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
7350 VANDUSEN ROAD STE. 420 A

CITY, STATE and ZIP CODE
LAUREL MARYLAND 20707

RECEIVED FEDERAL ELECTION COMMISSION 1998 Oct 13 1 30 PM '98

2. FEC IDENTIFICATION NUMBER
C00-238-209

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 APRIL 1 through JUNE 30, 1998		
6.	(a) Cash on Hand January 1, 19____		$ 16388.74
	(b) Cash on Hand at Beginning of Reporting Period	$ 16388.74	
	(c) Total Receipts (from Line 19)	$ 15600.00	$ 15600.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31988.74	$ 31988.74
7.	Total Disbursements (from Line 30)	$ 16763.71	$ 16763.71
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15225.03	$ 15225.03
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 ARIF MUSLIM

Signature of Treasurer

Date 10.12.98

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)

FE/AN047

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM TO:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	15600.00	15600.00	11a(i)
ii. Unitemized	0	0	11a(ii)
iii. Total (add i and ii) ➤	15600.00	15600.00	11a(iii)
b. Political Party Committees	0	0	11b)
c. Other Political Committees (such as PACs)	0	0	11c)
d. Total Contributions (add a iii, b and c) ➤	15600.00	15600.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	15600.00	15600	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	15600	15600	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21a(i)
ii. Non-Federal Share	0	0	21a(ii)
b. Other Federal Operating Expenditures	16763.71	16763.71	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	16763.71	16763.71	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28a)
b. Political Party Committees	0	0	28b)
c. Other Political Committees (such as PACs)	0	0	28c)
d. Total Contribution Refunds (add a, b and c) ➤	16763.71	16763.71	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16763.71	16763.71	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16763.71	16763.71	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	15600.00	15600.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	15600.00	15600.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	16763.71	16763.71	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	16763.71	16763.71	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 15

FOR LINE NUMBER

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FAISAL SHAMSIE 9 CHAPTER OAKS PITTSFORD, NY. 14534 Receipt For: Primary / General / [X] Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.1.98	100.00
B. SYED AKBAR SADIQ, MD 14333 LAUREL BOWIE RD. #208 LAUREL, MD 20708-1179 Receipt For: Primary / General / [X] Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.1.98	100.00
C. NAHEED QAYYUM, MD 961 RIDGEPOINTE DR. BURR RIDGE, IL 60521 Receipt For: Primary / General / [X] Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.4.98	100.00
D. SHAHNAZ KHAN, MD 11310 GRANDVIEW DRIVE DADE CITY, FL 33525 Receipt For: Primary / General / [X] Other (specify): OFFICE FUND	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 1000.00		1000.00
E. TANVEER KHAN Receipt For: Primary / General / [X] Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4.5.98	100.00
F. HARHAT ARAIN Receipt For: Primary / General / [X] Other (specify): ANNUAL DUES	Name of Employer: Occupation: HOUSEWIFE Aggregate Year-to-Date > $ 100.00	4.5.98	100.00
G. ZUBAIDA ARAIN 757 DOGWOOD WAY MADERA, CA 93637 Receipt For: Primary / General / [X] Other (specify): ANNUAL DUES	Name of Employer: Occupation: HOUSEWIFE Aggregate Year-to-Date > $ 100.00	4.5.98	100.00

SUBTOTAL of Receipts This Page (optional) > 700.00

TOTAL This Period (last page this line number only) > 700.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ARIF TOOR, MD SOUTHRIDGE LANE CROMWELL, CT 06416 Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE FUND	SELF PHYSICIAN Aggregate Year-to-Date > $ 1000.00	4.9.98	1000.00
B. MAZHAR U. SHEIKH 6288 DUNALLY COURT MCLEAN, VA 22101 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4.9.98	100.00
C. A. AHMED 2701 TROY CENTER DR. STE. 360 TROY, MI. 48084 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.11.98	100.00
D. SADIQ HUSSAIN 4070 GRATIOT AVE. PORT HURON, MI 48060 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4.11.98	100.00
E. MUSHTAQ KHAN, MD 7194 PINE KNOB RD. INDEPENDENCE TOWNSHIP, MI 48348 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.11.98	200.00
F. MALIK N. BAZ 9525 N. MADISON RIDGE FRESNO, CA 93720 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4.14.98	100.00
G. JUKUKU S.M. TAYEB 14410 PATTERSON DRIVE SHELBY TWP. MI. 48315 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4.17.98	100.00

