

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 OCT 20 AM 10:26

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

ADDRESS (number and street)

7350 VAN DUSEN ROAD SUITE 450

Check if different than previously reported. (ACC)

LAUREL MD 20707

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00238204

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(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), Dec 20 (M12), Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), X October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of

5. Covering Period 07/01/2012 through 09/30/2014

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, M.D.

Signature of Treasurer

Date 10/14/2014

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

Table with 10 columns and 1 row for Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Report Covering the Period:

From:

07 ' 01 ' 2014

To:

09 ' 30 ' 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		4,737.70
(b) Cash on Hand at Beginning of Reporting Period.....	3,685.36	
(c) Total Receipts (from Line 19).....	20,788.31	20,788.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24,473.67	25,526.01
7. Total Disbursements (from Line 31).....	19,212.14	20,264.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5,261.53	5,261.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Report Covering the Period: From:

07 01 2014

To:

09 30 2014

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).....

2078831

2078831

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2078831

2078831

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

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12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

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20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	621214	726448
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	621214	726448
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1308000	1300000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1921214	2026448
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1921214	2026448

LAW OFFICE OF JAMES H. MOSELEY

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

20,788,31
20,788,31
6,212,14
6,212,14

20,788,31
20,788,31
7,264,48
7,264,48

FROM: 4-11-04 10:41:04

**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 1 OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. SHAH, BASIL		Date of Receipt 09 / 08 / 2014
Mailing Address 131 COLONIAL CLUB DR		Amount of Each Receipt this Period 1000.00
City NEW ORLEANS	State LA Zip Code 7012	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DUES	Aggregate Year-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. HAQ, FAIZAN		Date of Receipt 08 / 18 / 2014
Mailing Address 38 MAGNOLIA PL		Amount of Each Receipt this Period 1000.00
City DANVILLE	State CA Zip Code 94506	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DUES	Aggregate Year-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. ZAFAR, GHAFAR		Date of Receipt 09 / 24 / 2014
Mailing Address 105 SCHUYLKILL MED PL		Amount of Each Receipt this Period 250.00
City POTSVILLE	State PA Zip Code 17901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DUES	Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 2 OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
KHAN, JALIL

Mailing Address
502 NORTH VALLEY PKWY

City **LEWISVILLE** State **TX** Zip Code **75067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) **DUES**

Aggregate Year-to-Date **2000.00**

Date of Receipt
08 / 18 / 2014

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
ARSHAD, M. KALEEM

Mailing Address
8 FOREST OAKS DR

City **NEW ORLEANS** State **LA** Zip Code **7013**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) **DUES**

Aggregate Year-to-Date **1000.00**

Date of Receipt
09 / 08 / 2014

Amount of Each Receipt this Period
1200.00

C. Full Name (Last, First, Middle Initial)
AKBAR, MOHAMMAD M.

Mailing Address
8468 HOLLY LEAF DR

City **McLean** State **VA** Zip Code **22102**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) **DUES**

Aggregate Year-to-Date **1000.00**

Date of Receipt
09 / 24 / 2014

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶ **4000.00**

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 3 OF 5	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
SULLEMAN, MOHAMMAD

Mailing Address
14 GUADALUPE ST

City **KENNER** State **LA** Zip Code **70065**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) **DUES**

Aggregate Year-to-Date **5000.00**

Date of Receipt
07 / 23 / 2014

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
SULLEMAN, MOHAMMAD

Mailing Address
14 GUADALUPE ST

City **KENNER** State **LA** Zip Code **70065**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) **DUES**

Aggregate Year-to-Date **6000.00**

Date of Receipt
09 / 08 / 2014

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SHAH, PARVEZ

Mailing Address
7350 VAN DUSEN # 450

City **LAUREL** State **MD** Zip Code **20707**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) **DUES**

Aggregate Year-to-Date **1000.00**

Date of Receipt
08 / 26 / 2014

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **7000.00**

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 4 OF 5

<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)
PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial) **SHAH, PARVEZ** Date of Receipt **09 / 24 / 2014**

Mailing Address **7350 VAN DUSEN, #450**

City **LAUREL** State **MD** Zip Code **20707**

FEC ID number of contributing federal political committee. **C** Amount of Each Receipt this Period **250.00**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For: Primary General Other (specify) **DUES** Aggregate Year-to-Date **1,250.00**

B. Full Name (Last, First, Middle Initial) **CHUGHTAI, RIFFAT** Date of Receipt **07 / 14 / 2014**

Mailing Address **4306 MICHAEL CT**

City **MURRYSVILLE** State **PA** Zip Code **15668**

FEC ID number of contributing federal political committee. **C** Amount of Each Receipt this Period **2,000.00**

