REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JAN 29 11 17 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PAKISTANI AMERICAN PHYSICIANS PUBLICAFFAIR COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
SOUTHRIDGE LANE

CITY, STATE and ZIP CODE
CROMWELL CT. 06416

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

☐ 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 JULY 1 through DECEMBER 31, 1997		
6. (a) Cash on Hand January 1, 19____		$ 12819.62
(b) Cash on Hand at Beginning of Reporting Period	$ 17939.43	
(c) Total Receipts (from Line 19)	$ 34730.37	$ 49468.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 52669.80	$ 62288.14
7. Total Disbursements (from Line 30)	$ 30984.95	$ 40603.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 21684.85	$ 21684.85
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 A. A. TOOR

Signature of Treasurer

Date
1.28.98

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)

FE7AHQ47

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

(revised 1/1/93)

NAME OF COMMITTEE: PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

REPORT COVERING PERIOD FROM JULY 1 TO: DECEMBER 31, 1997

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	34350.00	48900.00	11a(i)
ii. Unitemized	0	0	11a(ii)
iii. Total (add i and ii) ➤	34350.00	48900.00	11a(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) ➤	34350.00	48900.00	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.)	380.37	568.52	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) ➤	34730.37	49468.52	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	34730.37	49468.52	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21a(i)
ii. Non-Federal Share	0	0	21a(ii)
b. Other Federal Operating Expenditures	21759.95	31378.29	21(b)
c. Total Operating Expenditures (add a i, a ii and b) ➤	21759.95	31378.29	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	225.00	225.00	28a(i)
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) ➤	225.00	225.00	28(d)
29. Other Disbursements	9000.00	9000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	30984.95	40603.29	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	30984.95	40603.29	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	34350.00	48900.00	32
33. Total Contribution Refunds (from line 28d)	225.00	225.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	34125.00	48675.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	21759.95	31378.29	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	21759.95	31378.29	37

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 21 b.

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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	Date (month, day, year)	Amount of Each Disbursement This Period
A. KIMBERLY SWEENY 55 COUNTRY LANE MERIDEN CT. 06451	BOOK KEEPING Disbursement for: ☐ Primary ☐ General ☒ Other (specify) OFFICE EXPENSE	7.1.97	200.00
B. CAPITOL ADVANTAGE PO BOX 1223 MCLEAN VIRGINIA 22101-1223	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7.25.97	493.75
C. MBNA AMERICA PO BOX 15137 WILMINGTON DE 19886-5137	PRINTING/SUPPLIES FOR BROCHURES Disbursement for: ☐ Primary ☐ General ☒ Other (specify) MEETING EXP.	8.4.97	254.08
D. KIMBERLY SWEENY 55 COUNTRY LANE MERIDEN CT. 06451	BOOK KEEPING Disbursement for: ☐ Primary ☐ General ☒ Other (specify) OFFICE EXP.	9.11.97	200.00
E. KIMBERLY SWEENY 55 COUNTRY LANE MERIDEN CT. 06451	BOOK KEEPING Disbursement for: ☐ Primary ☐ General ☒ Other (specify) OFFICE EXP.	9.11.97	200.00
F. MR. JIM BATES 7350 VANDUSEN RD. SUITE 420A LAUREL, MD. 20707	CONSULTING FEE Disbursement for: ☐ Primary ☐ General ☒ Other (specify):	10.31.97	2500.00
G. NEW YORK HILTON	SUMMER MEETING ROOM & LUNCH. Disbursement for: ☐ Primary ☐ General ☒ Other (specify) MEETING EXP.	11.8.97	10007.45
H. MR. JIM BATES 7350 VANDUSEN RD. SUITE 420A LAUREL MD. 20707	CONSULTING FEE Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	11.15.97	1000.00
I. FEDERAL ELECTION COMMISSION	FINE FOR LATE SUBMISSION OF REPORTS Disbursement for: ☐ Primary ☐ General ☒ Other (specify) FINE	12.4.97	9000.00