SUBTOTAL of Receipts This Page (optional) 1700.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. WAHEED AKBAR, MD 4701 TOWNE CENTER SUITES 303-307 SAGINAW, MI 48603 Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE FUND	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 1000.00	4.19.98	1000.00
B. SHAHIDA QAZI, DDS 40 NORTH MAIN STREET CORTLAND, NY 13045 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Employer: SELF Occupation: DENTIST Aggregate Year-to-Date > $ 100.00	4.20.98	100.00
C. ADNAN & SAMINA ZAIDI 3201 MIDVALE ROAD, NW CANTON, OHIO 44718 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	4.20.98	200.00
D. RIZWAN JAMAL 479 UNIVERSITY WAY, NE SUITE 201 SEATTLE, WA 98105 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Employer: SELF Occupation: TRAVEL AGENT Aggregate Year-to-Date > $ 100.00	4.21.98	100.00
E. RAFIQ A. MIAN MD 7350 VANDOREN RD. #B-40 LAUREL, MD 20707 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.24.98	100.00
F. MUHAMMAD MUSHTAQ, MD 701 W. FAIRCHILD DANVILLE, IL 61832 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.25.98	100.00
G. MOHAMMAD CHAUDHARY 5288 Cranley River DR. 30087 STONE MOUNTAIN GEORGIA Receipt For: ☐ Primary ☐ General ☒ Other (specify): Annual Dues	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4-19-98	100.00

SUBTOTAL of Receipts This Page (optional) 1700.00

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. YAHYA KHALID 7495 SOUTH SPALDING LAKES DR. ATLANTA, GA 30350 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4-19-98	100.00
B. M. A. SAJID 2431 COUNTRY LAKE LN. POWDER SPRING GA 30127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4-20-98	100.00
C. MOHAMMAD A. HIDAYATULLAH 2465 SPILL WAY CT. LAWRENCEVILLE, GA. 30244 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4-22-98	100.00
D. SPALDING CORNERS TRAVEL 6185 SOUTH BUFORD HIGHWAY STE. E-100, NORCROSS, GA 30071 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4-22-98	100.00
E. GHULAM QADIR 18181 OAKWOOD, NO. 311 DEARBORN, MI 48124 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5-1-98	100.00
F. SAMINA HAYAT MALIK 22185 CHURCHVIEW ROAD DR. WOODHAVEN, MI 48183 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSWOMEN Aggregate Year-to-Date > $ 100.00	5-1-98	100.00
G. IFTIKHAR A. SHEIKH 4285 PINEWALK DR. ALPHARETTA, GA 30202 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5-2-98	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. SAFDAR B. KHAN 146 ERIC RUN CT LAWRENCEVILLE, GA, 30043 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: BUSINESS SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	05/03/98	100.00
B. SAMIL ABIDI 347 KAREN DRIVE ALPHARETTA, GA, 30004. Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5/5/98	100.00
C. MUHAMMAD ARSHAN 5260 GAULEY RIVER DR. STONE MOUNTAIN, GA, 30087 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	05/05/98	100.00
D. PERVAIZ IQBAL 3335 CEDAR FARMS CT. ALPHARETTA, GA. 30221. Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	05/05/98	100.00
E. JAVAID SAYEED 504 W. MEMORIAL DR. P.O. BOX 919 DALLAS, GA 30132 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: DOCTOR Aggregate Year-to-Date > $ 100.00	5/07/98	100.00
F. ABDUL AZIZ KHAN 1167 TIMOTHY TERRACE TUCKER GA 30084. Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	05/08/98	100.00
G. KAMRAN TAREEN 101 MORLYN AVE. BRYN MAWR, PA 19010 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 200.00	05/11/98	200.00

