REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 OCT 18 A 11: 31

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
7360 VAN DUSEN RD, SUITE 420-A

CITY, STATE and ZIP CODE
LAUREL, MD 20707

2. FEC IDENTIFICATION NUMBER
C00-238-204

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period JULY 1, 1999 through SEPTEMBER 30, 1999

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 1999		$ 6,890.75
	(b) Cash on Hand at Beginning of Reporting Period	$ 8,371.92	
	(c) Total Receipts (from Line 19)	$ 9659.08	$ 19336.08
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,031.00	$ 26,226.83
7.	Total Disbursements (from Line 30)	$ 9037.10	$ 17232.93
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8993.90	$ 8993.90
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 202-694-1100

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 PARVEZ SHAH, MD

Signature of Treasurer X Parvez Shah

Date X 10-15-99

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)

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

(revised 1/1/97)

NAME OF COMMITTEE PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

REPORT COVERING PERIOD FROM _____ TO: _____

	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)	9609.00	19286.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total ... (add i and ii) ➤	9609.00	19286.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions ... (add a III, b and c) ➤	9609.00	19286.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	50.08	50.08	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9659.08	19336.08	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	9659.08	19336.08	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	9037.10	17232.93	21(b)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤	9037.10	17232.93	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds ... (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	9037.10	17232.93	30
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤	9037.10	17232.93	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9609.00	19286.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9609.00	19286.00	34
35. Total Federal Operating Expenditures ... (add 21 a I and 21 b) ➤	9037.10	17232.93	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤	9037.10	17232.93	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 12

FOR LINE NUMBER 11a. I

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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. RIAZ SHIRAZI 3770 PENTEL CT DORAVILLE, GA 30360 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Dinner	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7-29-99	65.00
B. FURHAD WAQUAD PO BOX 178 BIRMINGHAM, MI 48012 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Dinner	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $	7/21/99	65.00
C. RIAZ AHMAD 5427 S. PICCADILLY WEST Bloomfield, MI 48322 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Dinner	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $	7/21/99	65.00
D. SHAHID AHMED Receipt For: ☐ Primary ☐ General ☒ Other (specify): Dinner	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $	7/21/99	65.00
E. Anees AHSAN, MD 11801 Sheppards Crossing CLARKSVILLE, MD 21029 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Dinner	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	8/14/99	65.00
F. HANIF AKHTAR 10520 HUNTING CREST LN VIENNA, VA 22182 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Dinner	Name of Employer: SELF Occupation: Business Aggregate Year-to-Date > $	7/21/99	65.00
G. NASIM ASHRAF 15804 PHILLIPS OAK DR SPENCERVILLE, MD 20868 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Dinner	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/21/99	65.00

SUBTOTAL of Receipts This Page (optional) > 455.00

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 12

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. OMAR ATIQ 1609 W 40th 203 PINE BLUFF, AR 71603 Receipt For: [ ] Primary [ ] General [X] Other (specify): DINNER	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $	7/21/99	65.00
B. RIAZ CHAUDHRY, MD POBOX (DRAWER) 1470 JENA, LOUISIANA 71342 Receipt For: [ ] Primary [ ] General [X] Other (specify): DINNER	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $	7/21/99	65.00
C. 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
D. FAKHRA CHOUDHRY 3500 GREYFIELD LANE KENNESAW, GA 30152 Receipt For: [ ] Primary [ ] General [X] Other (specify): DINNER	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/20/99	65.00
E. ALFREDA GILL 11849 CLARKSVILLE PIC CLARKSVILLE, MD 21029 Receipt For: [ ] Primary [ ] General [X] Other (specify): DINNER	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $	7/21/99	65.00
F. RANA ALKABAR 4701 TOWN CENTER #303 SAGINAW, MI 48604 Receipt For: [ ] Primary [ ] General [X] Other (specify): DINNER	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $	7/20/99	65.00
G. TARIQ KHAN 11652 LOG JUMP TRAIL ELLICOTT CITY, MD 21042 Receipt For: [ ] Primary [ ] General [X] Other (specify): DINNER	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $	7/20/99	65.00