SUBTOTAL of Disbursements This Page (optional) 23,855.28

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 13

FOR LINE NUMBER 21 b

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIR COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. MR JIM BATES 7350 VANDUSEN ROAD SUITE 420A LAUREL MD. 20707	CONSULTING FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12.4.97	2300.00
B. POST MASTER CROMWELL CT. 06416	POSTAGE Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	12.5.97	21.50
C. MS. JILL HALL 5415 CONNECTICUT AVENUE APT. 437 WASHINGTON DC 20015	REIMBURSED FOR POSTAGE/MAILING EXP. Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	12.7.97	142.35
D. MR. JIM BATES 7350 VANDUSEN ROAD SUITE 420A LAUREL MD 20707	REIMBURSED FOR TRAVEL EXPENSES Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12.7.97	58.49
E. QUAID PROJECT USA. 7350 VANDUSEN ROAD LAUREL MD 20707	REIMBURSED FOR SECRETARIAL SERVICES Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP.	12.7.97	1707.72
F. QUAID PROJECT USA. 7350 VANDUSEN ROAD LAUREL MD. 20707	REIMBURSED FOR OFFICE EQUIPMENT & SUPP. Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12.7.97	1506.61
G. BELL ATLANTIC PO BOX 646 BALTIMORE MD 21265-0646	TELEPHONE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12.7.97	408.15
H. SPRINT PO BOX 740503 ATLANTA GA. 30374-0503	TELEPHONE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12.7.97	140.11
I. OFFICE DEPOT PO BOX 9309 PHILADELPHIA PA 19101-8309	OFFICE SUPPLIES Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP.	12.18.97	284.34

SUBTOTAL of Disbursements This Page (optional) 6569.17

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21 b

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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
FED EX PO BOX 1140 MEMPHIS, TN 38101 - 1140	EXPRESS LETTERS Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12-30-97	35.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC PO BOX 646 BALTIMORE MD 21265-0646	TELEPHONE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12-30-97	190.50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPRINT PO BOX 740503 ATLANTA GA 30374-0503	TELEPHONE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12-30-97	110.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 385.50

TOTAL This Period (last page this line number only) 30759.95

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

PAKISTANI AMERICAN PHYSICIAN'S 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
MOHAMAD MUSHTAQ MD. 701 WEST FAIRCHILD ST. DANVILLE IL. 61832 Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING REGISTRATION & LUNCH	SELF PHYSICIAN. Aggregate Year-to-Date > $ 225.00	7.3.97	225.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GHULAM JILANI MD. 100 BUCKWHEAT HILL ROAD WATER TOWN CT. 06795 Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING REGISTRATION & LUNCH	SELF PHYSICIAN Aggregate Year-to-Date > $ 225.00	7.3.97	225.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MURTAZA AGAIN MD 4121 S FAIRVIEW AVE DOWNERS GROVE IL. 60515 Receipt For: [ ] Primary [ ] General [ ] Other (specify): SUMMER MEETING REGISTRATION & LUNCH X2	SELF PHYSICIAN Aggregate Year-to-Date > $ 350.00	7.3.97	350.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SHABIR SAFDAR MD. 1 BARNES HOSPITAL, SUITE 16312 ST. LOUIS MO 63110 Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING REGISTRATION & LUNCH.	SELF PHYSICIAN Aggregate Year-to-Date > $ 225.	7.3.97	225.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
I. H. SHAH MD. 1610 BOWIE SCHOOL DRIVE BAYTOWN TEXAS 77520 Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING REGISTRATION & LUNCH	SELF PHYSICIAN Aggregate Year-to-Date > $ 225.00	7.3.97	225.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
IJAZ QAYYUM MD. 8161 COLUMBIA ROAD BURR RIDGE IL 60521 Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING REGISTRATION & LUNCH	SELF PHYSICIAN Aggregate Year-to-Date > $ 225.00	7.3.97	225.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RAJA JUNAID MD. 148 W. DALE ST. WATERLOO IA 50703 Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING REGISTRATION & LUNCH	SELF PHYSICIAN Aggregate Year-to-Date > $ 225.00		225.00

SUBTOTAL of Receipts This Page (optional) 1700.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a

