

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

ADDRESS (number and street) PO BOX 2485
Check if different than previously reported. (ACC) SPRINGFIELD VA 22152

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00490573 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 2011

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. Krishan K. Aggarwal

Signature of Treasurer Dr. Krishan K. Aggarwal [Electronically Filed] Date 01 / 27 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		25010.56
(b) Cash on Hand at Beginning of Reporting Period.....	22707.81	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22707.81	25010.56
7. Total Disbursements (from Line 31).....	1250.88	3553.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21456.93	21456.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2011 To: 12 / 31 / 2011

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

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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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2250.88	3053.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2250.88	3053.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1000.00	500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1250.88	3553.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1250.88	3553.63

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2250.88	3053.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2250.88	3053.63

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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)

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Concentric Office, LLC

Mailing Address 8136 Old Keene Mill Rd
Ste A300

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Compliance Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : SB21B.4413

Amount of Each Disbursement this Period

2,250.88

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

2,250.88

2,250.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement
LOST CHECK

011

Candidate Name

JASON ALTMIRE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2011			

Transaction ID : **SB23.4423**

Amount of Each Disbursement this Period

-	2	5	0	0	0
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Full Name (Last, First, Middle Initial)

B. CITIZENS TO ELECT PHIL ROE TO CONGRESS

Mailing Address PO BOX 3218

City JOHNSON CITY State TN Zip Code 37602

Purpose of Disbursement
LOST CHECK

011

Candidate Name

DAVID PHILLIP ROE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2011			

Transaction ID : **SB23.4427**

Amount of Each Disbursement this Period

-	1	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. FRIENDS OF JARED POLIS COMMITTEE

Mailing Address P.O. Box 4572

City Boulder State CO Zip Code 80306

Purpose of Disbursement
LOST CHECK

011

Candidate Name

JARED POLIS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2011			

Transaction ID : **SB23.4424**

Amount of Each Disbursement this Period

-	2	5	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

-	1	5	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

-	1	5	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2145

City WEST COLUMBIA State SC Zip Code 29171

Purpose of Disbursement
LOST CHECK

011

Candidate Name

JOE THE HON. WILSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2011

Transaction ID : **SB23.4426**

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
LOST CHECK

011

Candidate Name

PALLONE FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2011

Transaction ID : **SB23.4428**

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

C. PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
LOST CHECK

011

Candidate Name

PAUL DAVID TONKO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2011

Transaction ID : **SB23.4425**

Amount of Each Disbursement this Period

-250.00

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

-1250.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RAJA FOR CONGRESS

Mailing Address PO BOX 958033

City HOFFMAN ESTATES State IL Zip Code 60195

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name

S. RAJA KRISHNAMOORTHY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2011

Transaction ID : SB23.4418

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RICKY GILL FOR CONGRESS

Mailing Address 6120 WEST BANNER LANE

City LODI State CA Zip Code 95242

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name

RICKY GILL

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2011

Transaction ID : SB23.4414

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
LOST CHECK

011

Category/
Type

Candidate Name

VAN HOLLEN FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		30		2011

Transaction ID : SB23.4429

Amount of Each Disbursement this Period

-250.00

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

1750.00

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

-1000.00
