

**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)
 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. Les Hurelbrink III

Mailing Address 1111 Kensington Drive

City State Zip Code
High Point NC 27262

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

Name of Employer Occupation
Cornerstone Healthcare Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2007

Transaction ID: SA11AI.6144

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr. Frank W. Jackson

Mailing Address 423 N 21st St, Ste 100

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
n/a Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: SA11AI.6066

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dr. Alfred A. Kafity

Mailing Address 1705 Lands End Drive

City State Zip Code
Huron OH 44839

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

Name of Employer Occupation
Bay Area Digestive Care, Inc. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: SA11AI.6067

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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