

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 54

(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)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DUKEE KIM, MD

Mailing Address 1441 KAPIOLANI BLVD.
#416

City State Zip Code
HON HI 96814

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 01 / 2007

Transaction ID: SA11AI.4249

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
JOHN H.C. KIM, MD

Mailing Address 1451 S. KING ST.
#312

City State Zip Code
HONOLULU HI 96814

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 09 / 2007

Transaction ID: SA11AI.4314

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
DR. PETER KIM

Mailing Address 147 KAHAWAI PL.

City State Zip Code
KAPAA HI 96746

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 01 / 2007

Transaction ID: SA11AI.4167

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)