SUBTOTAL of Receipts This Page (optional) 800.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FAUZI DURRANI 107 WOODROW WILSON DR. VALDOSTA, GA 31602. Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	5/11/98	100.00
B. NAZIR H. KHAJA 460 - 20911 EARL STREET TORRANCE, CA 90503 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues.	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	5/14/98	100.00
C. OMAR U ZAMAN 4955 LAKE FRONT COURT LILBURN, GA 30047 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5/14/98	200.00
D. SYED H. SHIRAZI 1637 DUNWOODY SQUARE DUNWOODY, GA 30338 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	5/16/98	300.00
E. ARBAR ZAIDI 3524 GORNER'S WAY NORCROSS, GA 30092 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5/21/98	100.00
F. PERVAIZ SHAH 4405 DUSTIN RD, BURTONSVILLE, MD Receipt For: ☐ Primary ☐ General ☑ Other (specify): Office Expense	SELF PHYSICIAN Aggregate Year-to-Date > $ 350.00	5/21/98	250.00
G. SOFIA CORPORATION 5039 MEMORIAL DRIVE STONE MOUNTAIN, GA, 30083 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5/23/98	100.00

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PAKISTANI-AMERICAN PHYSICIANS' PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. SANMAN, INC. 4146 LAWRENCEVILLE HWY. TUCKER, GA 30084. Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues.	SELF / BUSINESSMAN / Aggregate Year-to-Date $ 100.00	5/23/98	100.00
B. SYED H. SHIRAZI 1637 DUNWOODY SQUARE DUNWOODY, GA, 30338 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF / PHYSICIAN / Aggregate Year-to-Date $ 400.00	5/24/98	400.00
C. M. ALI CHOUHAN 3974 BANKHEAD HWY. LITHIA SPRINGS, GA 30057 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues/Dinner	SELF / VETERNARIAN / Aggregate Year-to-Date $ 200.00	5/18/98	200.00
D. MOHAMMAD ABBASI 307 VALLEY BROOK CROSSING DECATUR GA 30033 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF / BUSINESSMAN / Aggregate Year-to-Date $ 100.00	05/19/98	100.00
E. ABDUL RASHID B-3298 DUNWOODY CROSSING. DUNWOODY, GA, 30338 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF / BUSINESSMAN / Aggregate Year-to-Date $ 100.00	5/19/98	100.00
F. MOHAMMAD N. AZEEM 5732 EVERGLADES LANE NORCROSS, GA, 30071 Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	SELF / BUSINESSMAN / Aggregate Year-to-Date $ 100.00	5/21/98	100.00
G. DURDANA GILANI, MD 5605 BURNING TREE DR. LA CANADA, CA 91011 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAKPAC LUNCHEON	SELF / PHYSICIAN / Aggregate Year-to-Date $ 100.00	5-27-98	100.00

