YYYY 07 / 30 / 2007
	Mailing Address 7401 Osler Drive No. 102	Transaction ID: SA11AI.6197
	City State Zip Code Towson MD 21204	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self-Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. David L. Benkoff	Date of Receipt MM / DD / YYYY 09 / 22 / 2007
	Mailing Address 36925 Fox Run	Transaction ID: SA11AI.6139
	City State Zip Code Farmington Hills MO 48377	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<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

A.	Full Name (Last, First, Middle Initial) Dr. Dennis Y. Chan	Date of Receipt MM / DD / YYYY 10 / 11 / 2007
	Mailing Address 500 North Garfield Avenue	Transaction ID: SA11AI.6124
	City State Zip Code Monterey Park CA 91754	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Douglas D. Dykman	Date of Receipt MM / DD / YYYY 07 / 14 / 2007
	Mailing Address 907 Stonington Court	Transaction ID: SA11AI.6070
	City State Zip Code Arnold MD 21012	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Anne Arundel GI Associates PA Occupation Gastroenterologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Amy Foxx-Orenstein	Date of Receipt MM / DD / YYYY 08 / 31 / 2007
	Mailing Address 200 First Street, SW	Transaction ID: SA11AI.6138
	City State Zip Code Rochester MN 55905	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contributor
	Name of Employer Mayo Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
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: (check only one)	PAGE 8 / 22
	<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

A.	Full Name (Last, First, Middle Initial) Dr. Brent Gray	Date of Receipt MM / DD / YYYY 10 / 11 / 2007
	Mailing Address 2206 East Villa Maria	Transaction ID: SA11AI.6118
	City State Zip Code Bryan TX 77802	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Self Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Shirley A. Harris	Date of Receipt MM / DD / YYYY 07 / 05 / 2007
	Mailing Address 2665 N. Decatur	Transaction ID: SA11AI.6060
	City State Zip Code Avondale Estates GA 30002	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Gastro Specialists of DeKalb Occupation Gastroenterologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Joseph W. Holland	Date of Receipt MM / DD / YYYY 07 / 19 / 2007
	Mailing Address 4865 Littlewood Drive	Transaction ID: SA11AI.6072
	City State Zip Code Beaumont TX 77706	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer SETGA Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22
(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. Les Hurelbrink III		Date of Receipt MM / DD / YYYY 07 / 29 / 2007
Mailing Address 1111 Kensington Drive		Transaction ID: SA11AI.6144
City High Point	State NC	Zip Code 27262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cornerstone Healthcare	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Frank W. Jackson		Date of Receipt MM / DD / YYYY 07 / 09 / 2007
Mailing Address 423 N 21st St, Ste 100		Transaction ID: SA11AI.6066
City Camp Hill	State PA	Zip Code 17011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer n/a	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Alfred A. Kafity		Date of Receipt MM / DD / YYYY 07 / 09 / 2007
Mailing Address 1705 Lands End Drive		Transaction ID: SA11AI.6067
City Huron	State OH	Zip Code 44839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bay Area Digestive Care, Inc.	Occupation Physician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
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 10 / 22

(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. Ashesh Modi

Mailing Address 9 Harvest Lane

City State Zip Code
Hockessin DE 19707

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

Name of Employer
Gastroenterology Associates

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 05 / 2007

Transaction ID: SA11AI.6062

Amount of Each Receipt this Period

200.00

Contribution

B.

Full Name (Last, First, Middle Initial)
New York Gastroenterology Associates, LLP

Mailing Address 311 East 79th Street

City State Zip Code
New York NY 10021

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

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2007

Transaction ID: SA11AI.6200

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Northern Utah Gastroenterology

Mailing Address 630 E 1400 N

City State Zip Code
Logan UT 84341

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

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2007

Transaction ID: SA11AI.6220

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1700.00

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 / 22

(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. Duane Bohman

Mailing Address 630 E. 1400 N

City State Zip Code
Logan UT 84341

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

Name of Employer
N. UT Gastro. & Entero Sp. LLC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2007

Transaction ID: SA11AI.6220.0

Amount of Each Receipt this Period

333.34

Contribution

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Dr. Bryan Larsen

Mailing Address 630 E. 1400 N

City State Zip Code
Logan UT 84341

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

Name of Employer
Northern Utah Gastroenterology

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2007

Transaction ID: SA11AI.6220.1

Amount of Each Receipt this Period

333.33

Contribution

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Dr. Dirk Davis

Mailing Address 630 E. 1400 N.

City State Zip Code
Logan UT 84341

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

Name of Employer
N. UT Gastro. & Entero Sp. LLC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2007

Transaction ID: SA11AI.6220.2

Amount of Each Receipt this Period

333.33

Contribution

[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**

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

FOR LINE NUMBER: PAGE 12 / 22
(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. Kevin Olden
 Mailing Address 52 Mason Drive
 City State Zip Code
 Little Rock AR 72223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ. of Arkansas Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 07 / 10 / 2007
Transaction ID: SA11AI.6069
 Amount of Each Receipt this Period: 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Donna S. Reilly
 Mailing Address 225 Divot Drive
 City State Zip Code
 Harrisonburg VA 22802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harrisonburg Medical Asso- Gastroenterologist
 ciate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 07 / 30 / 2007
Transaction ID: SA11AI.6201
 Amount of Each Receipt this Period: 500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Michael A. Samach
 Mailing Address 101 Madison Avenue
 City State Zip Code
 Morristown NJ 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 07 / 03 / 2007
Transaction ID: SA11AI.6057
 Amount of Each Receipt this Period: 500.00
 Contribution

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22
(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. Lawrence R. Schiller

Mailing Address 7701 Mullrany Drive

City State Zip Code
Dallas TX 75248

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

Name of Employer Digestive Health Associates TX
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.6131

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Stephen M. Schutz

Mailing Address 6259 W. Emerald

City State Zip Code
Boise ID 83704

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

Name of Employer Boise Gastroenterology
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2007

Transaction ID: SA11AI.6126

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Victor W. Sears, Jr.

