

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 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. Dennis Y. Chan		Date of Receipt MM / DD / YYYY 10 / 11 / 2007
Mailing Address 500 North Garfield Avenue		Transaction ID: SA11AI.6124
City Monterey Park	State CA	Zip Code 91754
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	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. Douglas D. Dykman		Date of Receipt MM / DD / YYYY 07 / 14 / 2007
Mailing Address 907 Stonington Court		Transaction ID: SA11AI.6070
City Arnold	State MD	Zip Code 21012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Anne Arundel GI Associates PA	Occupation Gastroenterologist	Contribution
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 Rochester	State MN	Zip Code 55905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mayo Clinic	Occupation Physician	Contributor
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)	