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 PHYSICIAN'S PUBLIC AFFAIRS COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported: 7350 VAN DUSEN ROAD SUITE 420-A

CITY, STATE and ZIP CODE: LAUREL, MARYLAND 20707

RECEIVED FEDERAL ELECTION COMMISSION OCT 14 5 16 PM '98

2. FEC IDENTIFICATION NUMBER: C 00-238-204

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 JULY 1 through SEPT 30, 1998		
6. (a) Cash on Hand January 1, 19____		$ 15225.03
(b) Cash on Hand at Beginning of Reporting Period	$ 15225.03	
(c) Total Receipts (from Line 19)	$ 6995.00	$ 6995.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 22220.03	$ 22220.03
7. Total Disbursements (from Line 30)	$ 17030.38	$ 17030.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 5189.65	$ 5189.65
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: DR. ARIF MUSLIM

Signature of Treasurer: ARIF Tech FOR DR. ARIF MUSLIM

Date: 10/13/98

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)

FE6AN135

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)	6995.00	6995.00	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) ➤	6995.00	6995.00	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) ➤	6995.00	6995.00	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) ➤	6995.00	6995.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6995.00	6995.00	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	17030.38	17030.38	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	17030.38	17030.38	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) ➤	17030.38	17030.38	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	17030.38	17030.38	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	17030.38	17030.38	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6995.00	6995.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6995.00	6995.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	17030.38	17030.38	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	17030.38	17030.38	37

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAKISTAN LINK 11222 LA CIENEGA BLVD #244 INGLEWOOD, CA 90304	1, 1/2 PAGE AD Disbursement for: Primary General Other (specify)	7.1.98	100.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
APPNA 6414 SOUTH CASS AVENUE WESTMONT, IL 60559	FOR EXHIBITION BOOTH Disbursement for: Primary General Other (specify)	7.1.98	350.00
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 #420 LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: Primary General Other (specify)	7.6.98	1250.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SUPER TRAVEL INC 1337 HOAG AVE. #111 SACRAMENTO, CA 95825	AIRTICKET FROM LA TO ISLAMABAD Disbursement for: Primary General Other (specify)	7.6.98	250.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SIR SPEEDY - PRINTERS 14435 CHERRY LANE COURT #105 LAUREL, MD 20707	PRINTING INFORMATION KITS AND TRANSPARENCIES Disbursement for: Primary General Other (specify)	7.7.98	156.45
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
PAKISTAN LINK 11222 LA CIENEGA BLVD #244 INGLEWOOD, CA 90304	1, 1/2 PAGE AD Disbursement for: Primary General Other (specify)	7.16.98	100.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CONG. MATTHEW MARTINEZ 2234 RHOB. WASHINGTON, DC 20515	CAMPAIGN CONTRIBUTION Disbursement for: Primary General Other (specify)	7.9.98	2000.00
H. 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	TELEPHONE Disbursement for: Primary General Other (specify)	7.9.98	220.88
I. 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 1067 CHARLOTTE, NC 28201-1067	OFFICE SUPPLIES Disbursement for: Primary General Other (specify)	7.9.98	262.00

SUBTOTAL of Disbursements This Page (optional) 4689.33

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 2 OF 4

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	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)	7.9.98	329.12
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS P.O BOX 332 MEMPHIS, TN 38194-4741	LETTER SENT TO MICHIGAN Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7.9.98	12.50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LANDMARK TRAVELS 4810 BEAUREGARD STREET #102 ALEXANDRIA, VA 22312	AIR TICKET FROM WASH — LA AND BACK Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7.9.98	374.00
D. 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 RD. #420-A LAUREL, MD 20707	REIMBURSEMENT OF POSTAL CHARGES + AIR TICKET Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7.16.98	90.00
E. 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 26265	TELEPHONE BILL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7.16.98	188.30
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US POSTAL SERVICE P.O. BOX 7247.0166 PHILADELPHIA, PA 19170-0166	POSTAGE FOR POSTAGE MACHINE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7.16.98	300.00
G. 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 RD. #420 A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7.29.98	1250.00
H. 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 RD. #420 A LAUREL, MD 20707	SECRETARIAL SERVICES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7.29.98	1350.00
I. 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 RD. #420 A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8.5.98	1250.00

SUBTOTAL of Disbursements This Page (optional) 5143.92

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. 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)	8.6.98	68.32
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PITNEY BOWES, INC P.O. BOX 85390 LOUISVILLE, KY 40285-5390	RENTAL CHARGES FOR POSTAGE MACHINE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8.6.98	179.81
C. 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 1067 CHARLOTTE, NC 28201-1067	OFFICE SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8.6.98	48.94
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US POSTAL SERVICE P.O. BOX 7247-0166 PHILADELPHIA, PA 19170-0166	METER STAMPS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8.6.98	1500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WESTLAND PRINTERS 15421 OLD COLUMBIA PIKE BURTONSVILLE, MD 20866-1631	PRINTING OF NEWSLETTER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-13-98	1179.55
F. 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 RD #420-A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-20-98	1250.00
G. 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 26265	TELEPHONE BILL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8.31.98	243.95
H. 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	TELEPHONE & FAX BILL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-31.98	374.01
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PITNEY BOWES P.O. BOX 85390 LOUISVILLE, KY 40285-5390	POSTAGE METER SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8.31.98	128.24

