

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 34
	<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

Full Name (Last, First, Middle Initial) A. Dr. Frank W. Jackson		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 423 N 21st St, Ste 100		Transaction ID: SA11A1.5918
City State Zip Code Camp Hill PA 17011	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Devendra S. Kahlon		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 40124 Hwy 27 North Suite 102		Transaction ID: SA11A1.5871
City State Zip Code Davenport FL 33837	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Gastroenterology Consultants of Florida Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. David Kalman		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2006
Mailing Address 33 Ellington St		Transaction ID: SA11A1.5931
City State Zip Code Longmeadow MA 01106	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Springfield Medical Assoc. 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) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	