SUBTOTAL of Receipts This Page (optional) 1100.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code HAFEEZ KHAN, MD 5805 BURNING TREE DR LA CANADA CA 91001	Name of Employer: SELF Occupation: PHYSICIAN	Date (month, day, year): 5-27-98	Amount of Each Receipt this Period: 200.00
Receipt For: [ ] Primary [ ] General [Y] Other (specify): DUES & REGISTRATION	Aggregate Year-to-Date > $ 200.00		
B. Full Name, Mailing Address and ZIP Code MOHAMMAD JAHANGIR 17680 N. FIELDBROOK CIRCLE BOCA RATON, FL 33496	Name of Employer: SELF Occupation: BUSINESSMAN	Date (month, day, year): 5-28-98	Amount of Each Receipt this Period: 200.00
Receipt For: [ ] Primary [ ] General [Y] Other (specify): DUES & REGISTRATION	Aggregate Year-to-Date > $ 200.00		
C. Full Name, Mailing Address and ZIP Code RASHID HAMID 164 DOCKER RD TOLAND, CT - 06084-3601	Name of Employer: SELF Occupation: BUSINESSMAN	Date (month, day, year): 6-1-98	Amount of Each Receipt this Period: 300.00
Receipt For: [ ] Primary [ ] General [Y] Other (specify): DUES & REGISTRATION	Aggregate Year-to-Date > $ 300.00		
D. Full Name, Mailing Address and ZIP Code ZAHID SHEIKH, MD 27856 BELANDER ROSEVILLE, MI. 48066	Name of Employer: SELF Occupation: PHYSICIAN	Date (month, day, year): 6-1-98	Amount of Each Receipt this Period: 100.00
Receipt For: [ ] Primary [ ] General [Y] Other (specify): DUES	Aggregate Year-to-Date > $ 100.00		
E. Full Name, Mailing Address and ZIP Code ZEELAF MUNIR, MD 188 BRIGHTHURST DRIVE CHESTERFIELD, MO 63005	Name of Employer: SELF Occupation: PHYSICIAN	Date (month, day, year): 6-1-98	Amount of Each Receipt this Period: 100.00
Receipt For: [ ] Primary [ ] General [Y] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
F. Full Name, Mailing Address and ZIP Code IRSHAD UL HAQUE 557 SAN MARINO AVENUE SAN MARINO, CA 91108	Name of Employer: SELF Occupation: BUSINESSMAN	Date (month, day, year): 6-2-98	Amount of Each Receipt this Period: 100.00
Receipt For: [ ] Primary [ ] General [Y] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
G. Full Name, Mailing Address and ZIP Code M. SIDDIQUE 4617 GRAND AVE GURNEE, IL. 60031	Name of Employer: SELF Occupation: PHYSICIAN	Date (month, day, year): 6-2-98	Amount of Each Receipt this Period: 200.00
Receipt For: [ ] Primary [ ] General [Y] Other (specify): REGISTRATION ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		

SUBTOTAL of Receipts This Page (optional) 1200.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. M.A. MAJEED, MD 661 S. SECOND AVENUE COVINA, CA 91723-3518 Receipt For: Primary / General / [X] Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.2.98	100.00
B. OMAR ATTA MD 1609 W 40th #203 PINE BLUFF, AR 71603 Receipt For: Primary / General / [X] Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.3.98	100.00
C. ATIYA KHAN, MD 11652 LOG JUMP TRAIL ELLICOTT CITY, MD 21042-1500 Receipt For: Primary / General / [X] Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.4.98	100.00
D. TARIQ KHAN 11652 LOG JUMP TRAIL ELLICOTT CITY, MD 21042-1500 Receipt For: Primary / General / [X] Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.4.98	100.00
E. S. AMJAD HUSSAIN 1050 ISAAC SAS BLVD. STE. 143 TOLEDO, OHIO 43616 Receipt For: Primary / General / [X] Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.5.98	100.00
F. MOHAMMAD ARSHAD 5260 BAILEY RIVER DR. STONE MOUNTAIN, GA 30087 Receipt For: Primary / General / [X] Other (specify): REGISTRATION	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	6.8.98	100.00
G. RIAZ CHAUDHARY 5501 SHURBRIDGE RD. TOLEDO, OHIO 43623 Receipt For: Primary / General / [X] Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.8.98	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

