REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
OCT 30 2 32 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PAKISTANI AMERICAN PHYSICIAN'S PUBLIC AFFAIRS COMMITTEE.

ADDRESS (number and street) ☐ Check if different than previously reported
7350 VANDUSEN ROAD
SUITE 420 A

CITY, STATE and ZIP CODE
LAUREL MD. 20707

2. FEC IDENTIFICATION NUMBER
C00-238-204

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 ARIL 1st 1998 through JUNE 30 1998		
6. (a) Cash on Hand January 1, 1998		$21684.85
(b) Cash on Hand at Beginning of Reporting Period	$16388.74	
(c) Total Receipts (from Line 19)	$17531.38	$26056.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$33920.12	$47741.56
7. Total Disbursements (from Line 30)	$16763.71	$30585.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$17156.41	$17156.41
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 [signature] Date 10.29.98

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)

FE7AN047

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)	17400.00	25770.00	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) ➤	17400.00	25770.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	17400.00	25770.00	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.)	131.38	286.71	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) ➤	17531.38	26056.71	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	17531.38	26056.71	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	16763.71	30585.15	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	16763.71	30585.15	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	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16763.71	30585.15	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16763.71	30585.15	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	17400.00	25770.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	17400.00	25770.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	16763.71	30585.15	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	16763.71	30585.15	37

(RETAIN 4)

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	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	4.1.98	100.00
B. SYED AKBAR SADIQ, MD 14333 LAURAL BOWIE RD. #208 LAUREL, MD 20708-1179 Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	4.1.98	100.00
C. NAHEED QAYYUM, MD 8161 RIDGEPOINTE DR. BURR RIDGE, IL 60521 Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	SELF 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	SELF PHYSICIAN Aggregate Year-to-Date $ 1000.00		1000.00
E. TANVEER KHAN Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date $ 100.00	4.5-98	100.00
F. FARHAT ARAIN Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	HOUSEWIFE Aggregate Year-to-Date $ 100.00	4.5-98	100.00
G. ZUBAIDA ARAIN 757 DOVEWOOD WAY MEDERA, CA 93637 Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	HOUSEWIFE Aggregate Year-to-Date $ 100.00	4.5-98	100.00

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Receipt For	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ARIF TOOR, MD SOUTHRIDGE LANE CROMWELL, CT 06416	Other (specify): OFFICE FUND	SELF / PHYSICIAN Aggregate Year-to-Date $ 1000.00	4.9.98	1000.00
B. MAZHAR U. SHEIKH 628A DUNAWAY COURT MCLEAN, VA 22101	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. 300 TROY, MI. 48084	Other (specify): ANNUAL DUES	SELF / PHYSICIAN Aggregate Year-to-Date $ 100.00	4.11.98	100.00
D. SADIQ HUSSAIN 4070 GRATIOT AVE PORTHURON, MI 48060	Other (specify): ANNUAL DUES	SELF / BUSINESSMAN Aggregate Year-to-Date $ 100.00	4.11.98	100.00
E. MUSHTAQ KHAN, MD 7794 PINE KNOB RD. INDEPENDENCE TOWNSHIP, MI 48346	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	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	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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NAME OF COMMITTEE (In Full)
PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

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 303-304 SAGINAW, MI 48603 Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE FUND	SELF 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	SELF 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	SELF BUSINESSMAN Aggregate Year-to-Date > $	4.20.98	200.00
D. RIZWAN JAMAD 4719 UNIVERSITY WAY, NE SUITE 201 SEATTLE, WA 98105 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF TRAVEL AGENT Aggregate Year-to-Date > $ 100.00	4.21.98	100.00
E. RAFIQ A. MIAN, MD 7350 VANDUSEN RD. # B-40 LAUREL, MD 20707 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF 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	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.25.98	100.00
G. MOHAMMAD CHAUDHARY 5288 Cranley River DR. STONE MOUNTAIN GEORGIA 30087 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Annual Dues	S SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	4-19-98	100.00

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

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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. YAHYA KHALID 7495 SOUTH SPALDING LAKES DR. ATLANTA, GA 30350 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4-19-98	100.00
B. M. A. SAJID 2431 COUNTRY LAKE LN. POWDER SPRINGS GA 30127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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	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	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	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	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	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5-2-98	100.00

