REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 15 9 31 AM '99

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
7350 VAN DUSEN RD. STE 400-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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period APRIL 1, 1999 through JUNE 30, 1999		
6. (a) Cash on Hand January 1, 1999		$ 6890.75
(b) Cash on Hand at Beginning of Reporting Period	$ 12923.61	
(c) Total Receipts (from Line 19)	$ 1050.00	$ 9677.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 13973.61	$ 16567.75
7. Total Disbursements (from Line 30)	$ 5601.69	$ 8195.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8371.92	$ 8371.92
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
DR. ARIF MUSLIM

Signature of Treasurer
A. Muslim

Date
7.14.99

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)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM APRIL 1, 1989 JUNE 30, 1989

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1050.00	9677.00	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) ➤	1050.00	9677.00	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) ➤	0	0	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.)	0	0	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) ➤	1050.00	9677.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1050.00	9677.00	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	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	5601.69	8195.83	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	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) ➤	5601.69	8195.83	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5601.69	8195.83	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1050.00	9677.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1050.00	9677.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	5601.69	8195.83	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	5601.69	8195.83	37

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. SPRINT P.O BOX 85390 LOUISVILLE KY 40285	TEL + FAX BILL Disbursement for: Primary General Other (specify)	4.9.98	162.06
B. QUAID PROJECT 7350 VAN DUSEN RD. #420-A LAUREL MD 20707	SECRETARIAL SERVICE SEPT - DEC. 1998 Disbursement for: Primary General Other (specify)	4.28.98	2500.00
C. SPRINT P.O. BOX 85390 LOUISVILLE KY 40285	TEL. FAX BILL Disbursement for: Primary General Other (specify)	5.5.98	161.41
D. FEDERAL EXPRESS P.O. BOX 371 MEMPHIS TN 38194	OVERNIGHT LETTER Disbursement for: Primary General Other (specify)	5.5.98	11.00
E. SIR SPEEDY 14435 CHERRY LANE CT #100 LAUREL MD 20707	PRINTING Disbursement for: Primary General Other (specify)	5.6.98	55.65
F. US POSTAL SERVICE P.O. BOX 7247-0166 PHILADELPHIA PA 19190 0166	POSTAGE STAMPS Disbursement for: Primary General Other (specify)	5.19.98	150.00
G. SPRINT P.O. BOX 85390 LOUISVILLE KY 40285	TEL + FAX BILL Disbursement for: Primary General Other (specify)	6.4.98	183.43
H. SPRINT CONF. LINE P.O. BOX 101943 ATLANTA GA 30392-1943	CONF. CALL Disbursement for: Primary General Other (specify)	6.9.98	194.50
I. QUAID PROJECT 7350 VAN DUSEN RD. #420-A LAUREL MD 20707	SECRETARIAL SERVICES JAN - MARCH 1998 Disbursement for: Primary General Other (specify)	6.26.98	1875.00

SUBTOTAL of Disbursements This Page (optional) 5283.11

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 2

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

A. Full Name, Mailing Address and ZIP Code SPRINT CONF LINE P.O. BOX 101343 ATLANTA GA 30392-1343	Purpose of Disbursement CONF. CALL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-28-99	Amount of Each Disbursement This Period 151.25
B. Full Name, Mailing Address and ZIP Code SPRINT P.O. BOX 85390 LOUISVILLE KY 40385	Purpose of Disbursement TEL & FAX BILL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-28-99	Amount of Each Disbursement This Period 167.33
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)	318.58
TOTAL This Period (last page this line number only)	5601.69

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

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. MUSHARAF FAROOQI, MD 1990 GEYSER TRACE LAWRENCEVILLE GA 30244 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN. DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	3.25.99	100.00
B. M. ALI CHOUHAN, DVM 3974 BANKHEAD HWY. LITHIA SPRINGS GA 30122 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN. DUES	Name of Employer: SELF Occupation: VETERINARIAN Aggregate Year-to-Date > $ 100.00	3.31.99	100.00
C. DR. IJAZ QAYYUM 7530 COLLEGE DRIVE PALOS HEIGHTS, IL 60463 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN. DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	3.31.99	100.00
D. RIAZ HAIDER, MD 1140 VARNUM ST. NE WASHINGTON DC 20017 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN. DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 50.00	4.5.99	50.00
E. IRFANUL HUQ, MD 19 DUFFIELD DRIVE WEST FRENTON, NJ 08628 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN. DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.6.99	100.00
F. PARVEL SHAH, MD 4405 DUSTIN RD. BURTONSVILLE, MD 20866 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN. DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.6.99	100.00
G. S.H SAFDAR, MD 13222 HAWKSHEAD CT. ST. LOUIS, MO 63131 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN. DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00	4.16.99	100.00

SUBTOTAL of Receipts This Page (optional)	650.00
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 2

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. SAJJAD IQBAL, MD 735 LINWOOD AVE. RIDGEWOOD, NJ 07450 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN DUES	SELF Occupation: PHYSICIAN Aggregate Year-to-Date: $ 600.00	4.30.99	600.00
B. NASIM ASHRAF, MD 15804 PHILLIPSBAR DR. SPENCERVILLE, MD 20868 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN DUES	SELF Occupation: PHYSICIAN Aggregate Year-to-Date: $ 600.00	5.10.99	600.00
C. WAHEED AKBAR, MD 4701 TOWNE CTR. #303-304 SAGINAW, MI 48604-2834 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	SELF Occupation: PHYSICIAN Aggregate Year-to-Date: $ 200.00	6.21.99	600.00
D. HANIF AKHTAR 10520 HUNTING CREST LANE VIENNA, VA 22182 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANN DUES	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date: $ 600.00	6.17.99	600.00
E. 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
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)	400.00
TOTAL This Period (last page this line number only)	1050.00

FE1AN047

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 7-15-99
☐	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	
	PREPARER	DATE PREPARED 7-15-99

(4/98)