

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

GIPAC

ADDRESS (number and street)

PO Box 16515

Check if different than previously reported. (ACC)

Alexandria

VA

22302

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00354571

3. IS THIS REPORT

NEW (N) OR

X

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 Quarterly 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) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

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)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

X General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

5. Covering Period

10

14

2004

through

11

22

2004

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

Mary M. Clancy

Signature of Treasurer

Electronically Filed by Mary M. Clancy

Date

07

31

2005

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

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
GIPAC

Report Covering the Period: From: <sup>M</sup>10 <sup>D</sup>14 <sup>Y</sup>2004 To: <sup>M</sup>11 <sup>D</sup>22 <sup>Y</sup>2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004		74470.33
(b) Cash on Hand at Beginning of Reporting Period .....	51211.15	
(c) Total Receipts (from Line 19) .....	24300.00	26425.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	75511.15	100895.33
<hr/>		
7. Total Disbursements (from Line 31) .....	900.00	26284.18
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	74611.15	74611.15
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
GIPAC

Report Covering the Period: From: <sup>M</sup>10 <sup>D</sup>14 <sup>Y</sup>2004 To: <sup>M</sup>11 <sup>D</sup>22 <sup>Y</sup>2004

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) .....	21500.00	23250.00
(ii) Unitemized .....	2800.00	3175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	24300.00	26425.00
(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) .....	24300.00	26425.00
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.) .....	0.00	0.00
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 Transfer (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)) .....	24300.00	26425.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24300.00	26425.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	900.00	10784.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	900.00	10784.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	15500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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 ActMty (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))..	900.00	26284.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	900.00	26284.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	24300.00	26425.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24300.00	26425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	900.00	10784.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	900.00	10784.18

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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) <b>A. Dr. John M. Buzdech</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 809 Long Drive		Transaction ID: SA11A1.5079
City Quincy	State IL	Zip Code 62301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Quincy Medical Group	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. David S. Brandenburg</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 5671 Peachtree Dunwoody Road Suite 600		Transaction ID: SA11A1.5166
City Atlanta	State GA	Zip Code 30342
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. W. Scott Brooks, Jr.</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 48 Wakefield Dr.		Transaction ID: SA11A1.5182
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Atlanta Gastroenterology Assoc	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 20

(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

Full Name (Last, First, Middle Initial) A. Dr. W. Scott Brooks, Jr.		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 48 Wakefield Dr.		Transaction ID: SA11A1.5184
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Atlanta Gastroenterology Assoc	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. Marc S. Darp		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 1400 NE Miami Gardens Drive, 221		Transaction ID: SA11A1.5080
City North Miami Beach	State FL	Zip Code 33179
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Edward L. Gattau		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 9481 Gwynnbrook CV		Transaction ID: SA11A1.5082
City Germantown	State TN	Zip Code 38139
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Memphis Gastroenterology Assoc	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>2300.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 20

(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

Full Name (Last, First, Middle Initial) <b>A. Dr. William S. Cline</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 4405 Moorland		Transaction ID: SA11A1.5084
City Midland	State MI	Zip Code 48640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Matthew E. Cohen</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 16 Millhaven Road		Transaction ID: SA11A1.5191
City Woodbridge	State CT	Zip Code 06525
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gastroenterology Center of CT	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Brian K. Cooley</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 1800 Coit #401		Transaction ID: SA11A1.5086
City Plano	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer DHAT	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 9 / 20

(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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jack A. DiPaine</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address One Buerger Road		Transaction ID: SA11A1.5087
City	State	Zip Code
Mobile	AL	36608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Ralph C. Ellis</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 22 North 170th Road		Transaction ID: SA11A1.5170
City	State	Zip Code
Salina	KS	67401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Mowery Clinic	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Kenneth D. Emkey</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 1020 Old Mill Road		Transaction ID: SA11A1.5088
City	State	Zip Code
Wyomissing	PA	19610
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Digestive Diseases Assoc., LTD	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
GIPAC

Full Name (Last, First, Middle Initial) <b>A. Dr. Rene S.M. Eng</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 200 East 58th Street Apt. 20A		Transaction ID: SA11A1.5089
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael N. Eppel</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 2827 Stockwell Street		Transaction ID: SA11A1.5090
City Lincoln	State NE	Zip Code 68502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ben A. Gulder, Jr.</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 6040 Chestnut Street		Transaction ID: SA11A1.5096
City New Orleans	State LA	Zip Code 70118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Metropolitan Gastroenterology Assoc.	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
GIPAC

Full Name (Last, First, Middle Initial) <b>A. Dr. Saiful Hasan</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 120B Hidden Lake Drive		Transaction ID: SA11A1.5098
City Bloomfield Hills	State MI	Zip Code 48302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Dan S. Huzzo</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 599D Happy Canyon Drive		Transaction ID: SA11A1.5102
City Englewood	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer South Denver Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Daniel B. Hurwich</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 9832 Twin Creek Blvd.		Transaction ID: SA11A1.5105
City Munster	State IN	Zip Code 46321
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Internal Medicine Associates	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(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