SUBTOTAL of Receipts This Page (optional) 1600.00

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

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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. 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. JAMIL 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	5/3/98	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 > $ 100.00	05/11/98	200.00

SUBTOTAL of Receipts This Page (optional) 800.00

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

FE7AN047

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. FAUZI DURRANI 107 WOODROW WILSON DR. VALDOSTA, GA 31602. Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Employer: SELF Occupation: 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.	Employer: SELF Occupation: 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	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5/14/98	200.00
D. SYED A. SHIRAZI 1637 DUNWOODY SQUARE DUNWOODY, GA 30338 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Employer: SELF Occupation: 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	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	5/21/98	100.00
F. PERVAIZ SHAH A 4405 DUSTIN RD, BURTONSVILLE, MD Receipt For: ☐ Primary ☐ General ☑ Other (specify): Office Expenses	Employer: SELF Occupation: 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	Employer: SELF Occupation: 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) .....

FE74/047

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.	Employer: SELF. Occupation: 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	Employer: SELF. Occupation: 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	Employer: SELF. Occupation: 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	Employer: SELF. Occupation: BUSINESSMAN. Aggregate Year-to-Date: $ 100.00	05/19/98	100.00
E. ABDUL RASHID 8-3248 DUNWOODY CROSSING. DUNWOODY, GA 30338 Receipt For: Primary / General / Other (specify): Annual Dues	Employer: SELF. Occupation: 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	Employer: SELF. Occupation: BUSINESSMAN. Aggregate Year-to-Date: $ 100.00	5/21/98	100.00
G. DURDANA GILANI, MD 5605 BURNING TREE DR. LACANADA, CA 91011 Receipt For: Primary / General / Other (specify): VARIAL LIMITED	Employer: SELF. Occupation: 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) .....

FE7AN047

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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. HAFEEZ KHAN, MD 5605 BURNING TREE DR LACANADA CA 91001 Receipt For: Primary / General / Other (specify): DUES & REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date $ 200.00	5.27.98	200.00
B. MOHAMMAD JAHANZEB 17680 N. FIELDBROOK CIRCLE BOCA RATON, FL 33496 Receipt For: Primary / General / Other (specify): DUES & REGISTRATION	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date $ 200.00	5.29.98	200.00
C. RASHID HAMID 164 DOCKERER RD TOLAND CT - 06084 - 3601 Receipt For: Primary / General / Other (specify): DUES & REGISTRATION	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date $ 300.00	6.1.98	300.00
D. ZAHID SHEIKH, MD 27856 BELANGER ROSEVILLE MI. 48066 Receipt For: Primary / General / Other (specify): DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date $ 100.00	6.1.98	100.00
E. ZEELAF MUNIR, MD 188 BRIGHTHURST DRIVE CHESTERFIELD, MO 63005 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date $ 100.00	6.1.98	100.00
F. IRSHAD UL HAQUE 557 SAN MARINO AVENUE SAN MARINO, CA 91108 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date $ 100.00	6.2.98	100.00
G. M. SIDDIQUE 4617 GRAND AVE DURNEE, IL. 60031 Receipt For: REGISTRATION / Primary / General / Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date $ 100.00	6.2.98	200.00

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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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	SELF / PHYSICIAN	6.2.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
B. OMAR ATIQ MD, 1609 W 40th #203, PINE BUFF, AR 71603	SELF / PHYSICIAN	6.3.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
C. ATIYA KHAN, MD, 11652 LOG JUMP TRAIL, ELLICOTT CITY, MD 21042-1500	SELF / PHYSICIAN	6.4.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
D. TARIQ KHAN, 11652 LOG JUMP TRAIL, ELLICOTT CITY, MD 21042-1500	SELF / PHYSICIAN	6.4.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
E. S. AMJAD HUSSAIN, 1050 ISAAC STE. 143, TOLEDO, OHIO 43616	SELF / PHYSICIAN	6.5.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
F. MOHAMMAD ARSHAD, 5260 GAULEY RIVER DR., STONE MOUNTAIN, GA 30087	SELF / BUSINESSMAN	6.5.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): REGISTRATION	Aggregate Year-to-Date $ 100.00		
G. RIAZ CHAUDHARY, 5501 STURBRIDGE RD., TOLEDO, OHIO 43623	SELF / PHYSICIAN	6.8.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date $ 100.00		

