

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) 1950 Roland Clarke Place Suite 300 Reston VA 20191

2. FEC IDENTIFICATION NUMBER C00354571 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2011 through 06 30 2011

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 Daniel J. Pambianco Signature of Treasurer Electronically Filed by Daniel J. Pambianco Date 07 29 2011

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
GIPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		70906.98
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	70906.98									
(c) Total Receipts (from Line 19)	10725.00	10725.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81631.98	81631.98								
7. Total Disbursements (from Line 31)	7448.69	7448.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74183.29	74183.29								
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**

Write or Type Committee Name
GIPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	10500.00	10500.00
(ii) Unitemized	225.00	225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10725.00	10725.00
(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)	10725.00	10725.00
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))	10725.00	10725.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10725.00	10725.00

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.....	448.69	448.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	448.69	448.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
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 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))..	7448.69	7448.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7448.69	7448.69

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)	10725.00	10725.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10725.00	10725.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	448.69	448.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	448.69	448.69

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(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

<p>A. Full Name (Last, First, Middle Initial) Edgar Achkar</p> <p>Mailing Address 2500 Cedarwood Road</p> <p>City State Zip Code Pepper Pike OH 44124</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cleveland Clinic Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 05 / 18 / 2011</p> <p>Transaction ID: A2011-1129857</p> <p>Amount of Each Receipt this Period 1000.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Dr. Murali M Alloju</p> <p>Mailing Address 14525 BLAKEHILL DR</p> <p>City State Zip Code FRISCO TX 75035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Private Practice Gastroenterologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 24 / 2011</p> <p>Transaction ID: A2011-1404886</p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Dr. David Becker</p> <p>Mailing Address 225 13th Avenue South</p> <p>City State Zip Code Safety Harbor FL 34695</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation David J. Becker M.D.. P.A. Gastroenterologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 02 / 03 / 2011</p> <p>Transaction ID: A2011-61083</p> <p>Amount of Each Receipt this Period 2000.00</p>
--	---

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**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 / 15
	<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

A.	Full Name (Last, First, Middle Initial) Dr. Douglas Dykman		Date of Receipt
	Mailing Address 907 Stonington Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Arnold	MD	21012
	FEC ID number of contributing federal political committee. C		Transaction ID: A2011-616835
Name of Employer Anne Arundel GI Associates PA		Occupation Gastroenterologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Dr. Richard Farleigh		Date of Receipt
	Mailing Address 4601 Golden Spring Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Anchorage	AK	99507
	FEC ID number of contributing federal political committee. C		Transaction ID: A2011-580195
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) David Goldstein		Date of Receipt
	Mailing Address 356grove st		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Oradell	NJ	07649
	FEC ID number of contributing federal political committee. C		Transaction ID: A2011-43760
Name of Employer Information requested		Occupation Gastroenterologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
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: PAGE 8 / 15

(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

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

A.	Full Name (Last, First, Middle Initial) Dr. David Greenwald		Date of Receipt MM / DD / YYYY 05 / 18 / 2011
	Mailing Address 26 Anderson Court		Transaction ID: A2011-1133297
	City Woodcliff Lake	State NJ	Zip Code 07677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Montefiore Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Joseph Hollier		Date of Receipt MM / DD / YYYY 05 / 18 / 2011
	Mailing Address 2 Walkers Ln		Transaction ID: A2011-1133303
	City Alexandria	State LA	Zip Code 71301
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer GIPAC	Occupation manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Lester E Hurrelbrink		Date of Receipt MM / DD / YYYY 04 / 03 / 2011
	Mailing Address 1111 Kensington Dr.		Transaction ID: A2011-504761
	City High Point	State NC	Zip Code 27262
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**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 9 / 15
	<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

A.	Full Name (Last, First, Middle Initial) Dr. Mark Molos		Date of Receipt
	Mailing Address 11200 Brookwood Avenue		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City Leawood	State KS	Zip Code 66211
	FEC ID number of contributing federal political committee. C		Transaction ID: A2011-1404888
	Name of Employer WestGlen GI Consultants		Occupation GI Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00