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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. IJAZ SHAFI MD. 40 HART ST. NEWBRITAIN CT. 06052 — Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING, REG & LUNCH	SELF / PHYSICIAN — Aggregate Year-to-Date > 1225	7.3.97	225.00
B. SHAUKAT ALI KHAN MD. 21 MICHIGAN AVE SUITE 436 GRAND RAPIDS MI 49503 — Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING REGISTRATION & LUNCH	SELF / PHYSICIAN — Aggregate Year-to-Date > $ 225.00		225.00
C. SAEEDA ALAM 452 RIVER DR. NEWBURGH, NY. 12550 — Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER & WINTER MEETING REG. & LUNCH	/ HOUSE WIFE — Aggregate Year-to-Date > $ 575.00	9.3.97 11.20.97	225.00 150.00
D. KIMAT GUL KHATAK TEN HOSPITAL DRIVE SUITE 311 HOLYOKE MA 01400 — Receipt For: [ ] Primary [ ] General [X] Other (specify) SUMMER MEETING LUNCH.	SELF / PHYSICIAN — Aggregate Year-to-Date > $ 250.00	7.3.97	125.00
E. RIAZ IQBAL MD. 2107 CLOCKNER ROAD TRENTON NJ. 08690 — Receipt For: [ ] Primary [ ] General [X] Other (specify): MEMBERSHIP, SUMMER MTG REG & LUNCH X2	SELF / PHYSICIAN — Aggregate Year-to-Date > $ 450.00	7.3.97	450.00
F. PERVEZ I SHAH MD. 4405 DUSTIN ROAD BURTONSVILLE MD. 20866 — Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MEETING LUNCH X3	SELF / PHYSICIAN — Aggregate Year-to-Date > 1375	7.3.97	375.00
G. M. ZUBAIR 218 SOUTH JENKINS ST. ALEXANDRIA VA 22304 — Receipt For: [ ] Primary [ ] General [X] Other (specify): SUMMER MTG. REG. LUNCH X2	SELF / PHYSICIAN. — Aggregate Year-to-Date > $ 350	7.3.97	350.00

SUBTOTAL of Receipts This Page (optional) 2125.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIAN'S 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
KHALID J. AWAN MD. 1921 PARKWAY SOUTH W. NORTON VA 24273 Receipt For: [ ] Primary [ ] General [X] Other (specify): WINTER MEETING DINNER A.Z.	SELF PHYSICIAN	10-26-97 Aggregate Year-to-Date > $ 300.00	300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RIAZ MASOOD CHAUDHRY MD PO BOX 1470 JENA LA 71342 Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND CONTRIBUTION	SELF 	10-24-97 Aggregate Year-to-Date > $ 1000.00	1000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AKRAM CHOUDHRY 874 A2 PROMPTON AVE CEDAR GROVE NEW JERSEY Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND CONTRIBUTION	SELF BUSINESSMAN	10-29-97 Aggregate Year-to-Date > $ 5700.00	5000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MOHAMMAD ASLAM MD. 118 JAMES STREET SOMERSET PA 15501 Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL MEMBERSHIP DUES	SELF PHYSICIAN	10-31-97 Aggregate Year-to-Date > $ 200.00	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SAEED ULLAH KHAN 8260 E PLACITA DELOSO TUCSON ARIZONA 85715 Receipt For: [ ] Primary [ ] General [X] Other (specify).	SELF BUSINESS MAN	10-31-97 Aggregate Year-to-Date > $ 5000	5000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ARIF A. A. TOUR SOUTHRIDGE LANE CROMWELL CT 06416 Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES & OFFICE FUND	UNITED HEALTHCARE PHYSICIAN	10-31-97 Aggregate Year-to-Date > $ 975.00	750.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MUBASHAR CHOUDHRY 14025 WEILAND TERRACE NORTH POTOMIC MD. 20878 Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES OFFICE FUND	SELF PHYSICIAN	11-9-97 Aggregate Year-to-Date > $ 600.00	600.00

SUBTOTAL of Receipts This Page (optional) 12750.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