SUBTOTAL of Receipts This Page (optional) 700.00

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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. JAVAID HASNAIN MD 5931 CLIFTON OAKS DRIVE CLARKSVILLE, MD 21029	SELF PHYSICIAN	6.8.98	200.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date > $ 200.00		
B. SYED SHIRAZI MD 1637 DUNWOODY SQUARE DUNWOODY, GA 30338	SELF PHYSICIAN	6.8.98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date > $ 100.00		
C. MOHAMMAD IDREES 114 UNICK LANE MONROEVILLE, PA 15146	SELF BUSINESSMAN	6.8.98	60.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
D. IKRAM U. KHAN, MD 5835 ALDEA CIRCLE LAS VEGAS, NV 89120	SELF PHYSICIAN	6.9.98	200.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG. & DUES	Aggregate Year-to-Date > $ 200.00		
E. SYED ZAKIR HUSSAIN, MD MAHJABEEN ISLAM HUSSAIN MD 7320 FRIARTON CIR TOLEDO, OHIO 43617	SELF PHYSICIANS	6.9.98	40.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGS. & DUES	Aggregate Year-to-Date > $ 400.00		
F. IFFAT ANWAR 5572 FREE HAND DR LAS VEGAS, NV 89120	SELF PHYSICIAN	6.10.98	200.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG. & DUES	Aggregate Year-to-Date > $ 200.00		
G. M. ASLAM BARRA 930 SUNNYSLOPE RD # E-1 HOLLISTER, CA 95023	SELF BUSINESSMAN	6-11-98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date > $ 100.00		

SUBTOTAL of Receipts This Page (optional) 1300.00

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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. FAYAZ AGHAR, MD 135 N. JACKSON AVE. BLDG A RM 203, SAN JOSE, CA 95116 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG & DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.11.98	200.00
B. MANSOOR SHAH, MD 895 N HOLLY GLEN DR. LONG BEACH, CA 90815-4722 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG. & DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.11.98	200.00
C. FARROKH H. CAPTAIN 581 BOYLSTON ST BOSTON, MA 02116 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG & DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 200.00	6.12.98	200.00
D. SALEEM AHMAD KHAN 8077 FLOSS LANE EAST AMHERST, NY 14051 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG & DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 200.00	6.12.98	200.00
E. MUHAMMAD RIAZ, MD 4 STONEBRIDGE DRIVE SOUTH BARRINGTON, IL 60010 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG. & DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.12.98	200.00
F. M. KALEEM ARSHAD, MD 133 CHATEAU ST. MICHEL KENNER, LA 70066 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG. & DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.15.98	200.00
G. AZIZ A. KHAN, MD 9200 COLIMA, STE 302 WHITTIER, CA 90605 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG & DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	6.15.98	200.00

SUBTOTAL of Receipts This Page (optional)	1400.00
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. FARHAT ZUBAIR, 9844 PANGBORN AVE., DOWNEY, CA 90240	SELF / BUSINESSMAN	6.16.98	100.00
Receipt For: 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: Other (specify): REGISTRATION	Aggregate Year-to-Date > $ 100.00		
C. DR. RANA AKBAR, 4701 TOWNE CENTER #302-304, SAGINAW, MI 48604	SELF / PHYSICIAN	6.17.98	100.00
Receipt For: Other (specify): REGISTRATION	Aggregate Year-to-Date > $ 100.00		
D. DR. WAHEED AKBAR, 4701 TOWNE CTR. #302-304, SAGINAW, MI 48604	SELF / PHYSICIAN	6.17.98	100.00
Receipt For: Other (specify): REGISTRATION	Aggregate Year-to-Date > $ 100.00		
E. ABID FARDAUS, 28 TOP-O-HILL RD, WAPPINGERS FALLS, NY 12590	SELF / BUSINESSMAN	6.20.98	100.00
Receipt For: 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: 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: Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 150.00		