SUBTOTAL of Receipts This Page (optional) > 390.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. RAFAT MAHMOOD, 4290 NEITZEY PL, ALEXANDRIA VA 22309	SELF / Business	7/21/99	65.00
Receipt For: [X] Other (specify): DINNER	Aggregate Year-to-Date > $		
B. FURQAN MALIK, 103 SIMONTON LN, VIDALIA, LA 71373	SELF / PHYSICIAN	7/26/99	65.00
Receipt For: [X] Other (specify): DINNER	Aggregate Year-to-Date > $		
C. FAIZ REHMAN, 11222 LA CIENEGA BLVD #244, INGLEWOOD, CA 90304	SELF / PHYSICIAN	7/21/99	65.00
Receipt For: [X] Other (specify): DINNER	Aggregate Year-to-Date > $		
D. PARVEZ SHAH, MD, 7350 VAN DUSEN RD #450, LAUREL, MD 20707	SELF / PHYSICIAN	7/24/99	65.00
Receipt For: [X] Other (specify): Dinner	Aggregate Year-to-Date > $		
E. MUHAMMAD ASLAM, 101 MILL CREEK AVE, POTTSVILLE, PA 17901	SELF / PHYSICIAN	7/1/99	75.00
Receipt For: [X] Other (specify): Meeting	Aggregate Year-to-Date > $		
F. MUHAMMAD ARSHAD, MD, 871 FOREST PKWY, FOREST PARK, GA 30297	SELF / PHYSICIAN	6-9-99	75.00
Receipt For: [X] Other (specify): Meeting	Aggregate Year-to-Date > $		
G. IRFAN UL HUQ, 19 DUFFIELD DR, WEST TRENTON, NJ 08628	SELF / PHYSICIAN	6-24-99	75.00
Receipt For: [X] Other (specify): Meeting	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 485.00

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

FOR LINE NUMBER

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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code SYED H SHIRAZI 1637 DUNWOODY SQ DUNWOODY, GA 30338	SELF	6/8/99	75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Meeting	Occupation: Physician Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code WALI KHAN 11310 GRANDVIEW DR DADE CITY, FL 33525	SELF	6/15/99	75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Meeting	Occupation: Physician Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code QAMAR U. ZAMAN 4955 LAKE FRONT CT LILBURN, GA 30047	SELF	6-01-99	75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Meeting	Occupation: Physician Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code M KALEEM ARSHAD 133 CHATEAU ST. MICHEL KENNER, LA 70065	SELF	6-13-99	75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Occupation: PHYSICIAN Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code H MALIK 296 E. BROWN ST EAST STROUDSBURG, PA 18301	SELF	6-16-99	75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Occupation: PHYSICIAN Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code AKRAM CHOWDARY 874-A1 POMPTON AVE CEDAR GROVE, NJ 07009	SELF	6/4/99	75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Meeting	Occupation: BUSINESS Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code EJAZ QAYYUM 7530 COLLEGE DR PALOS HEIGHT, IL 60463	SELF	6/14/99	75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Occupation: PHYSICIAN Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 525.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. RAUF SHAIKH, 2920 WALDHEIM DR, PORT HURON, MI 48060	SELF / Physician	7/26/99	69.00
Receipt For: [X] Other (specify): Dinner	Aggregate Year-to-Date > $		
B. M. JAITANZEB, 17680 N FIELDBROOK CR., BOCA RATON, FL 33496	SELF / Physician	6/28/99	75.00
Receipt For: [X] Other (specify): LUNCH	Aggregate Year-to-Date > $		
C. EMBASSY OF PAKISTAN, 2201 R ST, NW, WASHINGTON, DC 20008	EMBASSY OF PAKISTAN / Govt Empl.	7/22/99	390.00
Receipt For: [X] Other (specify): Dinner	Aggregate Year-to-Date > $		
D. SHAHEEN YOUSAF, PO BOX 1511, WALDORF, MD 20604	SELF / Physician	7/21/99	195.00
Receipt For: [X] Other (specify): Dinner	Aggregate Year-to-Date > $		
E. S. SALEEM, MD	Self / Physician	7/21/99	100.00
Receipt For: [X] Other (specify): Dinner	Aggregate Year-to-Date > $		
F. KHALID QAZI, AMHERST, NY 14226	SELF / Physician	7/21/99	195.00
Receipt For: [X] Other (specify): DINNER	Aggregate Year-to-Date > $		
G. ARIF MUSLIM, 578 RIVER RD, NEWBURGH, NY 12550	Self / Physician	7/21/99	130.00
Receipt For: [X] Other (specify): Dinner	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 1154.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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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	Date (month, day, year)	Amount of Each Receipt this Period
M MALIK	Self	7/22/99	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dinner	Occupation: Physician		
	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALI KHAN 1310 GRANDVIEW DR DADE CITY, FL 33525	SELF	7/21/99	195.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): DINNER	Occupation: PHYSICIAN		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WAHEED AKHBAR 580 GOLFVIEW DR SAGINAW, MI 48603	SELF	7/22/99	195.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dinner	Occupation: Physician		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHARINE BOYCE 186 WEST ROSEMONT Ave Alexandria, VA 22301	SELF	8/10/99	195.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dinner	Occupation:		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAVEED IQBAL 267 MOUNTAIN RD PLEASANTVILLE, NY 10570	SELF	7/24/99	260.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dinner	Occupation: Physician		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M CHAUDHARY 5288 GAULEY RIVER DR STONE MOUNTAIN, GA 30087	Self	7/24/99	130.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dinner	Occupation: Physician		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PARVEZ SHAH 350 VAN DUSEN RD #450 LAUREL, MD 20707	SELF	8/25/99	250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: PHYSICIAN		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	1325.00
TOTAL This Period (last page this line number only)	

