REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

AUG 5 12 27 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Pakistan Physicians Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
4001 Worth Street

CITY, STATE and ZIP CODE
Dallas Tx 75246

2. FEC IDENTIFICATION NUMBER
C-00238204

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 April 1 through June 30, 96		
6. (a) Cash on Hand January 1, 19 96		$ 13,943.83
(b) Cash on Hand at Beginning of Reporting Period	$ 8040.40	
(c) Total Receipts (from Line 19)	$ 12,250.07	$ 19417.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 20,290.47	$ 33,361.44
7. Total Disbursements (from Line 30)	$ 13,707.74	$ 26,778.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6582.73	$ 6582.73
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, MD

Signature of Treasurer

Date
7/31/96

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)

FE5AN035

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

(revised 1/1/91)

F COMMITTEE

REPORT COVERING PERIOD FROM April 1 TO: June 30, 1996

	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)	10880.00	17965.00	11(a)(i)
ii. Unitemized	1295.00	0	11(a)(ii)
iii. Total (add i and ii) ➤	12,175.00	19,260.00	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) ➤	12175.00	19260.00	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.)	75.07	157.61	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) ➤	12,250.07	19417.61	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	12,250.07	19417.61	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	8707.74	16,778.71	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	8707.74	16,778.71	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	10,000.00	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) ➤	13,707.74	26,778.71	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	13,707.74	26778.71	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	12175.00	19260.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	12175.00	19260.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	8707.74	16778.71	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	8707.74	16778.71	37

CHEDULE A **ITEMIZED RECEIPTS**

for each category on the Detailed Summary Page

1 | 2

FOR LINE NUMBER 11a i

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)

Pakistanis Physicians Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reana akbar MD 580 Golfview Dr Saginaw MI 48603	Self Employed Occupation: Physician	6.4.96	1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Pak PAC	Aggregate Year-to-Date > $ 2225.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Waheed Reana akbar, MD 580 Golfview Dr Saginaw MI 48603	Self Employed Occupation: Physician	5.30.96	130.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Pak PAC	Aggregate Year-to-Date > $ 2365		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Javid Anwar MD 3006 S. Maryland Pkway #315 Las Vegas NV	Self Employed Occupation: Physician	5.13.96	1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Pak PAC	Aggregate Year-to-Date > $ 1100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Naim Ashraf, MD 109 Sarik Ct Roseburg OR 97470	Self Employed Occupation: Physician	5.11.96	500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Pak PAC	Aggregate Year-to-Date > $ 600.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Omar Mehreen Alig MD 1609 W. 40th #203 Pine Bluff AR 71603	SELF EMPLOYED Occupation: Physician	4.1.96	500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Pak PAC	Aggregate Year-to-Date > $ 600.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Riaz A. Chaudry 398 Plains Rd Wallkill NY 12589	SELF EMPLOYED Occupation: Physician	5.11.96	500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Pak PAC	Aggregate Year-to-Date > $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Akram Chaudhry 874-A2 Pompton Ave Cedar Grove NJ 07009	SELF EMPLOYED Occupation: Physician	5.9.96	2,500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Pak PAC	Aggregate Year-to-Date > $ 2,500.00		

SUBTOTAL of Receipts This Page (optional) > 6180.00

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

FE3AN066

CHEDULE A

ITEMIZED RECEIPTS

for each category of the Detailed Summary Page

2 | 2

FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (In Full)

Pakistani Physicians Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Akram Chaudhry 874-A2 Pompton Ave Cedar Grove NJ 07009 Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAK. PAC	Name of Employer: SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date > $ 5000.00	5.22.96	2,500.00
B. Rahed Hilal MD 2081 West Five Mile Road Allegany NY 14706 Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAK. PAC	Name of Employer: SELF-EMPLOYED Occupation: Physician Aggregate Year-to-Date > $ 250.00	4.1.96	250.00
C. Full Name, Mailing Address and ZIP Code S. Amjad Hussain MD 2836 Manley Road Maumee OH 43537 Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAK. PAC	Name of Employer: SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date > $ 600.00	3.28.96	500.00
D. Full Name, Mailing Address and ZIP Code Wali Ghamaz Khan 11810 Grandview Dr. Dade City FL 33525 Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAK-PAC	Name of Employer: SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date > $ 500.00	4.5.96	500.00
E. Full Name, Mailing Address and ZIP Code Akram Kara MD 3006 S. Maryland Pkwy #315 Las Vegas NV 89109 Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAK PAC	Name of Employer: SELF Employed Occupation: Physician Aggregate Year-to-Date > $ 1100.00	5.13.96	1,000.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year):	Amount of Each Receipt this Period:
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year):	Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) > 4750.00