SUBTOTAL of Receipts This Page (optional) 750.00

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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. M. SAJJAD IQBAL, MD 735 LINWOOD AVE. RIDGEWOOD, NJ 07450 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-24-98	100.00
B. AHSAN ZAFFAR MD 17 LINDALE (HARBOURN RD) LAMBERTVILLE, NJ 08530 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-22-98	100.00
C. RAZA DILAWARE Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Name of Employer: SELF Occupation: 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	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-23-98	100.00
E. MUHAMMAD YASIN 2116 CADWELL AVE OKLAHOMA CITY, OK 73171 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: 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	Name of Employer: SELF Occupation: 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	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6-28-98	100.00

SUBTOTAL of Receipts This Page (optional) > 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. FARHANA MOHAMMED MD 289 SAINT ALBANS AVE SOUTH PASADENA, CA 91030 Receipt For: Primary / General / Other (specify): PAK PAC DINNER	Employer: SELF Occupation: 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	Employer: SELF Occupation: 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	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250.00	6.3.98	250.00
D. ZAHID MAHMUD 1246 CATALINA DR. MONROEVILLE, PA 15146 Receipt For: Primary / General / Other (specify): PAK PAC DINNER	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 50.00	6.4.98	50.00
E. PARVEZ SHAH, MD 735 VANDUSEN RD #450 LAUREL, MD 20707 Receipt For: Primary / General / Other (specify): PAK PAC DINNER	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 400.00	6.4.98	50.00
F. HUSSAIN MALIK 296 EAST BROWN STREET EAST STROUDSBURG, PA 18301 Receipt For: Primary / General / Other (specify): PAK PAC DINNER	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.5.98	100.00
G. MOHAMMED ADLAN MD 50 VERBE ST. CRESSONA, PA 17928 Receipt For: Primary / General / Other (specify): PAK PAC DINNER	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	6.8.98	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): 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. MOHAMMAD AJLAM, 1116 JAMES STREET, SOMERSET, PA 15501	SELF / BUSINESSMAN	6.14.98	50.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAC PAC DINNER	Aggregate Year-to-Date $ 50.00		
B. MOHAMAD S. AHMED, 2470 E FLAMINGO ROAD, SUITE A, LAS VEGAS NV 89121-5200	Self / Physician	5.98	600.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): CONTRIBUTION	Aggregate Year-to-Date $ 600.00		
C. FAROOQ ABDULLAH, 9237 JADE CREST DRIVE, LAS VEGAS NV 98134	Self / Physician	5.98	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 300.00		
D.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	$5600.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL MD 20707	Purpose of Disbursement CONSULTANCY FEE Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.1.98	Amount of Each Disbursement This Period 1250.00
B. Full Name, Mailing Address and ZIP Code JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL MD 20707	Purpose of Disbursement CONSULTANCY FEE Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.17.98	Amount of Each Disbursement This Period 1250.00
C. Full Name, Mailing Address and ZIP Code BELL ATLANTIC P.O. BOX 646 BALTIMORE MD 21265-0646	Purpose of Disbursement TELEPHONE Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.27.98	Amount of Each Disbursement This Period 177.41
D. Full Name, Mailing Address and ZIP Code PITNEY BOWES, INC P.O. BOX 85390 LOUISVILLE, KY 40285-5390	Purpose of Disbursement RENT FOR POSTAGE MACHINE Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.27.98	Amount of Each Disbursement This Period 169.31
E. Full Name, Mailing Address and ZIP Code SPRINT P.O. BOX 740504 ATLANTA, GA 30374-0504	Purpose of Disbursement TELEPHONE & FAX Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.27.98	Amount of Each Disbursement This Period 352.68
F. Full Name, Mailing Address and ZIP Code QUAID PROJECT 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	Purpose of Disbursement SECRETARIAL SERVICES Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-27.98	Amount of Each Disbursement This Period 1350.00
G. Full Name, Mailing Address and ZIP Code JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	Purpose of Disbursement CONSULTANCY FEE Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5.1.98	Amount of Each Disbursement This Period 1250.00
H. Full Name, Mailing Address and ZIP Code U.S. POSTAL SERVICE CMRS - PB P.O. BOX 7247-0166 PHILADELPHIA PA 19170-0166	Purpose of Disbursement POSTAGE STAMPS Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5.4.98	Amount of Each Disbursement This Period 100.00
I. Full Name, Mailing Address and ZIP Code SOUTHWEST CREDIT SYSTEMS INC P.O. BOX 115151 2629 DICKERSON PARKWAY CARROLLTON, TX 75011-5151	Purpose of Disbursement TELEPHONE Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5.11.98	Amount of Each Disbursement This Period 407.66