Name of Employer **Self-employed** Occupation **Physician**

Receipt For: Primary General Other (specify) **DUES** Aggregate Year-to-Date **2,000.00**

C. Full Name (Last, First, Middle Initial) **CHUGHTAI, RIFFAT** Date of Receipt **09 / 24 / 2014**

Mailing Address **4306 MICHAEL CT**

City **MURRYSVILLE** State **PA** Zip Code **15668**

FEC ID number of contributing federal political committee. **C** Amount of Each Receipt this Period **288.31**

Name of Employer **self-employed** Occupation **Physician**

Receipt For: Primary General Other (specify) **DUES** Aggregate Year-to-Date **2,288.31**

SUBTOTAL of Receipts This Page (optional) **2538.31**

TOTAL This Period (last page this line number only)

140011-1-0000

**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 5 OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial) MALIK, SALMAN		Date of Receipt 07 / 10 / 2014
Mailing Address 14 WELCH RD		Amount of Each Receipt this Period 5000.00
City LONDONDERRY	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer SELF-EMPLOYED	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DUES	Aggregate Year-to-Date 5000.00	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	20788.31

**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 1 OF 2

<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
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. **NAVEED A QURESHI INC**
Mailing Address **9310 OLD KEENE MILL RD**

Date of Disbursement

07 22 2014

City **BURKE** State **VA** Zip Code **22015**

Purpose of Disbursement **Professional accounting fee** **001**

Candidate Name _____ Category/Type _____

Amount of Each Disbursement this Period

300.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. **SARSOURE, LINDA**
Mailing Address **UNIV. OF S. CALIFORNIA**
509 WEST 29TH ST.

Date of Disbursement

08 25 2014

City **LA** State **CA** Zip Code **90007**

Purpose of Disbursement **Reimburse expenses for event** **002**

Candidate Name _____ Category/Type _____

Amount of Each Disbursement this Period

457.14

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

C. **PA CAPITAL VENTURES**
Mailing Address **C/O 7350 VAN DUSEN #450**

Date of Disbursement

07 28 2014

City **LAUREL** State **VA** Zip Code **20707**

Purpose of Disbursement **Marketing & planning consultants** **003**

Candidate Name _____ Category/Type _____

Amount of Each Disbursement this Period

2275.00

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

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

3,032.14

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 2 OF 2	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. PA CAPITAL VENTURES		Date of Disbursement 08 27 2014
Mailing Address 10 7350 VAN DUSEN #450		Amount of Each Disbursement this Period 3,180.00
City LAUREL State MD Zip Code 20707	Purpose of Disbursement Marketing & planning consultants Category/Type 003	
Candidate Name	Office Sought: House Senate President State: District: Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: House Senate President State: District: Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: House Senate President State: District: Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....	3,180.00
TOTAL This Period (last page this line number only).....	6,212.14

**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 1 OF 1

<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)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name (Last, First, Middle Initial) KANE, TIM, SENATOR

Mailing Address 388 RUSSELL SENATE BUILDING

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement CONTRIBUTION

Candidate Name SENATOR TIM KANE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: VA District: _____

Date of Disbursement 09 / 09 / 2014

Amount of Each Disbursement this Period 10000.00

Category/Type 011

B. Full Name (Last, First, Middle Initial) SHAHHEEN, JEANNIE

Mailing Address 520 HART BLDG

City WASHINGTON State DC Zip Code 20510

Purpose of Disbursement CONTRIBUTION

Candidate Name SENATOR JEANNIE SHAHHEEN

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NH District: _____

Date of Disbursement 09 / 24 / 2014

Amount of Each Disbursement this Period 30000.00

Category/Type 011

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement _____

Amount of Each Disbursement this Period _____

Category/Type _____

SUBTOTAL of Disbursements This Page (optional) 13 00 00

TOTAL This Period (last page this line number only) 13,000.00

FORM 3X-1001

1415 HWY 1 W041

RVEZ SHAH, M.D., F.R.C.S.
50 VAN DUSEN RD., #450
UREL, MD 20707
P: (301) 490-0500
X: (301) 490-1630

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7014 1200 0001 0416 6487



20463

RETURN RECEIPT
REQUESTED

RECEIVED RECEIVED
OCT 20 11:24 AM OCT 20 AM 10:26
REC MAIL CENTER REC MAIL CENTER

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/14/2014</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JB

10/20/2014

PREPARER
(8/2013)

DATE PREPARED

NO POSTMARK