SUBTOTAL of Disbursements This Page (optional) 4972.82

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. OFFICE DEPOT P.O. BOX 1667 CHARLOTTE NC 28201-1067	OFFICE SUPPLIES	8.31.98	234.36
B. QUAID PROJECT 7550 VAN DUSEN ROAD #420-A LAUREL, MD 20707	SECRETARIAL SERVICES	8.31.98	1350.00
C. SIR SPEEDY 14435 CHERRY LANE COURT #40 LAUREL, MD 20707	PRINTING CHARGES	9.15.98	57.75
D. FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS TN 38101-1140	FED EX LETTER	9.24.98	13.50
E. SPRINT P.O. BOX 530503 ATLANTA, GA 30353-0503	TELEPHONE & FAX BILL	9.24.98	563.70
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 2224.31

TOTAL This Period (last page this line number only) 17030.38

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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. QASIM BASHA, MD 104 COUNTRY CREEK CT BALLWIN, MO - 63011-3872 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	7.9.98	100.00
B. SHAZAD SHEIKH 3550 MOWRY AVE. NO 203 FREMONT, CA 94538 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 200.00	7.10.98	200.00
C. NAVEED IQBAL, MD 267 MOUNTAIN ROAD PLEASANTVILLE, NY 10570 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	7.10.98	100.00
D. MANZOOR HUSSAIN, MD 8032 KENNEDY AVE HIGHLAND, IN 46322 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 125.00	7.10.98	125.00
E. SHAHIDA SIDDIQI, MD 6212 SYKESVILLE RD SYKESVILLE, MD 21784 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	7.10.98	100.00
F. SALMAN ZAFAR 22 FAIRVIEW PLACE STATEN ISLAND, NY 10304 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 250.00	7.11.98	250.00
G. SYED ZAMAN, MD 101 UNION AVE #614 SYRACUSE, NY 13203-1780 Receipt For: Primary / General / Other (specify): ANNUAL DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	7.11.98	100.00

SUBTOTAL of Receipts This Page (optional) 975.00

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

PAGE 2 OF X

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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. S.A. DAOOD, 18154 MEDLEY DRIVE, ENCINO, CA 91316	SELF / BUSINESSMAN	7.11.98	200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 200.00		
B. AZHAR A. ALI, MD, 518 SPRINGCREEK DRIVE, LONGWOOD, FL 32779	SELF / PHYSICIAN	7.11.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
C. OMAR ATIQ, 1609 W. 40th AVE. #203, PINEBLUFF, AR 71603	SELF / PHYSICIAN	7.11.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
D. MOHAMMED M. ELAHI	SELF / BUSINESSMAN	7.11.98	125.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 125.00		
E. MAHMOOD PESHIMAM, MD, 5051 ALTON PARKWAY #74, IRVING, CA 92714	SELF / PHYSICIAN	7.11.98	125.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 125.00		
F. NAZIR U. KHATA, MD, 2094 EARL STREET #460, TORRANCE, CA 90503	SELF / PHYSICIAN	7.11.98	325.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 325.00		
G. MUSHTAQ A. SHEIKH, MD, 1865 W. WATER STREET, ELMIRA, NY 14905	SELF / PHYSICIAN	7.11.98	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		

SUBTOTAL of Receipts This Page (optional)	1075.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. ALEEM IQBAL, MD 1801 GANEGEN ROAD SILVER SPRING, MD 20905-90	SELF PHYSICIAN	7-11-98	200.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 200.00		
B. FARHANA MOHAMED 289 ST. ALBANS AVE SOUTH PASADENA, CA 91030-3[illegible]	SELF PHYSICIAN	7-11-98	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 125.00		
C. PARVEZ SHAH, MD 4405 DUSTYN ROAD BURTONSVILLE, MD 20866	SELF PHYSICIAN	7-11-98	300.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): DONATION	Aggregate Year-to-Date > $ [illegible]		
D. ASAD MALIK 7440 DOUAL DRIVE BLOOMFIELD HILLS, MI 48301	SELF BUSINESSMAN	7-11-98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
E. KHAN J. HAMEED 2116 VIRGINIA AVE LA VERNE, CA 91750	SELF BUSINESSMAN	7-11-98	100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
F. JEFF NAZUI 1 HANS VOET ROAD FRANKLIN PARK, NJ 08852	SELF BUSINESSMAN	7-11-98	200.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 200.00		
G. MASHHUD MIRZA, MD 115 RIVERWALK PLACE MEMPHIS, TN 38103	SELF PHYSICIAN	7-11-98	125.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 125.00		