Mailing Address 160 Wing Haven Circle

City State Zip Code
Winston-Salem NC 27106

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

Name of Employer Digestive Health Specialists
Occupation Gastroenterologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2007

Transaction ID: SA11AI.6198

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 14 / 22	
	(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

A.	Full Name (Last, First, Middle Initial) Dr. Jatinder S. Sekhon		Date of Receipt																					
	Mailing Address 11805 Centurion Way		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	1		2	0	0	7														
	City State Zip Code Potomac MD 20854		Transaction ID: SA11AI.6122																					
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Mahmood Solaiman		Date of Receipt																					
	Mailing Address 5923 Indian Summer Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	3		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		0	3		2	0	0	7														
	City State Zip Code Clarksville MD 21029		Transaction ID: SA11AI.6052																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Gastroenterology Associates Occupation Physician		Contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	12450.00

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)

<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) American Express	Transaction ID: SB21B.6234 Date of Disbursement
	Mailing Address P.O. Box 53853	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Merchant Fee	<input type="text" value="5.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6235 Date of Disbursement
	Mailing Address P.O. Box 53853	<input type="text" value="08"/> <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Merchant Fee	<input type="text" value="5.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6236 Date of Disbursement
	Mailing Address P.O. Box 53853	<input type="text" value="09"/> <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Merchant Fee	<input type="text" value="5.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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 16 / 22

<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) American Express	Transaction ID: SB21B.6237 Date of Disbursement																			
	Mailing Address P.O. Box 53853	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	3	/	2	0	0	7												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Merchant Fee	<table border="1"><tr><td>5.95</td></tr></table>	5.95																		
5.95																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6238 Date of Disbursement																			
	Mailing Address P.O. Box 53853	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	6	/	2	0	0	7												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Merchant Fee	<table border="1"><tr><td>5.95</td></tr></table>	5.95																		
5.95																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6239 Date of Disbursement																			
	Mailing Address P.O. Box 53853	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	4	/	2	0	0	7												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Merchant Fee	<table border="1"><tr><td>5.95</td></tr></table>	5.95																		
5.95																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>17.85</td></tr></table>	17.85
17.85		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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 17 / 22

<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) Compliance Consulting LLC Mailing Address P.O. Box 365 City McLean State VA Zip Code 22101 Purpose of Disbursement Compliance Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6170 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7	Amount of Each Disbursement this Period 2535.00
B.	Full Name (Last, First, Middle Initial) Compliance Consulting LLC Mailing Address P.O. Box 365 City McLean State VA Zip Code 22101 Purpose of Disbursement Compliance Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6171 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7	Amount of Each Disbursement this Period 877.50
C.	Full Name (Last, First, Middle Initial) Emotive LLC Mailing Address 2800 Shirlington Road Suite 901 City Arlington State VA Zip Code 22206 Purpose of Disbursement Web Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6167 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7	Amount of Each Disbursement this Period 625.00

SUBTOTAL of Disbursements This Page (optional)	4037.50
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 18 / 22

<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) Harris Services	Transaction ID: SB21B.6163
	Mailing Address 413 Calvert Ave	Date of Disbursement 07 / 31 / 2007
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period 9480.78
	Purpose of Disbursement Direct Mail Services- Gen. Fund Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Patton Boggs	Transaction ID: SB21B.6165
	Mailing Address 2550 M Street, NW	Date of Disbursement 07 / 31 / 2007
	City Washington State DC Zip Code 20037	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Legal Consulting Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	14480.78
TOTAL This Period (last page this line number only)	▶	18553.98

**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 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) ALLYSON SCHWARTZ FOR CONGRESS Mailing Address P.O. Box 2232 City Jenkintown State PA Zip Code 19046 Purpose of Disbursement Contribution Candidate Name ALLYSON SCHWARTZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6188 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address 3069 Conquista Court City Las Vegas State NV Zip Code 89121 Purpose of Disbursement Contribution Candidate Name SHELLEY BERKLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6179 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC) Mailing Address 1831 Bay Street SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6207 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 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)
FRIENDS OF JAY ROCKEFELLER

Mailing Address PO BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement
Contribution

Candidate Name
JOHN DAVISON IV ROCKEFELLER

Office Sought: House
 Senate
 President

State: WV District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.6173
Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name
CHARLES E SENATOR GRASSLEY

Office Sought: House
 Senate
 President

State: IA District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.6186
Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
Contribution

Candidate Name
JOHN B LARSON

Office Sought: House
 Senate
 President

State: CT District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.6177
Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

<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) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.6185 Date of Disbursement
	Mailing Address P.O. Box 8331	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name PETE STARK	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS	Transaction ID: SB23.6175 Date of Disbursement
	Mailing Address 10537 St. Paul Street	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name CHRIS VAN HOLLEN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)	Transaction ID: SB23.6205 Date of Disbursement
	Mailing Address 607 14th Street NW Suite 800	<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value=""/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="10000.00"/>

Image# 28930289404

Form/Schedule: SA11AI NY Gastroenterology Assoc. LLP - Partner attribution attained; contributions have not yet reached aggregate levels requiring itemization.
Transaction ID: SA11AI.6200
