

**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 15 / 30
	<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	

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NAME OF COMMITTEE (In Full)
GIPAC

Full Name (Last, First, Middle Initial) A. Internal Med. of Griffin LLP		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 231 Graefe Street		Transaction ID: SA11A1.5742
City State Zip Code Griffin GA 30224	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James C. Barlow		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 231 Graefe Street		Transaction ID: SA11A1.5742.0
City State Zip Code Griffin GA 30224	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution [MEMO ITEM]
Name of Employer Internal Med. of Griffin LLP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark E. Jonas		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 3793 Brighton Manor Lane		Transaction ID: SA11A1.5737
City State Zip Code Cincinnati OH 45208	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	[]