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**

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. IRFAN UL HUQ MD 2490 BRUNSWICK PIKE #A LAWRENCEVILLE, NJ 08648 Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 60.00	7-11-98	60.00
B. ATTIYA SALIM, MD 460 EL RANCHO KINGMAN, AZ 86401 Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 125.00	7-11-98	125.00
C. SA. RIZVI 860 COLT LANE WALNUT, CA 91789 Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 225.00	7-11-98	225.00
D. ABDUL RAUF MD 851 WEYBRIDGE SPRINGFIELD, OH 45503 Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200.00	7-11-98	200.00
E. PERVAIZ MASSEY 6961 ST. ANDREWS CIRCLE FAYETTEVILLE, NY 13066 Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 125.00	7-11-98	125.00
F. MAQSOOD A. CHAUDREY, DDS 3400 PAYNE STREET #101 FALLS CHURCH, VA 22041 Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	SELF DENTIST Aggregate Year-to-Date > $ 100.00	7-18-98	100.00
G. AHMED ALI 3640 E. ROUNDTREE COURT ORANGE, CA 92867 Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 200.00	7-19-98	200.00

SUBTOTAL of Receipts This Page (optional) 1075.00

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. MOHAMMAD ASHRIF 5488 VIA DEL TECOLOTE RIVERSIDE, CA 92507 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 300.00	7.11.98	300.00
B. KHALID LATIF KHAN, MD 1110 SOUTHWOOD AVE TALLADEGA, AL 35160 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	8.13.98	100.00
C. MUNAWAR S. CHAUDHRI 167 SPROUL ROAD VILLANOVA, PA 19085 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	8.15.98	100.00
D. ZAHEER CHAUDHRY DDS 628 FOXFIELD ROAD BRYN MAWR, PA 19010 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: DENTIST Aggregate Year-to-Date > $ 100.00	8.15.98	100.00
E. ASHIQ PAROYA 575 LONG ACRE LANE YARDLEY, PA 19067 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: ACCOUNTANT Aggregate Year-to-Date > $ 100.00	8.15.98	100.00
F. ARIF S. MALIK 496 RAMBLEWOOD DRIVE BRYN MAWR, PA 19010-2064 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	8.15.98	100.00
G. TARIQ JEHAN 101 WINSTERIA LANE MEDIA, PA 19063 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100.00	8.15.98	100.00

SUBTOTAL of Receipts This Page (optional) 900.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ARIF BUTT 2976 ROUTE 9-W NEW WINDSOR, NY 12553 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	8.18.98	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AFROZ RAHMAN 5211 ADAMS STREET COVINGTON, GA 30209 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	8.26.98	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ZOBULA HAMIDUDDIN, MD 25 OAK BLUFF AVE. LARCHMONT, NY 10538-4011 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 100.00	9.2.98	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
HAMID FEROZE 41 NELINGTON ROAD WEST HARTFORD, CT. 06110 Receipt For: ☐ Primary ☐ General ☒ Other (specify): DONATION	SELF BUSINESSMAN Aggregate Year-to-Date > $ 20.00	8.26.98	20.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MAQBOOL ARSHAD 15045 N. WATERLOO DRIVE MEQUON, WI 53092 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	8.23.98	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MULAZIM H. KHAN 427 STATE STREET CARTHAGE, NY 13619-1413 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	8.22.98	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MOHAMMAD AKBAR 611 S. CARLIN SPRINGS RD #90 ARLINGTON, VA 22204 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 100.00	8.28.98	100.00

SUBTOTAL of Receipts This Page (optional) 620.00

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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
NISAR AKBAR, MD 2 REDWOOD CT. RACINE, WI 53402 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	9.18.98	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SOHAIL A. CHOUDHRY, MD 1921 ALICE STREET #A-4 WAYCROSS, GA 31501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	9.2.98	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ARIF MUSLIM 452 RIVER ROAD NEWBURGH, NY 12550 Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE EXPENSE	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 2000.00	9.30.98	1000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only) 6995.00

FEGAN1 35

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.

[X]	Hand Delivered	Date of Receipt 10-14-98
[ ]	First Class Mail	POSTMARKED
[ ]	Registered/Certified Mail	POSTMARKED
[ ]	No Postmark	
[ ]	Postmark Illegible	
[ ]	Received from the House office of Records and Registration	Date of Receipt
[ ]	Received from the Senate Office of Public Records	Date of Receipt
[ ]	Other (Specify):	Postmarked _____ and/or Date of Receipt
[ ]	Electronic Filing	

KCT
PREPARER

10-15-98
DATE PREPARED

(4/98)