



**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** ' **2009**

To: **12** ' **31** ' **2009**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2009</b>		<b>8,286.42</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>29,471.46</b>	
(c) Total Receipts (from Line 19) .....	<b>115,240.00</b>	<b>45,885.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<b>40,995.46</b>	<b>54,171.42</b>
7. Total Disbursements (from Line 31) .....	<b>169,799.90</b>	<b>30,155.86</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<b>24,015.56</b>	<b>24,015.56</b>
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

1003024228

**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:

MM ' DD ' YYYY  
07 ' 01 ' 2009

To:

MM ' DD ' YYYY  
12 ' 31 ' 2009

**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).....

1145000

4049100

(ii) Unitemized.....

7400

539400

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1152400

4588500

(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).....▶

1152400

4588500

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)).....▶

1152400

4588500

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

1152400

4588500

1003024229

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	59,799.0	13,155.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	11,000.00	17,000.00
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)) ..	169,799.99	30,155.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0	0

10030242230

**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) .....	115,240.00	45,885.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	115,240.00	45,885.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	59,799.90	13,155.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	59,799.90	13,155.86

10030242231

**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 7

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	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

**A.**

Full Name (Last, First, Middle Initial) **KHALID, ARSLAN**

Mailing Address **7109 ROCK RIDGE RD**

City **ALEXANDRIA** State **VA** Zip Code **22304**

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 **1 00 00**

Date of Receipt **12 / 02 / 2009**

Amount of Each Receipt this Period **1 00 00**

**B.**

Full Name (Last, First, Middle Initial) **HAQ, FAIZAN**

Mailing Address **9 BOBBLE LN 14221**

City **WILLIAMSVILLE** State **NY** Zip Code

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

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

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

Aggregate Year-to-Date **425.00**

Date of Receipt **10 / 27 / 2009**

Amount of Each Receipt this Period **3 00 00**

**C.**

Full Name (Last, First, Middle Initial) **NANJI, GHULAM**

Mailing Address **40. 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 **350.00**

Date of Receipt **12 / 02 / 2009**

Amount of Each Receipt this Period **3 50 00**

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

**750 00**

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

10030242232

**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 7

<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) SOOMRO, FAROOQ

Mailing Address 245 FIELDSTONE PATH

City ALPHARETTA State GA Zip Code 30005

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 300.00

Date of Receipt 10/27/2009

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial) MALIK, IRFAN

Mailing Address 5886 WHITEBROOK LN

City ELICOTT CITY State MD Zip Code 21042

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Investments

Receipt For:  Primary  General  Other (specify) dues

Aggregate Year-to-Date 4670.00

Date of Receipt 08/11/2009

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial) MALIK, IRFAN

Mailing Address 3886 WHITEBROOK LN

City ELICOTT CITY State MD Zip Code 21042

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Investments

Receipt For:  Primary  General  Other (specify) dues

Aggregate Year-to-Date 5670.00

Date of Receipt 09/10/2009

Amount of Each Receipt this Period 1000.00

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

2300.00

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

10030242233

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 7

Grid for line numbers 11a-17 with checkboxes. 11a is checked.

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

MALIK, IRFAN

Mailing Address

3886 WHITEBROOK LN

City

ELICOTT CITY

State

MD

Zip Code

21042

FEC ID number of contributing federal political committee.

FEC ID number field with 'C' in a box.

Name of Employer

Self-employed

Occupation

Investments

Receipt For:

Primary General

Other (specify) dues

Aggregate Year-to-Date

Aggregate Year-to-Date field with 6,170.00

Date of Receipt

Date of Receipt field: 10/27/2009

Amount of Each Receipt this Period

Amount of Each Receipt field: 500.00

Full Name (Last, First, Middle Initial)

SULEMAN, MOHAMMAD

Mailing Address

14 GUADALUPE ST

City

KENNER

State

LA

Zip Code

70065

FEC ID number of contributing federal political committee.

FEC ID number field with 'C' in a box.

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

Primary General

Other (specify) DUES

Aggregate Year-to-Date

Aggregate Year-to-Date field with 1,800.00

Date of Receipt

Date of Receipt field: 12/02/2009

Amount of Each Receipt this Period

Amount of Each Receipt field: 1500.00

Full Name (Last, First, Middle Initial)

ANWAR, MOHAMMED SAUD

Mailing Address

93 ROCKLEDGE DR

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing federal political committee.

FEC ID number field with 'C' in a box.

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

Primary General

Other (specify) DUES

Aggregate Year-to-Date

Aggregate Year-to-Date field with 2,900.00

Date of Receipt

Date of Receipt field: 10/27/2009

Amount of Each Receipt this Period

Amount of Each Receipt field: 900.00

SUBTOTAL of Receipts This Page (optional)

SUBTOTAL field: 2,900.00

TOTAL This Period (last page this line number only)

TOTAL field: (blank)

10030242234

**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 4 OF 7

<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) ANWAR, MOHAMMED SAUD

Mailing Address 93 ROCKLEDGE DR

City SOUTH WINDSOR State CT Zip Code 06074

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 3,400.00

Date of Receipt 12 / 02 / 2009

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial) SHEIKH, MUSHJAB

Mailing Address 1865 W. WATER ST

City ELMIRA State NY Zip Code 14905

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 1,850.00

Date of Receipt 08 / 06 / 2009

Amount of Each Receipt this Period 1,000.00

**C.** Full Name (Last, First, Middle Initial) SHAIKH, NAJEM

Mailing Address 52 BRIDGEWATER DR

City AVON State CT Zip Code 06001

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 1,000.00

Date of Receipt 08 / 28 / 2009

Amount of Each Receipt this Period 1,000.00

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

2500.00

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

10030242235

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 7  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

**PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial) **FAZIANI, NAVEED**  
 Mailing Address **3330 LEGACY DR**  
 City **CINCINNATI** State **OH** Zip Code **45237**  
 Date of Receipt **10 / 20 / 2009**  
 Amount of Each Receipt this Period **50.00**  
 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 **5.000**

**B.** Full Name (Last, First, Middle Initial) **HAIDER, NILOFER**  
 Mailing Address **185 FAIRVIEW DR**  
 City **S WINDSOR** State **CT** Zip Code **06074**  
 Date of Receipt **10 / 27 / 2009**  
 Amount of Each Receipt this Period **100.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **self-employed** Occupation **Physkian**  
 Receipt For:  Primary  General  Other (specify) **DUES**  
 Aggregate Year-to-Date **100.00**

**C.** Full Name (Last, First, Middle Initial) **MAHMOOD, RAFAT**  
 Mailing Address **4290 NEITZEY PL**  
 City **ALEXANDRIA** State **VA** Zip Code **22309**  
 Date of Receipt **10 / 27 / 2009**  
 Amount of Each Receipt this Period **5.00.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **self-employed** Occupation **REAL ESTATE**  
 Receipt For:  Primary  General  Other (specify) **DUES**  
 Aggregate Year-to-Date

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

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

**650.00**

10030242236

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **6** OF **7**  
(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)

**PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial) **RAHMAN, RAFIQ**

Mailing Address **400 BRIARWOOD CIR**

City **ELIZABETH TOWN** State **KY** Zip Code **42701**

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 **1,250.00**

Date of Receipt **10 / 30 / 2009**

Amount of Each Receipt this Period **1,000.00**

**B.**

Full Name (Last, First, Middle Initial) **MALIK, SALMAN A**

Mailing Address **14 WELCH RD**

City **LONDON BERG** State **NH** Zip Code **03053**

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 **3,025.00**

Date of Receipt **12 / 02 / 2009**

Amount of Each Receipt this Period **600.00**

**C.**

Full Name (Last, First, Middle Initial) **TAHIR, SHAHID**

Mailing Address **5201 PARK RIDGE RD**

City **W BLOOMFIELD** State **ME** Zip Code **48322**

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 **2,625.00**

Date of Receipt **10 / 27 / 2009**

Amount of Each Receipt this Period **500.00**

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

**2,100.00**

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

10030242237

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **7** OF **7**  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial) **KHAN, SRAZIA**  
 Mailing Address **2307 15TH ST, N.W. UNIT 1**  
 City **WASHINGTON** State **DC** Zip Code **20009**  
 Date of Receipt **10 / 30 / 2009**  
 Amount of Each Receipt this Period **10.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**  
 Receipt For:  Primary  General  Other (specify) **DUES**  
 Aggregate Year-to-Date **100.00**

**B.** Full Name (Last, First, Middle Initial) **AKHTAR, SHEHZAD**  
 Mailing Address **1400 EAST WEST HWY, #812**  
 City **SILVER SPRING** State **MD** Zip Code **20910**  
 Date of Receipt **10 / 28 / 2009**  
 Amount of Each Receipt this Period **50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**  
 Receipt For:  Primary  General  Other (specify) **DUES**  
 Aggregate Year-to-Date

**C.** Full Name (Last, First, Middle Initial) **ZEB, MOHIUDDIN**  
 Mailing Address **3900 JOE RAMSEY BLVD #7**  
 City **GREENVILLE** State **TX** Zip Code **75401**  
 Date of Receipt **10 / 27 / 2009**  
 Amount of Each Receipt this Period **100.00**  
 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 **2100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**  
**TOTAL** This Period (last page this line number only)..... **1,1450.00**

10030242238

**SCHEDULE B (FEC Form 3)**  
**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
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHAHEEN RESTAURANT

Mailing Address

6901 SECURITY BLVD

City

BALTIMORE

State

MD

Zip Code

21244

Purpose of Disbursement

CATERING FOOD

Candidate Name

001  
Category/  
Type

Date of Disbursement

10 ' 20 ' 2009

Amount of Each Disbursement this Period

3770.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. MALIK, IRFAN

Mailing Address

3886 WHITEBROOK LN

City

ELICOTT CITY

State

MD

Zip Code

21042

Purpose of Disbursement

MEETINGS & EVENTS - REIMBURSEMENT

Candidate Name

001  
Category/  
Type

Date of Disbursement

11 ' 02 ' 2009

Amount of Each Disbursement this Period

1104.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. NAVIED A QURESHI FOR

Mailing Address

9310 OLD KEENE MILL RD

City

BURKE

State

VA

Zip Code

22015

Purpose of Disbursement

ACCOUNTING SERVICES

Candidate Name

001  
Category/  
Type

Date of Disbursement

10 ' 29 ' 2009

Amount of Each Disbursement this Period

933.00

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

5807.00

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

1003024239

**SCHEDULE B (FEC Form 3)  
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	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHEVY CHASE BANK

Date of Disbursement

10 / 30 / 2009

Mailing Address

P.O. BOX 1296

City

LAUREL

State

MD

Zip Code

20707

Purpose of Disbursement

BANK CHARGES / FEES

Candidate Name

001  
Category/  
Type

Amount of Each Disbursement this Period

172.90

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

172.90

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

5,979.90

10030242240

Federal Election Commission  
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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