SUBTOTAL of Disbursements This Page (optional) 6307.06

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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
SPRINT P.O. BOX 740504 ATLANTA, GA 30374-0504	TELEPHONE / FAX Disbursement for: Primary General Other (specify)	5.13.98	430.27
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC P.O. BOX 646 BALTIMORE MD 21265-0646	TELEPHONE Disbursement for: Primary General Other (specify)	5.19.98	211.16
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)	5.20.98	500.00
D. 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)	5.20.98	8.99
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
QUAID PROJECT 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD. 20707	SECRETARIAL SERVICES Disbursement for: Primary General Other (specify)	5.28.98	1350.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ADDNA 6414 SOUTH CASS AVENUE WESTMONT, IL 60559	PAK-PAK MEETING IN MONTREAL Disbursement for: Primary General Other (specify)	6.1.98	621.19
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HYATT REGENCY WASHINGTON, DC ON CAPITOL HILL 400 NEW JERSEY AVE. N.W. WASHINGTON, DC 20001	PAK PAC DINNER Disbursement for: Primary General Other (specify)	6.2.98	1706.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SIR SPEEDY 14435 CHERRY LANE COURT SUITE 101 LAUREL, MD 20707	PRINTING OF INFORMATION KITS Disbursement for: Primary General Other (specify)	6.2.98	209.74
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UPTOWN CATERERS RAYBURN BLDG WASHINGTON DC 20515	PAK-PAC BREAKFAST Disbursement for: Primary General Other (specify)	6.3.98	410.00

SUBTOTAL of Disbursements This Page (optional) 5447.34

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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

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. JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	HONORARIUM	6.4.98	250.00
B. JILL HALL 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	HONORARIUM	6.4.98	50.00
C. JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	CONSULTANCY FEE	6.8.98	500.00
D. OFFICE DEPOT P.O. BOX 5017 BOCA RATON, FL 33431-0817	OFFICE SUPPLIES	6.8.98	83.50
E. SPRINT P.O. BOX 85390 LOUISVILLE, KY 40285-5390	PHONE AND FAX	6.8.98	645.57
F. SPRINT CONFERENCE LINE P.O. BOX 101343 ATLANTA, GA 30392-1343	CONFERENCE CALL	6.8.98	145.25
G. JILL HALL 7350 VAN DUSEN RD SUITE 420-A LAUREL, MD 20707	REIMBURSEMENT FOR PHOTOGRAPHY	6.8.98	23.67
H. JIM BATES 7350 VAN DUSEN SUITE 420-A LAUREL, MD 20707	CONSULTANCY FEE	6.17.98	500.00
I. HYATT REGENCY WASHINGTON D.C. 400 NEW JERSEY AVE. NW WASHINGTON DC 20001	BALANCE FOR PAK-PAC DINNER	6.24.98	784.00

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code SPRINT CONFERENCE LINE P.O. BOX 101343 ATLANTA GA 30392-1343	CONFERENCE CALL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.25.98	179.32
B. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 38101-1140	OVERNIGHT LETTER SENT TO CALIFORNIA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.25.98	18.50
C. Full Name, Mailing Address and ZIP Code QUAID PROJECT 7350 VAN DUSEN RD SUITE 420-A LAUREL, MD 20707	SECRETARIAL SERVICES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6.30.98	1350.00
D. Full Name, Mailing Address and ZIP Code DANIEL PAPERMASTER FOR CONGRESS 30 WOODLAND ST. HARTFORD CT. 06105	CAMPAIGN CONTRIBUTION Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	4.30.98	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2047.82
TOTAL This Period (last page this line number only)	16763.71

FETAN047

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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☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

10/31/98
DATE PREPARED

(4/98)