

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

Use separate schedule(s)  
or each category of the  
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. Huzz</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) .....	▶	