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SCHEDULE A — **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAWAD HASNAIN MD 5931 CLIFTON OAKS DRIVE CLARKSVILLE, MD 21029 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.8.98	200.00
B. SYED SHIRAZI MD 1637 DUNWOODY SQUARE DUNWOODY, GA 30338 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.8.98	100.00
C. MOHAMMAD IDREES 114 VRICK LANE MONROEVILLE, PA 15146 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	6.8.98	100.00
D. IKRAM U. KHAN MD 5835 ALDEA CIRCLE LAS VEGAS, NEV 89120 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG. & DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.9.98	200.00
E. SYED ZAKIR HUSSAIN MD MAHBADEEN ISLAM HUSSAIN MD 7320 FRIARTON CIR TOLEDO, OHIO 43617 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGS. & DUES	SELF PHYSICIANS Aggregate Year-to-Date > $ 400.00	6.9.98	40.00
F. IFFAT ANWAR 5571 FREE ISLAND DR LAS VEGAS, NV 89120 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG & DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.10.98	200.00
G. M. ASLAM BARRA 930 SUNNYSLOPE RD # E-1 HOLLISTER, CA 95023 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	6.11.98	100.00

SUBTOTAL of Receipts This Page (optional) 1300.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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
FAYAZ BOKHAR, MD 131 N. JACKSON AVE-BLDG A Rm 203, SAN JOSE, CA 95116 Receipt For: Primary / General / Other (specify): REG & DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.11.98	200.00
B. Full Name, Mailing Address and ZIP Code MANSOOR SHAH, MD 855 N. HILLY GLEN DR. LONG BEACH, CA 90815-4722 Receipt For: Primary / General / Other (specify): REG. & DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 200.00	6-11-98	200.00
C. Full Name, Mailing Address and ZIP Code FARROKH HAKIMIAN 580 BOYLSTON ST BOSTON, MA 02116 Receipt For: Primary / General / Other (specify): REG & DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 200.00	6.12.98	200.00
D. Full Name, Mailing Address and ZIP Code SALEEM AHMAD KHAN 8077 FROSS LANE EAST AMHERST NY 14051 Receipt For: Primary / General / Other (specify): REG & DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 200.00	6.12.98	200.00
E. Full Name, Mailing Address and ZIP Code MUHAMMAD RIAZ, MD 4. STONEBRIDGE DRIVE SOUTH BARRINGTON, IL 60010 Receipt For: Primary / General / Other (specify): REG & DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.12.98	200.00
F. Full Name, Mailing Address and ZIP Code M. KALEEM ARSHAD, MD 133 CHATEAU ST. MICHEL KENNER, LA 70066 Receipt For: Primary / General / Other (specify): REG & DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.15.98	200.00
G. Full Name, Mailing Address and ZIP Code AZIZ A. KHAN, MD 9200 COLIMA, STE 302 WHITTIER, CA 90605 Receipt For: Primary / General / Other (specify): REG & DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.15.98	200.00

SUBTOTAL of Receipts This Page (optional) 1400.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FARHAT ZUBAIR, 9844 PANGBORN AVE. DOWNEY, CA 90240	SELF / BUSINESSMAN	6.16.98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
B. FAIQA QURESHI, 700 LAKEVIEW DRIVE, AHOSKIE, NC 27910	SELF / PHYSICIAN	6.16.98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
C. DR. RAANA AKBAR, 4701 TOWNE CENTER #303-304, SAGINAW, MI 48604	SELF / PHYSICIAN	6.17.98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
D. DR. WAHEED AKBAR, 4701 TOWNE CTR. #303-304, SAGINAW, MI 48604	SELF / PHYSICIAN	6.17.98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
E. ROAD FOR DAVIS, 28 TOP-O-HILL RD, WAPPINGERS FALLS, NY 12590	SELF / BUSINESSMAN	6.20.98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date $ 100.00		
F. HUSSAIN MALIK, MD, 296 E BROWN STREET, EAST STROUDSBURG, PA 18301	SELF / PHYSICIAN	6.20.98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
G. SAIF UR REHMAN, 123 CREAMERY DRIVE, NEW WINDSOR, NY 12553	SELF / BUSINESSMAN	6.20.98	150.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date $ 100.00		