PAKISTANI AMERICAN PHYSICIAN'S 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. SHABAN FARDOOQI MD. 17951 SHOALCREEK DRIVE BATON ROUGE LA. 70810	SELF / PHYSICIAN	11.9.97	1000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE FUND CONT.	Aggregate Year-to-Date > $		
B. SHAHNAZ KHAN MD 1130 GRANDVIEW DRIVE DADECITY FLORIDA 33525	SELF / PHYSICIAN	11.9.97	3000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE FUND CONTRIBUTION	Aggregate Year-to-Date > $ 3125.00		
C. ARIF MUSLIM MD. 454 RIVER DRIVE NEWBURGH NY 12550	SELF / PHYSICIAN	11.26.97 / 11.9.97	150.00 / 3000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE FUND CONTR. WINTER MTG. DINNER	Aggregate Year-to-Date > $ 4150.00		
D. MANSUR KHAN MD 793 EASTERN BYPASS RICHMOND KY. 40475	SELF / PHYSICIAN	11.9.97	500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date > $ 500.00		
E. IRFAN UL HAQ MD. 19 DUFIELE DRIVE WEST TRENTON NJ. 08628	SELF / PHYSICIAN	11.9.97	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 425.00		
F. DURDANA GILANI MD. 5605 BURNING TREE DRIVE LACANDA CA 91011	SELF / PHYSICIAN	11.15.97	150.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): WINTER MEETING DINNER	Aggregate Year-to-Date > $ 375.00		
G. MOHAMMAD JAHANZEB MD. 6099 MONTEREY LANE DELRAY BEACH FLORIDA 33484	SELF / PHYSICIAN.	11.20.97	150.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): WINTER MEETING DINNER	Aggregate Year-to-Date > $ 150.00		

SUBTOTAL of Receipts This Page (optional) 8250.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIAN'S PUBLIC AFFAIRS COMMITTEE

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. FAIQA QURESHI MD. 700 LAKE VIEW DRIVE AHOSKE NC. 27910 Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	11.9.97	100.00
B. ANEES AHSAN MD 11801 SHEPARD'S CROSSING CLARKSVILLE MD. 21029 Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUN CONTRIBUTION	SELF PHYSICIAN Aggregate Year-to-Date $ 500.00	11.9.97	500.00
C. SHAUKAT KHAN MD 527 LONG ACRE DRIVE CHERRYVILLE PA 18035 Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND CONTRIB.	SELF PHYSICIAN Aggregate Year-to-Date $ 625.00	11.9.97	500.00
D. JOAN ANJUM 2891 AUGUSTA LOSVEGAS NV. 89109 Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND CONTRIBUTION	HOUSE WIFE Aggregate Year-to-Date $ 1000.00	[redacted] 11.9.97	[redacted] 1000.00
E. AMJAD HUSSAIN MD 2836 MANLEY ROAD MUMEE OH 44483 Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND CONTRIB.	SELF PHYSICIAN Aggregate Year-to-Date $ 3900.00	11.5.97 11.9.97	150.00 2500.00
F. RAFAT MAHMOOD 933 MOUNT VERNON CIRCLE ALEXANDRIA VA. 22309 Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND CONT	SELF BUSINESSMAN Aggregate Year-to-Date $ 500.00	11.9.97	500.00
G. HANIF AKHTAR 10520 HUNTING CREST LANE VIENNA VA 22182 Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND CONT	Aggregate Year-to-Date $ 500.00	11.9.97	500.00

SUBTOTAL of Receipts This Page (optional) 5750.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

PAKISTANI AMERICAN PHYSICIAN'S 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. TARIQ KHAN MD 11652 LONG JUMP TRAIL ELLICOT CITY MD. 21042 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	11.15.97	100.00
B. ALEEM IQBAL MD. 1801 GAMEWELL ROAD SILVER SPRING MD. 20905 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	11.15.97	100.00
C. ZULFIQAR ALI MD 1900 MOWRY AVE ST. 105 FREEMAN CA 94538 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	11.18.97	100.00
D. SULTAN AHMAD MD 40 GREEN TREE TERRACE JENFLY NJ 07670 Receipt For: ☐ Primary ☐ General ☒ Other (specify): WINTER MEETING DINNER ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $ 475	11.24.97 12.5.97	150.00 100.00
E. HUSSAIN G. MALIK MD 296 EAST BROWN ST. EAST STROUDSBURG PA 18301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF PHYSICIAN Aggregate Year-to-Date $ 1275.00	11.30.97	150.00
F. ZAHEER AHMAD MD. 20206 FARMINGTON ROAD LIVONIA MI 48152 Receipt For: ☐ Primary ☐ General ☒ Other (specify): WINTER MEETING DINNER	SELF PHYSICIAN. Aggregate Year-to-Date $ 375.00	11.30.97	150.00
G. ALTAF AHMAD 13509 RIDGE ROCK DR. CHANTILLY VA 20151 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $ 100.00	11.30.97	100.00