B.	Full Name (Last, First, Middle Initial) Dr. Thomas Riley		Date of Receipt
	Mailing Address 342 West View Drive		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Elizabethtown	State PA	Zip Code 17022
	FEC ID number of contributing federal political committee. C		Transaction ID: A2011-1129858
	Name of Employer Hershey Medical Center		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00

C.	Full Name (Last, First, Middle Initial) Moshe Rubin, M.D.		Date of Receipt
	Mailing Address 40 Elmridge Drive		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Scarsdale	State NY	Zip Code 10583
	FEC ID number of contributing federal political committee. C		Transaction ID: A2011-1406514
	Name of Employer Information requested		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 15
	(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

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

A.

Full Name (Last, First, Middle Initial) Dr. Harry Sarles		Date of Receipt MM / DD / YYYY 01 / 26 / 2011
Mailing Address 777 Walter Reed Suite 301		Transaction ID: A2011-38432
City Garland	State TX	Zip Code 75042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DHAT	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Joel Stengel		Date of Receipt MM / DD / YYYY 06 / 27 / 2011
Mailing Address 1405 Radisson Drive		Transaction ID: A2011-1406001
City Hewitt	State TX	Zip Code 76643
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information requested	Occupation Gastroenterologist	
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	10500.00

**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

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

A.	Full Name (Last, First, Middle Initial) PayPal Inc.	Transaction ID: B389686 Date of Disbursement
	Mailing Address P.O. Box 7022	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="30.00"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) PayPal Inc.	Transaction ID: B389691 Date of Disbursement
	Mailing Address P.O. Box 7022	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="29.30"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) PayPal Inc.	Transaction ID: B389692 Date of Disbursement
	Mailing Address P.O. Box 7022	<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="29.30"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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)

PAGE 12 / 15

<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

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

A.	Full Name (Last, First, Middle Initial) PayPal Inc.	Transaction ID: B389694 Date of Disbursement
	Mailing Address P.O. Box 7022	<input type="text" value="04"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="14.80"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) PayPal Inc.	Transaction ID: B389696 Date of Disbursement
	Mailing Address P.O. Box 7022	<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="30.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) PayPal Inc.	Transaction ID: B389697 Date of Disbursement
	Mailing Address P.O. Box 7022	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	<input type="text" value="30.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		<input type="text" value="001"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="74.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 13 / 15

<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

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

A.	Full Name (Last, First, Middle Initial) PayPal Inc.	Transaction ID: B389698
	Mailing Address P.O. Box 7022	Date of Disbursement 06 / 24 / 2011
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period 29.60
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) PayPal Inc.	Transaction ID: B389699
	Mailing Address P.O. Box 7022	Date of Disbursement 06 / 27 / 2011
	City Mountain View State CA Zip Code 94039	Amount of Each Disbursement this Period 16.13
	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional)	45.73
TOTAL This Period (last page this line number only)	209.13

**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

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

A. Full Name (Last, First, Middle Initial) Ben Cardin for Senate <hr/> Mailing Address P.O. Box 21093 <hr/> City Catonsville State MD Zip Code 21228 <hr/> Purpose of Disbursement Contribution Candidate Name Benjamin Cardin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B387903 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) Friends of Joe Pitts <hr/> Mailing Address 1707 Prince St. #5 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name Joseph R Pitts <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B375605 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) Team Graham <hr/> Mailing Address PO Box 29576 <hr/> City Washington State DC Zip Code 20017 <hr/> Purpose of Disbursement Contribution Candidate Name Lindsey O Graham <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B387301 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

**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)

PAGE 15 / 15

<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

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

A.

Full Name (Last, First, Middle Initial)
Bob Corker for Senate 2012

Mailing Address PO Box 848

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement
Contribution

Candidate Name
Robert (Bob) P Corker, Jr.

Office Sought: House
 Senate
 President

State: TN District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: B387899

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

7000.00