SUBTOTAL of Receipts This Page (optional)	750.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full): PAKISTAN, AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. M. SAJJAD IQBAL, MD 735 LINWOOD AVE. RIDGEWOOD, NJ 07450 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-24-98	100.00
B. AIJAZ ZAFAR, MD 171 LINDALE (HARBOURTON RD) LAMBERTVILLE, NJ 08530 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-22-98	100.00
C. RAZA DILAWARE Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-23-98	100.00
D. IJAZ QAYYUM, MD 7530 COLLEGE DR. PALOS HEIGHTS, IL 60463 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-23-98	100.00
E. MUHAMMAD YASIN 2116 CADWELL AVE OKLAHOMA CITY, OK 73170 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	6-25-98	100.00
F. MOHAMMED SULEMAN 14 GUADALUPE ST KENNER, LA 70062 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	6-29-98	100.00
G. ZULFIQAR ALI, MD 1900 MOWRY AVE. STE 105 FREMONT, CA 94538 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-28-98	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FARHANA MOHAMED, MD 289 SAINT ALBANS AVE SOUTH PASEDENA, CA 91030 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF BUSINESSWOMAN Aggregate Year-to-Date $ 50.00	6.3.98	50.00
B. DR. WAHEED AKBAR 580 GOLFVIEW DR SAGINAW, MI 48603 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date $ 1250.00	6.3.98	150.00
C. SHAHEER YOUSAF, MD. P.O. BOX 1511 WALDORF, MD 20604 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date $ 250.00	6.3.98	250.00
D. ZAHID MAHMUD 1244 CATALINA DR. MONROEVILLE, PA 15146 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date $ 50.00	6.4.98	50.00
E. PARVEZ SHAH, MD 7350 VAN DUSEN RD #450 LAUREL, MD 20707 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date $ 400.00	6.4.98	50.00
F. HUSSAIN MALIK 256 EAST BROWN STREET EAST STROUDSBURG, PA 18301 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	6.5.98	100.00
G. MOHAMMED ASLAM MD 50 ZERBE ST. CRESSONA, PA 17929 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	6.8.98	100.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: MOHAMMAD AZLAN, 116 JAMES STREET, SOMERSET, PA 15501	SELF	6.14.98	50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): DALLAS DINNER	Occupation: BUSINESSMAN		
	Aggregate Year-to-Date > $ 50.00		
B. Full Name, Mailing Address and ZIP Code: MOHAMAD S. AHMED, 2415 E FLAMINGO ROAD, SUITE A, LAS VEGAS NV 89121-5200	Name of Employer: Self	5.1.98	600.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): CONTRIBUTION	Occupation: Physician		
	Aggregate Year-to-Date > $ 600.00		
C. Full Name, Mailing Address and ZIP Code: FAROOQ ABDULLAH, 9237 JADE CREST DRIVE, LAS VEGAS NV 89134	Name of Employer: Self	5.1.98	300.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: Physician		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this line number only) 15600.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER

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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	Date (month, day, year)	Amount of Each Disbursement This Period
A. JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL MD 20707	CONSULTANCY FEE Disbursement for: Primary General Other (specify)	4.1.98	1250.00
B. JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL MD 20707	CONSULTANCY FEE Disbursement for: Primary General Other (specify)	4.17.98	1250.00
C. BELL ATLANTIC P.O. BOX 646 BALTIMORE MD 21265-0646	TELEPHONE Disbursement for: Primary General Other (specify)	4.27.98	177.41
D. PITNEY BOWES, INC P.O. BOX 85390 LOUISVILLE, KY 40285-5390	RENT FOR POSTAGE MACHINE Disbursement for: Primary General Other (specify)	4.27.98	169.31
E. SPRINT P.O. BOX 740504 ATLANTA, GA 30374-0504	TELEPHONE + FAX Disbursement for: Primary General Other (specify)	4.27.98	352.68
F. QUAID PROJECT 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	SECRETARIAL SERVICES Disbursement for: Primary General Other (specify)	4-27.98	1350.00
G. JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: Primary General Other (specify)	5.1.98	1250.00
H. U.S. POSTAL SERVICE SMRS: PB P.O. BOX 7247-0166 PHILADELPHIA PA 19170-0166	POSTAGE STAMPS Disbursement for: Primary General Other (specify)	5.4.98	100.00
I. SOUTHWEST CREDIT SYSTEMS INC P.O. BOX 115157 2629 DICKERSON PARKWAY CARROLLTON, TX 75011-5157	TELEPHONE Disbursement for: Primary General Other (specify)	5.11.98	407.66