Full Name (Last, First, Middle Initial) <b>A. Dr. David J. Landset</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 4 Berwyn Drive		Transaction ID: SA11A1.5108
City	State	Zip Code
Ocean View	NJ	08230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Frank L. Lanza</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 7777 SW Freeway Suite 720		Transaction ID: SA11A1.5108
City	State	Zip Code
Houston	TX	77074
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ira F. Lohls</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 303 East Branch Drive		Transaction ID: SA11A1.5185
City	State	Zip Code
Kennett Square	PA	19348
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Gastroenterology Assoc. PA	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 20

(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

Full Name (Last, First, Middle Initial) <b>A. Dr. Billy W. Long</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 110 Coachman's Road		Transaction ID: SA11A1.5111
City Madison	State MS	Zip Code 39110-9227
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Gastrointestinal Associates, P.A.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Bradley P. Meckler</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 18 Tidewater Drive		Transaction ID: SA11A1.5112
City Seaford	State DE	Zip Code 19973
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael Madlevsky</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 11357 Dona Lisa Drive		Transaction ID: SA11A1.5189
City Studio City	State CA	Zip Code 91604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 20

(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

Full Name (Last, First, Middle Initial) <b>A. Dr. Anuj P. Manocha</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 3920 Glenhurst Drive		Transaction ID: SA11A1.5150
City Smyrna	State GA	Zip Code 30080
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Hitt E. Malton</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 3217 4th Street		Transaction ID: SA11A1.5114
City Brunswick	State GA	Zip Code 31520
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Digestive Associates	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Marc D. New</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 414B Club Course Drive		Transaction ID: SA11A1.5118
City Charleston	State SC	Zip Code 29420
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Trident Gastroenterology	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 20

(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

Full Name (Last, First, Middle Initial) A. Dr. Robert A. Nussbaum		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 4881 N. 24th Street		Transaction ID: SA11A1.5117
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Arthur H. Ostrav		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 211 Church Street		Transaction ID: SA11A1.5118
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Saratoga Care	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Vincent Panella		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 205 McKenna Drive		Transaction ID: SA11A1.5119
City Norwood	State NJ	Zip Code 07648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
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Full Name (Last, First, Middle Initial) <b>A. Dr. Vinod M. Patel</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 563D Clinton Street		Transaction ID: SA11A1.5122
City	State	Zip Code
Erie	PA	16509
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Medical-Surgical Assoc., Inc.	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Eric A. Paltek</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 1076 Grand Oak Way		Transaction ID: SA11A1.5187
City	State	Zip Code
Rockville	MD	20852
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MGG	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David R. Riedel</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 3550 College Ave. Suite B		Transaction ID: SA11A1.5125
City	State	Zip Code
Alton	IL	62002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 20

(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

Full Name (Last, First, Middle Initial) <b>A. Dr. Arnaldo I. Rosa Torrens</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address HC-02 Box 5B81		Transaction ID: SA11A1.5128
City Luguillo	State PR	Zip Code 00773
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. You Sung Sang</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 27 Sandpiper Lane		Transaction ID: SA11A1.5133
City East Lyme	State CT	Zip Code 06333
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Norwich GI Assoc.	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Victor W. Sears, Jr.</b>		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 180 Wing Haven Circle		Transaction ID: SA11A1.5135
City Winston-Salem	State NC	Zip Code 27108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Digestive Health Special-ists	Occupation Gastroenterologist	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
GIPAC

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael W. Stavinoha</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 800B Valley Forge		Transaction ID: SA11A1.5198
City	State	Zip Code
Houston	TX	77057
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mark Stechschulte</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 5566 Dublin Road		Transaction ID: SA11A1.5197
City	State	Zip Code
Dublin	OH	43017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Ohio Gastroenterology Gro- up	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ronald J. Vender</b>		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 123 Rolling Meadow Road		Transaction ID: SA11A1.5143
City	State	Zip Code
Madison	CT	06443
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gastroenterology Center of CT	Occupation Physician	Contribution
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 20  
(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	
Full Name (Last, First, Middle Initial) A. Dr. Young Yao Mailing Address 1500 E. 38th Street <hr/> City State Zip Code Hazleton PA 18202 <hr/> FEC ID number of contributing federal political committee. <b>C</b> <hr/> Name of Employer Northwest Gastroenterology Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt M / D / Y U / U / Y 10 / 21 / 2004 <hr/> Transaction ID: SA11A1.5147 <hr/> Amount of Each Receipt this Period 250.00 <hr/> Contribution

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	21500.00

**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)

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<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
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
GIPAC

A. Full Name (Last, First, Middle Initial)  
eDonation.com

Mailing Address 118 N.Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Internet Contribution Processing

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

003  
Category/  
Type

Transaction ID: SB21B.5193  
Date of Disbursement  
10 / 16 / 2004

Amount of Each Disbursement this Period  
350.00

B. Full Name (Last, First, Middle Initial)  
eDonation.com

Mailing Address 118 N.Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Internet Contribution Processing

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB21B.5197  
Date of Disbursement  
11 / 01 / 2004

Amount of Each Disbursement this Period  
385.00

SUBTOTAL of Disbursements This Page (optional) .....	▶	735.00
TOTAL This Period (last page this line number only) .....	▶	735.00