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 29 / 72

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Action Committee

A.
Full Name (Last, First, Middle Initial): HIAWATHA HARRIS, MD
Mailing Address: 1127 WILSHIRE BLVD #1404
City: LOS ANGELES State: CA Zip Code: 90017
FEC ID number of contributing federal political committee: C
Name of Employer: HIAWATHA HARRIS, MD
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 04 2003
Transaction ID: 11(a)(i)1513
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): GEORGE HARUNK, MD
Mailing Address: 3298 VIA CAMPESINA
City: RANCHO PALOS VERDE State: CA Zip Code: 90275
FEC ID number of contributing federal political committee: C
Name of Employer: GEORGE HARUNK, MD
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 14 2003
Transaction ID: 11(a)(i)1311
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): MAURICIO HEILBRON, MD
Mailing Address: 7344 VIA LORADO
City: RANCHO PALOS VERDE State: CA Zip Code: 90275
FEC ID number of contributing federal political committee: C
Name of Employer: MAURICIO HEILBRON, MD
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 15 2003
Transaction ID: 11(a)(i)1324
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) ..... ▶