22037810617

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 OCT 23 A 10:42
Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMITTEE

ADDRESS (number and street) ▼ 7350 VAN DUSEN ROAD SUITE 450

☐ Check if different than previously reported. (ACC)

LAUREL | MD | 20707 -

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00238204

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 11 / 05 / 2002 In the State of MD

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ___ / ___ / ___ In the State of ___

5. Covering Period 10 / 01 / 2002 through 10 / 16 / 2002

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, M.D.

Signature of Treasurer X [signature] Date (M) 10 (D) 18 (Y) 2

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

Office Use Only

FEC FORM 3X (Revised 1/01)

FE2An042

22037810618

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Report Covering the Period: From: 10 / 01 / 2002 To: 10 / 16 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1. 2002		204406
(b) Cash on Hand at Beginning of Reporting Period	283784	
(c) Total Receipts (from Line 19)	265000	3170112
(d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	548784	3374518
7. Total Disbursements (from Line 30)	0	2825734
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	548784	548784
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	

☐ 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

22037810619

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Report Covering the Period: From: 10 01 2002 To: 10 16 2002

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)	265000	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	265000	31698 00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	265000	31698 00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		312
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	265000	31701 12
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	265000	31701 12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21 Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	0	1955734
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	8700.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	0	2825734
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	0	2825734

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	265000	31698.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	265000	31698.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0	1955734
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	0	1955734

22037810621

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 1 OF 6

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)
PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A.
Full Name (Last, First, Middle Initial): SAYEED, AHMAD
Mailing Address: P O BOX 540865
City: HOUSTON State: TX Zip Code: 77284
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 10000
Date of Receipt: 10 / 04 / 2002
Amount of Each Receipt this Period: 10000

B.
Full Name (Last, First, Middle Initial): MALIK, ARSHAD
Mailing Address: 8560 BROADWAY
City: MERRILLVILLE State: IN Zip Code: 46410
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-Employed Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 10000
Date of Receipt: 10 / 04 / 2002
Amount of Each Receipt this Period: 10000

C.
Full Name (Last, First, Middle Initial): ZUBAIR, FARHAT
Mailing Address: 9844 PANGBORN AVE
City: DOWNEY State: CA Zip Code: 90240
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 10000
Date of Receipt: 10 / 15 / 2002
Amount of Each Receipt this Period: 10000

SUBTOTAL of Receipts This Page (optional) ▶ 30000

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

22037810622

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 2 OF 6

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

A.
Full Name (Last, First, Middle Initial): SELOD, FARUQ
Mailing Address: 800 8TH AVE., STE 506
City: FORT WORTH State: TX Zip Code: 76104
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 / 15 / 2002
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): SHAIKH, HAROON
Mailing Address: 716 LEIGHTON AVE
City: ANNISTON State: AL Zip Code: 36201
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 / 04 / 2002
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial): ALAVI, ILTIFAT
Mailing Address: 133 TOMLIN CIR
City: PO BRIDGE State: IL Zip Code: 60521
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 / 04 / 2002
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

22037810623

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 3 OF 6

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): MASHOOQULLAH, K.
Mailing Address: 206 WESTSIDE DR
City: REHOBOTH BEACH State: DE Zip Code: 19971
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 / 04 / 2002
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): KHATAK, KIMAT
Mailing Address: 10 HOSPITAL DR.
City: HOLYOKE State: MA Zip Code: 01040
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 400.00
Date of Receipt: 10 / 07 / 2002
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): BARRA, M
Mailing Address: 920 SUNNYSLOPE RD
City: HOLLISTER State: CA Zip Code: 95023
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 / 04 / 2002
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

22037810624

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 4 OF 6

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial) BAZ, MALIK
Mailing Address 2765 E WILLOW RIDGE RD
City CLOVIS State CA Zip Code 93611
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify) DUES
Aggregate Year-to-Date 10000
Date of Receipt 10 04 2002
Amount of Each Receipt this Period 10000

B.
Full Name (Last, First, Middle Initial) KHAN, NAJMA
Mailing Address 14567 POTOMAC MILLS RD
City WOODBRIDGE State VA Zip Code 22192
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify) DUES
Aggregate Year-to-Date 15000
Date of Receipt 10 15 2002
Amount of Each Receipt this Period 15000

C.
Full Name (Last, First, Middle Initial) ZAMAN, OMAR
Mailing Address 4455 LAKE FRONT CT
City LILBURN State GA Zip Code 30047
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify) DUES
Aggregate Year-to-Date 10000
Date of Receipt 10 04 2002
Amount of Each Receipt this Period 10000

SUBTOTAL of Receipts This Page (optional) ► 35000

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

FEC Schedule A (Form 3X) (Revised 1/01)

22037810625

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 OF 6
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial) SHIRAZI, SYED
Mailing Address 1637 DUNWOODY SQ
City DUNWOODY State GA Zip Code 30338
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify) DUES
Aggregate Year-to-Date 900.00
Date of Receipt 10 04 2002
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial) BABER, ZAHEER
Mailing Address 1807 COVENTRY LN.
City OKLAHOMA CITY State OK Zip Code 73120
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify) DUES
Aggregate Year-to-Date 100.00
Date of Receipt 10 04 2002
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 4,000.00
TOTAL This Period (last page this line number only) 2,65[illegible].00

22037810626

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 21
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): PATEL, RAFIQ
Mailing Address: 1201 MOUNTAIN RD
City: JOPPA State: MD Zip Code: 21085
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 50.00
Date of Receipt: 10 15 2002
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): HASSAN, RAZA
Mailing Address: 105 STONEWAY RD
City: WAKEFIELD State: RI Zip Code: 02879
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 15 2002
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): SADIQ, SHAHZAD
Mailing Address: 165 W. HICKORY GROVE
City: BLOOMFIELD HILLS State: MI Zip Code: 48304
FEC ID number of contributing federal political committee: C
Name of Employer: SELF EMPLOYED Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 04 2002
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

22037810627

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 10-19-02
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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 — DATE PREPARED 10-25-02

(6/2000)