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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
7610 CARROLL AVENUE, SUITE 310

CITY, STATE and ZIP CODE
TAKOMA PARK, MD 20912

2. FEC IDENTIFICATION NUMBER
C00238204

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on __ . _____ in the State of _____ . __

☐ 30-Day Post-Election Report following the General Election on _____ . _____ in the State of _____ . ____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/2000 through 09/30/2000		
6. (a) Cash on Hand January 1, 2000		$ 6,982.52
(b) Cash on Hand at Beginning of Reporting Period	$ 9,218.00	
(c) Total Receipts (from Line 19)	$ 19,805.01	$ 27,946.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 29,023.01	$ 34,929.08
7. Total Disbursements (from Line 30)	$ 23,799.06	$ 29,705.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5,223.95	$ 5,223.95
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
PARVEZ SHAH, MD

Signature of Treasurer: Parvez Shah

Date: 10/10/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FE8AN121

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

REPORT COVERING PERIOD FROM 07/01/2000 TO: 09/30/2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	11,150.00	16,600.00	11(a
ii. Unitemized	8,550.00	10,950.00	11(b
iii. Total (add i and ii) ➤	19,700.00	27,550.00	11(c
b. Political Party Committees			11(d
c. Other Political Committees (such as PACs)			11(e
d. Total Contributions (add e iii, b and c) ➤	19,700.00	27,550.00	11(f
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		232.60	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	105.01	169.96	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	19,805.01	27,946.56	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	19,805.01	27,946.56	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a
ii. Non-Federal Share			21(b
b. Other Federal Operating Expenditures	21,799.06	27,705.13	21(c
c. Total Operating Expenditures (add a i, a ii, and b) ➤	21,799.06	27,705.13	21(d
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a
b. Political Party Committees			28(b
c. Other Political Committees (such as PACs)			28(c
d. Total Contribution Refunds (add a, b and c) ➤			28(d
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	23,799.06	29,705.13	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	23,799.06	29,705.13	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	19,700.00	27,550.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	19,700.00	27,550.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	21,799.06	27,705.13	35
36. Offsets to Operating Expenditures (from line 15)		232.60	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	21,799.06	27,472.53	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Javaid Anwar 3006 South Maryland Parkway Las Vegas, NV 89109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date $ 1,200.00	07/11/00	1,200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nasim Ashraf 15804 Phillips Oak Drive Spencerville, MD 20868 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date $ 1,200.00	07/11/00	1,200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Abdul L. Chughtai 843 27th Street West Des Moines, IA 50265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date $ 350.00	07/18/00	350.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
M.A. Jan 2760 Kilkenny Drive Springfield, OH 45503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date $ 300.00	07/18/00	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Abdul H. Khaliq 70 High Ridge Road West Hartford, CT 06117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date $ 250.00	07/18/00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Shahnaz Khan 11310 Grandview Drive Dade City, FL 33525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date $ 2,000.00	07/11/00	2,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ikram Khan 3006 South Maryland Parkway Las Vegas, NV 38109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date $ 1,200.00	07/11/00	1,200.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

4-60123

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Tariq Khan 11652 Log Jump Trail Ellicott City, MD 21042 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date > $ 300.00	07/11/00	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Hussain G. Malik 296 East Brown Street East Stroudsburg, PA 18301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date > $ 1,800.00	07/11/00 07/11/00	450.00 600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Javed S. Massey 4172 Pisces Circle Liverpool, NY 13090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Information requested Occupation: Information requested Aggregate Year-to-Date > $ 500.00	07/18/00 07/18/00	200.00 300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Arif Muslim 576 River Road Newburgh, NY 12550 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date > $ 1,050.00	07/11/00 07/11/00	450.00 600.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Pervez Mussarat 39628 River Oaks Drive Ponchatoula, LA 70454 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Information requested Occupation: Information requested Aggregate Year-to-Date > $ 300.00	07/18/00	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Javed I. Rathore 4804 North Kentucky Chicago, IL 60630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Information requested Occupation: Information requested Aggregate Year-to-Date > $ 250.00	07/18/00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Abdul Rauf 3000 Connecticut Avenue, NW Washington, DC 20008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Physician Aggregate Year-to-Date > $ 300.00	07/18/00	100.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Parvez I. Shah 7350 Van Dusen Road Laurel, MD 20707	Self-employed	09/29/00	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 400.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Syed Shirazi 1637 Dunwoody Square Dunwoody, GA 30338	Self-employed	07/18/00 09/29/00	100.00 600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 1,100.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Qamar U. Zaman 4955 Lake Front Court Lilburn, GA 30047	Information requested	07/18/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Information requested Aggregate Year-to-Date > $ 300.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 11,150.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Salomon Smith Barney 200 Crescent Court Dallas, TX 75201	Interest income	07/14/00 08/11/00 09/08/00	21.54 47.41 36.06
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 105.01

4-00173

CHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ascom P.O. Box 895 Shelton, CT 06484	Equipment rental	08/22/00	132.30
B. Bell Atlantic P.O. Box 17577 Baltimore, MD 21297	Telephone service	07/20/00	204.73
C. Crown Trophy 18921 Premiere Court Gaithersburg, MD 20879	Plaque	07/07/00	68.25
D. Federal Election Commission 999 E Street, NW Washington, DC 20463	Penalty	07/20/00 08/22/00 09/29/00	1,000.00 1,000.00 1,000.00
E. Federal Express P.O. Box 1140 Memphis, TN 38101	Delivery	07/16/00 07/21/00 08/22/00	9.36 18.46 6.66
F. Federal Express P.O. Box 1140 Memphis, TN 38101	Delivery	09/12/00	41.60
G. Gillian Hall 943 Clopper road Gaithersburg, MD 20878	Payroll	07/28/00 08/22/00 09/12/00	1,927.20 1,927.20 2,256.00
H. Arif Muslim 578 River Road Newburgh, NY 12550	Banquet expenses	07/18/00	9,661.57
I. Nacinal Mailing Systems 1749 Old Meadow Road McLean, VA 22102	Supplies	08/22/00	22.71

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

CHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)
PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Office Depot P.O. Box 91587 Chicago, IL 60693	Supplies	07/25/00	81.93
B. Pakistan Voice 169-22 Hillside Avenue Jamaica, NY 11432	Event publicity	08/31/00	100.00
C. Patton Boggs LLP 2550 M Street, NW Washington, DC 20037	Legal fees	08/22/00	1,954.16
D. Sprint P.O. Box 101343 Atlanta, GA 30392	Telephone service	08/22/00	200.44
E. Verizon P.O. Box 17577 Baltimore, MD 21297	Telephone service	08/25/00	186.49
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 21,799.06

CHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Meeks for Congress 2000 P.O. Box 900297 Far Rockaway, NY 11690	Gregory Meeks House Candidate NY-06 Disbursement for: * Primary ☐ General ☐ Other (specify)	07/11/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Restore America PAC P.O. Box 12526 Shawnee Mission, KS 66282	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	08/31/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 10/13/00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR — PREPARER

10/15/00 — DATE PREPARED

(6/2000)