FE8AN121P0P

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 7 OF 12

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. WAHEED ALBAIZ, 4701 TOWNE CENTRE #300, SAGINAW, MI 48604	Self / Physician	6/2/99	150.00
Receipt For: [X] Other (specify): Registration	Aggregate Year-to-Date > $		
B. ATIF MUSLIM, 454 River Rd, NEWBURGH, NY 12550	SELF / PHYSICIAN	6/2/99	225.00
Receipt For: [X] Other (specify): TICKETS	Aggregate Year-to-Date > $		
C. AKRAM CHOUDHRY, N. Jersey,	SELF / BUSINESS	8/26/99	1,000.00
Receipt For: [X] Other (specify): Contribution	Aggregate Year-to-Date > $		
D. WAHEED AKBAR	SELF / Physician	7/3/99	150.00
Receipt For: [X] Other (specify): Meeting	Aggregate Year-to-Date > $		
E. DR ZAHID	SELF / Physician	7/3/99	150.00
Receipt For: [X] Other (specify): Meeting	Aggregate Year-to-Date > $		
F. ZIA UR REHMAN, ALLIN, OH	SELF / Physician	7/3/99	150.00
Receipt For: [X] Other (specify): Meeting	Aggregate Year-to-Date > $		
G. ZAHUR U. AZHAR	SELF / PHYSICIAN	7/3/99	75.00
Receipt For: [X] Other (specify): MEETING	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 1,900.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ZEELAF MUNIR Receipt For: ☐ Primary ☐ General ☒ Other (specify): Meeting	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	6/3/99	75.00
B. ZUBAIR MANSOORI Receipt For: ☐ Primary ☐ General ☒ Other (specify): Meeting	Name of Employer: SELF Occupation: CPA Aggregate Year-to-Date > $	7/3/99	75.00
C. ARIF TOOR, CAMWELL, CT Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE FUND	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/2/99	1,050.00
D. SYED SAMDANI Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	150.00
E. FAIQA QURESHI Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/2/99	75.00
F. AHMAD Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/2/99	75.00
G. JAVED AKHTAR, BRADFORD, PA Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/2/99	150.00

