

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

GIPAC

ADDRESS (number and street) 1950 Roland Clarke Place Suite 300

Check if different than previously reported. (ACC) Reston VA 20191

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00354571

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01/01/2012 through 03/31/2012

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 W. Elwyn Lyles, M.D., FAGG

Signature of Treasurer W. Elwyn Lyles, M.D., FAGG [Electronically Filed] Date 04/13/2012

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 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

GIPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="77398.07"/>	<input type="text" value="77398.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77398.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4372.80"/>	<input type="text" value="4372.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="81770.87"/>	<input type="text" value="81770.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3061.87"/>	<input type="text" value="3061.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="78709.00"/>	<input type="text" value="78709.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: 01 / 01 / 2012 To: 03 / 31 / 2012

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		
(i) Itemized (use Schedule A).....	4000.00	4000.00
(ii) Unitemized	300.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4300.00	4300.00
(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)	4300.00	4300.00
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.).....	72.80	72.80
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 Transfers (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))..... ▶	4372.80	4372.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4372.80	4372.80

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1561.87	1561.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1561.87	1561.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	3061.87	3061.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3061.87	3061.87

DETAILED SUMMARY PAGE
of Disbursements

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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)	4300.00	4300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4300.00	4300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1561.87	1561.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1561.87	1561.87

**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 OF 9
	<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

Full Name (Last, First, Middle Initial) A. Dr. Edgar Achkar		Date of Receipt
Mailing Address 2500 Cedarwood Road		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Pepper Pike	OH	44124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2012-628189
Name of Employer	Occupation	Amount of Each Receipt this Period
Cleveland Clinic	Physician	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Robert B Cameron		Date of Receipt
Mailing Address 2871 Courtland Blvd.		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Shaker Hts.	OH	44122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2012-44804
Name of Employer	Occupation	Amount of Each Receipt this Period
Hershey Medical Center	Physician	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Francis Farraye		Date of Receipt
Mailing Address 720 Harrison Avenue Suite 405		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Boston	MA	02118
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2012-737174
Name of Employer	Occupation	Amount of Each Receipt this Period
Boston Medical Center	Physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 OF 9
	<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. Loren C Owensby		Date of Receipt MM / DD / YYYY 03 / 20 / 2012 Transaction ID : A2012-589451
Mailing Address 601 E. San Antonio, Suite 305		Amount of Each Receipt this Period 1000.00
City Victoria	State TX	Zip Code 77901
FEC ID number of contributing federal political committee. C		
Name of Employer Citizens Medical Center	Occupation Physician/Gastroenterologist	
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. John Saltzman		Date of Receipt MM / DD / YYYY 03 / 14 / 2012 Transaction ID : A2012-494659
Mailing Address 6 Sandra Pond		Amount of Each Receipt this Period 250.00
City Westboro	State MA	Zip Code 01581
FEC ID number of contributing federal political committee. C		
Name of Employer Brigham and Women's Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	4000.00

**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

Full Name (Last, First, Middle Initial)
A. Freeman Co.

Date of Disbursement: MM / DD / YYYY
02 / 09 / 2012

Mailing Address P.O. Box 650036

City: Dallas State: TX Zip Code: 75265

Purpose of Disbursement: PAC Booth and Computer Kiosk

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: TX District: _____ Not Applicable

Transaction ID : **B404792**

Amount of Each Disbursement this Period: 843.50

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. Brad Conway

Date of Disbursement: MM / DD / YYYY
02 / 09 / 2012

Mailing Address 4605 30th Road

City: Arlington State: VA Zip Code: 22206

Purpose of Disbursement: Reimbursement for computer access for PAC

Candidate Name: **Brad Conway**

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: VA District: _____ Not Applicable

Transaction ID : **B404791**

Amount of Each Disbursement this Period: 318.00

Category/Type: 001

Full Name (Last, First, Middle Initial)
C.

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....	1161.50
TOTAL This Period (last page this line number only).....	1161.50

**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

Full Name (Last, First, Middle Initial)

A. Friends of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Contribution

011

Candidate Name

Christopher Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Convention

State: CT District:

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2012

Transaction ID : B405167

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joe Wilson for Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement
Contribution

011

Candidate Name

Joe Wilson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Convention

State: SC District: 02

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2012

Transaction ID : B405919

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Convention

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

1500.00

TOTAL This Period (last page this line number only)..... ▶

1500.00