SUBTOTAL of Receipts This Page (optional) 950.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIAN'S PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. WAHEED AKBAR MD. 4701 TOWNE CENTER SAGINAW MI 48604	SELF / PHYSICIAN	11.30.97	150.00
Receipt For: [X] Other (specify): DINNER, ANNUAL DUES	Aggregate Year-to-Date > $ 1700.00	12.30.97	100.00
B. MOHAMMAD RASHID MD. 1451 MARKET ST. WARREN OH 44483	SELF / PHYSICIAN	11.30.97	150.00
Receipt For: [X] Other (specify): WINTER MEETING DINNER	Aggregate Year-to-Date > $ 150.00		
C. SHAFQAT HUSSAIN MD. 5608 HAMPTON PARKWAY PINE BLUFF ARIZONA 71603	SELF / PHYSICIAN	12.2.97	200.00
Receipt For: [X] Other (specify): OFFICE FUND ANNUAL DUES	Aggregate Year-to-Date > $ 200.00		
D. OMAR NASIB MD. 2677 E 21 ST. APT. 501 WICHITA KS. 67206	SELF / PHYSICIAN	12.2.97	150.00
Receipt For: [X] Other (specify): WINTER MEETING DINNER	Aggregate Year-to-Date > $ 150.00		
E. MOHAMMAD RASHID 780 GRANANTAN AVE MT. VERNON NY 10552	SELF / PHYSICIAN	12.2.97	150.00
Receipt For: [X] Other (specify): WINTER MEETING DINNER	Aggregate Year-to-Date > $ 150.00		
F. SAEED KHAN MD 335 GREENWAY DR KINGMAN ARIZONA 86401	SELF / PHYSICIAN	12.2.97	100.00
Receipt For: [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
G. NASIM ASHRAF MD. 7350 VANDUSEN ROAD SUITE 420A LAUREL MD. 20702	SELF / PHYSICIAN	12.4.97	1000.00
Receipt For: [X] Other (specify): OFFICE FUND	Aggregate Year-to-Date > $ 1000.00		

SUBTOTAL of Receipts This Page (optional) 2000.00

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FE2AUG97

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 PHYSICIAN'S 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. FAROOQ ABDULLAH MD. 9237 JADE CREST DRIVE. LOS VEGAS NV 89134	SELF / PHYSICIAN	12.10.97	100.00
Receipt For: [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
B. MA MAJEED DDS. 661 S. SECOND AVE COVINA CA 91723-3518	SELF / DENTIST	12.13.97	100.00
Receipt For: [X] Other (specify): ANNUAL DUE	Aggregate Year-to-Date > $ 350.00		
C. HUSSAIN ALI BAING. MD 4219 DUSTIN ROAD BURTONSVILLE MD	SELF / PHYSICIAN.	12.14.97	200.00
Receipt For: [X] Other (specify): OFFICE FUND	Aggregate Year-to-Date > $ 800.00		
D. RAANA AKBAR MD. 4701 TOWNE CENTER SAGINAW MI 48604	SELF / PHYSICIAN	12.14.97	100.00
Receipt For: [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
E. ABDUL RAUF MD 3000 CONNECTICUT AVE. NW. WASHINGTON DC 20008	SELF / PHYSICIAN	12.24.97	100.00
Receipt For: [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $ 100.00		
F. NISAR A. CHAUDHRY 2717 HAMMONDS FERRY ROAD BALTIMORE MD 21227	SELF / DENTIST	7.3.97	225.00
Receipt For: [X] Other (specify): SUMMER MEETING REGISTRATION LUNCH	Aggregate Year-to-Date > $ 225.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 825.00

TOTAL This Period (last page this line number only) 34350.00

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 recived.

☑	Hand Delivered	Date of Receipt 1-29-98
☐	First Class Mail	POSTMARKED
☐	Registerd/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	

PREPARER	1-29-98 DATE PREPARED

(7/97)