SUBTOTAL of Receipts This Page (optional) 1650.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. IFTIKHAR CHATHA PA Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
B. CAHLA MASSEY LIVERPOOL, NY Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	6/30/99	75.00
C. KHAWAJA ZAHEER 3 SHIGFIELD LN IL Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
D. ARSHAD MIRZA OAK BROOK, IL Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
E. MANZOOR HUSAIN 708 MIDWEST CLUB OAK BROOK, IL. Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
F. MICHAEL AKRAM MIAMI, FL Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
G. MOHAMMAD ASLAM 10 PARDEE LN W TRENTON, NJ Receipt For: [ ] Primary [ ] General [X] Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/1/99	75.00

SUBTOTAL of Receipts This Page (optional) 525.00

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

FEBAN12LPOF

SCHEDULE A ITEMIZED RECEIPTS

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

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. MOHAMMED SULEMAN, 14 GUADUPE LN, KENNER, LA	SELF / PHYSICIAN	7/3/99	75.00
Receipt For: [X] Other (specify): MEETING	Aggregate Year-to-Date > $		
B. MUNEER IQBAL, WEST HARTFIELD, CT	SELF / PHYSICIAN	7/3/99	150.00
Receipt For: [X] Other (specify): MEETING	Aggregate Year-to-Date > $		
C. MOHAMMAD AMIN, FL	SELF / PHYSICIAN	7/3/99	75.00
Receipt For: [X] Other (specify): MEETING	Aggregate Year-to-Date > $		
D. MUSHTAQ SHEIKH, ELMIRA, NY	SELF / PHYSICIAN	7/3/99	75.00
Receipt For: [X] Other (specify): MEETING	Aggregate Year-to-Date > $		
E. NASIM ASHRAF	SELF / PHYSICIAN	7/3/99	75.00
Receipt For: [X] Other (specify): MEETING	Aggregate Year-to-Date > $		
F. NAVEED IQBAL, PLEASANTVILLE, NY	SELF / PHYSICIAN	7/3/99	75.00
Receipt For: [X] Other (specify): MEETING	Aggregate Year-to-Date > $		
G. SAEED AHMAD, KENNER, LA	SELF / PHYSICIAN	7/3/99	75.00
Receipt For: [X] Other (specify): MEETING	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 600.00

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. RIFFAT SADDIQ HAQ BUFFALO, NY Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
B. SULMAN ZAFAR Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
C. S M MOHYUDDIN IL. Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $	7/3/99	75.00
D. S SAFDAR ST. LOUIS, MO Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
E. SITAISTA MIRZA LAUREL, MD Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/1/99	75.00
F. SAEED JAFRY MN. Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00
G. TARIQ MALIK WEST BEACH, NY Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	7/3/99	75.00

SUBTOTAL of Receipts This Page (optional) > 525.00

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

FOR LINE NUMBER 11 (a)(i)

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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	Date (month, day, year)	Amount of Each Receipt this Period
TASNEEM AHMAD WESTBLOOMFIELD, MI	SELF	7/3/99	75.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEETING	Occupation PHYSICIAN		
	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	9609.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 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: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. JOEHEN KIMBERLY 1 SOUTH RIDGE LN CROMWELL, CT 06416	OFFICE HELP	7/21/99	300.00
B. APPNA 6414 SOUTH CASS AVE. WESTMONT, IL 60559	MEETING EXPENSES	8/21/99	4,380.00
C. DR. RANA AKBAR 4701 TOWNE CENTER, #303 SAGINAW, MI 48603	Primary Reimbursement HYATT HOTEL, WASH.	9/3/99	3,324.00
D. ARIF TOOR 1 SOUTH RIDGE LN CROMWELL, CT 06416	PRINTING	8/24/99	150.00
E. FED EX PO BOX 332 MEMPHIS, TN 38194	POSTAGE	9/1/99	46.05
F. SPRINT PO BOX 85390 LOUISVILLE, KY 40285	TELEPHONE LINE	6/23/99	167.33
G. SPRINT PO BOX 85390 LOUISVILLE, KY 40285	Telephone line	9/1/99	517.77
H. SPRINT PO BOX 85390 LOUISVILLE, KY 40285	Tele. line Conference Call	7/6/99	1.51.25
I.			

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

TOTAL This Period (last page this line number only) 9037.10

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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 10-18-99
☐	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	

[illegible]	10-18-99
PREPARER	DATE PREPARED

(4/98)