

OCT 20 1 43 PM '00

NEW

Aciphex™
rabeprazole sodium
20-MG TABLETS

Please
send all
correspondence
my to Mr. D
Doe TAP Kan Ave
1600
Ft Lee
N.J
07024

ACIPHEX™ STRIKE BACK NOW

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GASTROINTESTINAL

POLITICAL ACTION

COMMITTEE GIPAC

William D. Carey, M.D.
Frank J. Nemecek, M.D.
Peter M. Pardoll, M.D.
Deane A. Penn, M.D.
Rowen K. Zeltzman, M.D.

Founding Board
1998

October 10, 2000

Deane A. Penn, M.D., FACG
GIPAC
1600 Parker Avenue
Fort Lee, NJ 07024

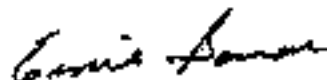
Dear Dr. Penn:

Enclosed is the FEC FORM 3X for the third quarter of 2000 with attachments that needs to be signed and dated by you and returned in the enclosed FedEx envelope directly to the FEC because of the filing date of October 15th and the fact that we will be in New York for the ACG Meeting.

I am requesting that you fax me a copy of only the page of the FEC FORM 3X that you sign for our records.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,



Ernest T. Bomar, Jr

Enclosure

RECEIVED
FEC MAIL ROOM

2000 OCT 20 A 11:30

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 20 A 11:30

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) GIPAC		2. FEC IDENTIFICATION NUMBER C00354571
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 4900 B South 31st Street		
CITY, STATE and ZIP CODE Arlington, VA 22206-1656		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)		

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

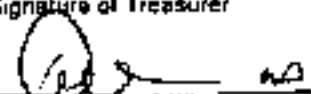
30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>July 1</u> through <u>September 30, 2000</u>		
6.	(b) Cash on Hand January 1, <u>2000</u>		\$ 47,834.44
	(b) Cash on Hand at Beginning of Reporting Period	\$ 66,001.45	
	(c) Total Receipts (from Line 18)	\$ 2,725.00	\$ 42,935.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 68,726.45	\$ 90,769.44
7.	Total Disbursements (from Line 30)	\$ 11,275.30	\$ 33,318.29
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 57,451.15	\$ 57,451.15
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

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 Deane A. Penn, M.D.	Date 10/15/00
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 8/90)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE GIPAC C00354571		REPORT COVERING PERIOD FROM July, 1 TO September 30, 2000	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
	i. Itemized (use Schedule A)	1,500.00	34,350.00
	ii. Unitemized	1,225.00	8,585.00
	iii. Total	2,725.00	42,935.00
	(add i and ii) >		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions	2,725.00	42,935.00
	(add a, b and c) >		
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)		
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts	2,725.00	42,935.00
	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20.	Total Federal Receipts	2,725.00	42,935.00
	(subtract line 18 from line 19) >		
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share		
	ii. Non-Federal Share		
b.	Other Federal Operating Expenditures	3,775.30	24,818.29
c.	Total Operating Expenditures	3,775.30	24,818.29
	(add a i, a ii, and b) >		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	8,500.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
	a. Individuals/Persons Other Than Political Committees		
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contribution Refunds		
	(add a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements	11,275.30	33,318.29
	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31.	Total Federal Disbursements	11,275.30	33,318.29
	(subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	2,725.00	42,935.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans) (subtract line 33 from 32)	2,725.00	42,935.00
35.	Total Federal Operating Expenditures	3,775.30	24,818.29
	(add 21 a i and 21 b) >		
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures	3,775.30	24,818.29
	(subtract line 36 from 35) >		

SCHEDULE A

ITEMIZED RECEIPTS

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tejinder S. Glamour 8786 Baywood Park Drive Seminole, FL 33777	Bay Medical Clinic	9/30/00	500.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 500.-		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome D. Wayne 1050 Park Avenue New York, NY 10028	SELF	9/30/00	1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 1,000.-		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)
 TOTAL This Period (last page this line number only) **1,500.-**

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt 10/20/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
PREPARER CR	DATE PREPARED 10/20/00