SUBTOTAL of Disbursements This Page (optional) 6307.06

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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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 / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SPRINT P.O. BOX 740504 ATLANTA, GA 30374-0504	TELEPHONE + FAX	5.13.98	430.27
B. 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
BELL ATLANTIC P.O. BOX 646 BALTIMORE MD 21265-0646	TELEPHONE	5.19.98	211.16
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
JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	CONSULTANCY FEE	5.20.98	500.00
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
JILL HALL 7350 VAN DUSEN RD. SUITE 420 A LAUREL, MD 20707	REIMBURSEMENT FOR PHOTOGRAPHY	5.20.98	8.99
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
QUAD PROTECT 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD. 20707	SECRETARIAL SERVICES	5.28.98	1350.00
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
APPNA 6414 SOUTH CASS AVENUE WESTMONT, IL, 60559	PAK-PAK MEETING IN ORLANDO	6.1.98	621.18
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
HYATT REGENCY WASHINGTON, DC ON CAPITOL HILL 400 NEW JERSEY AVE-N.W. WASHINGTON-D.C. 20001	PAK PAK DINNER	6.2.98	1706.00
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
SIR SPEEDY 14635 CHERRY LANE COURT SUITE 101 LAUREL, MD 20707	PRINTING OF INFORMATION KITS	6.2.98	209.74
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
UPTOWN CATERERS RAYBURN BLDG WASHINGTON DC 20515	PAK-PAK BREAKFAST	6.3.98	410.00

SUBTOTAL of Disbursements This Page (optional) 5447.34

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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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
JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	HONORARIUM Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.4.98	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JILL HALL 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	HONORARIUM Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.4.98	50.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.8.98	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OFFICE DEPOT P.O. BOX 5017 BOCA RATON, FL 33431-0817	OFFICE SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.8.98	83.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPRINT P.O. BOX 85390 LOUISVILLE, KY 40285-5390	PHONE AND FAX Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.8.98	645.57
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPRINT CONFERENCE LINE P.O. BOX 101343 ATLANTA, GA 30392-1343	CONFERENCE CALL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.8.98	145.25
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JILL HALL 7350 VAN DUSEN RD SUITE 420-A LAUREL, MD 20707	REIMBURSEMENT FOR PHOTOGRAPHS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.8.98	23.67
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM BATES 7350 VAN DUSEN SUITE 420 A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.17.98	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HYATT REGENCY WASHINGTON D.C. 400 NEW JERSEY AVE. NW WASHINGTON DC 20001	BALANCE FOR PAK-PAK DINNER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.24.98	704.00

SUBTOTAL of Disbursements This Page (optional) 2961.49

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

FOR LINE NUMBER

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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. SPRINT CONFERENCE LINE P.O. BOX 101343 ATLANTA GA 30392-1343	CONFERENCE CALL	6-25-98	179.32
B. FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 38101-1140	OVERNIGHT LETTER SENT TO CALIFORNIA	6-25-98	18.50
C. QUAID PRESS 7350 VAN DUSEN RD SUITE 420-A LAUREL, MD 20707	SECRETARIAL SERVICES	6-30-98	1350.00
D. DANIEL PAPERMASTER FOR CONGRESS 36 WOODLAND ST. HARTFORD CT. 06105	CAMPAIGN CONTRIBUTION	4-30-98	500.00
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 2047.82

TOTAL This Period (last page this line number only) 16763.71

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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

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LM
PREPARER

10-13-98
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