TOTAL This Period (last page this line number only) > 10880.00

FE8A(N)96

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 Physicians Political Action Committee

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Jim Bates Rt. 2 Box 85 Homedale ID 83628	Consultant Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-2-96	1098.00
B. Full Name, Mailing Address and ZIP Code Kimberly Sweeney 55 Country Lane Meriden CT 06451-2711	Purpose of Disbursement Bookkeeping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-1-96	510.09
C. Full Name, Mailing Address and ZIP Code Town & Country Office Srvs. 1792 SE Hamilton Roseburg OR 97470	Purpose of Disbursement Secretarial Srvs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-1-96	171.88
D. Full Name, Mailing Address and ZIP Code Hassan Burkhari MD 7515 Kimberly Lane Dallas TX 75214	Purpose of Disbursement Reimbursement F Stomhead Mtg Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-11-96	222.00
E. Full Name, Mailing Address and ZIP Code Arif A.A. Toor MD 981 East St Middletown CT 06457	Purpose of Disbursement Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-18-96	27.71
F. Full Name, Mailing Address and ZIP Code Town & Country Office Srvs. 1792 SE Hamilton Roseburg OR 97470	Purpose of Disbursement Tele/Fax/Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-18-96	324.28
G. Full Name, Mailing Address and ZIP Code The Softedge P.O. Box 460 McLean VA 22101	Purpose of Disbursement Cong + 1 Renewal software Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-29-96	995.00
H. Full Name, Mailing Address and ZIP Code Akram Khan MD 3006 S Maryland Pkwy Las Vegas NV 89109	Purpose of Disbursement Reimb. Las Vegas Mtg. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-29-96	567.92
I. Full Name, Mailing Address and ZIP Code Kimberly Sweeney 55 Country Lane Meriden CT 06451-2711	Purpose of Disbursement Bookkeeping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-30-96	109.12

SUBTOTAL of Disbursements This Page (optional) 4026.00

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 3

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)
Pakistani Physician Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jim Bates Rt. 2 Box 85 Homedale ID 83628	Consultant Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-1-96	1098.00
B. Hi Tech Printing 6414 S. Cass Avenue Westmont Ill 60559	Printing Srvs. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-9-96	204.69
C. F + R Mailing 6414 S Cass Ave Westmont Ill 60559	Mailing Srv Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-9-96	50.00
D. Jim Bates Rt 2 Box 85 Homedale ID 83628	Consultant Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-31-96	1,098.00
E. Kimberly Sweeney 55 Country Lane Meriden CT 06451-2711	Bookkeeping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-31-96	100.00
F. Town + Country Office Srvs. 1792 SE Hamilton Roseburg OR 97470	Tele/Fax/Postage/ Office Srvs. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-28-96	90.94
G. Jim Bates Rt 2 Box 85 Homedale ID 83628	Consultant Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-28-96	1098.00
H. Kimberly Sweeney 55 Country Lane Meriden CT 06451-2711	Bookkeeping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-28-96	100.00
I. M + M Printers 629 SE Cass St Roseburg OR 97470	Printing Srv Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-28-96	672.00

SUBTOTAL of Disbursements This Page (optional) 4511.63

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 13

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Pakistani Physicians Political Action Committee

A. Full Name, Mailing Address and ZIP Code Towna Country Office Srvs. 1792 SE Hamilton Roseburg OR 97470	Purpose of Disbursement tele/fax/Postage Office Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-28-96	Amount of Each Disbursement This Period 170.11
B. 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
C. 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
D. 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
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)	170.11
TOTAL This Period (last page this line number only)	8707.74

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Pakistani Physicians Political Action Committee

A. Full Name, Mailing Address and ZIP Code Tom Harkins for Congress Committee 531 Senate Hart Office Bldg Washington DC 20510	Purpose of Disbursement Political Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-24-96	Amount of Each Disbursement This Period 5000.00
B. 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
C. 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
D. 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
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) 5000.00

TOTAL This Period (last page this line number only) 5000.00

RN006

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 8-1-96
☐	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

JKB — PREPARER

8-5-96 — DATE PREPARED

FEC FORM 70-2 (12/92)