# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 16 12 29 PM '98

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
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 JAN. 1 through MARCH 31, 1998 | | |
| 6. (a) Cash on Hand January 1, 1998 | | $ 21684.85 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 21684.85 | |
| (c) Total Receipts (from Line 18) | $ 8525.33 | $ 8525.33 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 30210.18 | $ 30210.18 |
| 7. Total Disbursements (from Line 30) | $ 13821.44 | $ 13821.44 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 16388.74 | $ 16388.74 |
| 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. JOOR

Signature of Treasurer

Date 4.9.98

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)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE: PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

REPORT COVERING PERIOD FROM: JAN. 1. TO: MARCH 31, 1996

| 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) | 8370.00 | 8370.00 | 11(a)(i) |
| ii. Unitemized | 0 | 0 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 8370.00 | 8370.00 | 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) ➤ | 8370.00 | 8370. | 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.) | 155.33 | 155.33 | 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) ➤ | 8525.33 | 8525.33 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 8525.33 | 8525.33 | 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 | 13121.44 | 13121.44 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 13121.44 | 13121.44 | 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 | 700.00 | 700.00 | 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) ➤ | 700.00 | 700.00 | 28(d) |
| 29. Other Disbursements | 0 | 0 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 13821.44 | 13821.44 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | | | 31 |

| III. Net Contributions/Operating Expenditures | | | |
|---|---|---|---|
| 32. Total Contributions (other than loans) (from line 11d) | 8370.00 | 8370.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 700.00 | 700.00 | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 7670.00 | 7670.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 13121.00 | 13121.00 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0 | 0 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 13121.00 | 13121.00 | 37 |

FE7AN047

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 21 h

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)

| 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. PITNEY BOWES<br>PO BOX 41067<br>NORFOLK VA. 23541-1067 | PURCHASE OF SLOGAN BOX | 2.3.98 | 77.95 |
| B. ROLL CALL<br>900 SECOND ST. NE.<br>SUITE 107 WASHINGTON DC. 20002 | SUBSCRIPTION | 2.3.98 | 165.00 |
| C. GEORGE PULLEN<br>PO BOX 6125<br>WHEATON, MD. 20916 | PAYMENT FOR NEWSPAPER WASHINGTON POST | 2.3.98 | 22.26 |
| D. JIM BATES<br>7350 VAN DUSEN ROAD<br>SUITE 420 A. LAUREL<br>MD. 20707 | REIMBURSED FOR BULK-RATE APPLICATION FEE. | 2.3.98 | 85.00 |
| E. JIM BATES<br>7350 VAN DUSEN ROAD<br>SUITE 420A LAUREL<br>MD. 20707 | REIMBURSED FOR EXPENSES FOR NEWSLETTER | | 15.00 |
| F. NASIM ASHRAF<br>7350 VAN DUSEN ROAD<br>SUITE 420 A LAUREL<br>MD. 20707 | REIMBURSED FOR EXPENSES FOR NEWSLETTER | 2.3.98 | 10.91 |
| G. JILL HALL<br>7350 VAN DUSEN ROAD<br>SUITE 420 A LAUREL<br>MD. 20707 | REIMBURSED FOR 2 BOXES OF LABELS FROM OFFICE DEPT. | 2.3.98 | 45.26 |
| H. DUPONT PRINTING SERVICE<br>3425 PAYNE ST. SUITE 627<br>BAILEYS CROSS ROADS<br>FALLS CHURCH, VA 22041 | PRINTING OF OFFICE STATIONARY | 2.5.98 | 174.00 |
| I. US ASSOCIATION OF FORMER MEMBERS OF CONGRESS. 330 A. STREET, N.E.<br>WASHINGTON DC. 20002 | MEMBERSHIP DUES FOR OUR CONSULTANT | 2.5.98 | 200.00 |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 795.38 |
| TOTAL This Period (last page this line number only) | |

FE2A/NOAT

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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



FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

| 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. MR AKRAM CHOUDHRY<br>874-A2 POMPTON AVENUE<br>CEDAR GROVE, NJ 07009 | REFUND OF EXCESS CONTRIBUTION | 2.7.98 | 700.00 |
| B. MR JIM BATES<br>7350 VAN DUSEN ROAD<br>SUITE 420 A LAUREL<br>MD. 20707 | CONSULTANCY FEE. | 2.5.98 | 1150.00 |
| C. US POSTAL SERVICE<br>CMRS PB<br>PO BOX 7247-0166<br>PHILADELPHIA PA 19170-0166 | NEWS LETTER MAILING. | 2.10.98 | 720.00 |
| D. PITNEY BOWES<br>PO BOX 41067<br>NORFOLK VA 23541-1067 | RIBON CASSETS. | 2.17.98 | 188.95 |
| E. FED EX<br>PO BOX 1140<br>MEMPHIS TN 38101-1140 | EXP. LETTER | 2.17.98 | 15.00 |
| F. MR JIM BATES<br>7350 VANDUSEN ROAD<br>SUITE 420A LAUREL MD. 20707 | CONSULTANCY FEE. | 2.20.98 | 1150.00 |
| G. QUAID PROJECT<br>7350 VAN DUSEN ROAD<br>LAUREL MD. 20707 | SECRETARIAL SERVICES | 2.22.98 | 1350.00 |
| H. SPRINT<br>PO BOX 740504<br>ATLANTA GA 30374-0504 | TELEPHONE | 2.25.98 | 380.75 |
| I. BELL ATLANTIC.<br>P.O. BOX 646<br>BALTIMORE, MD 21265-0646 | TELEPHONE. | 2.25.98 | 236.48 |

SUBTOTAL of Disbursements This Page (optional) ..... 5890.58

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

FE7AN047

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. SOFT EDGE INC<br>PO BOX 460<br>MCLEAN, VA, 22101-0460 | SUBSCRIPTION<br>Disbursement for: Primary General Other (specify) | 2.25.98 | 1495.00 |
| B. DUPONT PRINTING PRESS<br>3425 PAYNE ST. SUITE 607<br>BAILEY CROSS ROAD<br>FALLS CHURCH VA 22041 | PRINTING OF NEWSLETTER<br>Disbursement for: Primary General Other (specify) | 3.18.98 | 860.00 |
| C. DUPONT PRINTING PRESS | PRINTING OF NEWSLETTER<br>Disbursement for: Primary General Other (specify) | 3.18.98 | 190.00 |
| D. MR. JIM BATES<br>7350 VAN DUSEN ROAD<br>SUITE 420A LAUREL MD 20702 | CONSULTANCY FEE<br>Disbursement for: Primary General Other (specify) | 3.19.98 | 1150.00 |
| E. QUAID PROJECT<br>7350 VAN DUSEN ROAD<br>SUITE 420A LAUREL MD 20702 | SECRETARIAL SERVICES<br>Disbursement for: Primary General Other (specify) | 3.24.98 | 1350.00 |
| F. MR JIM BATES | CONSULTANCY FEE<br>Disbursement for: Primary General Other (specify) | 3.19.98 | 1150.00 |
| G. SPRINT<br>PO BOX 740504<br>ATLANTA GA. 30374-0504 | TELEPHONE + FAX<br>Disbursement for: Primary General Other (specify) | 3.13.98 | 208.63 |
| H. SPRINT | TELEPHONE<br>Disbursement for: Primary General Other (specify) | 3.16.98 | 671.85 |
| I. MR JIM BATES | REIMBURSEMENT FOR VISIT TO PARENTS<br>Disbursement for: Primary General Other (specify) | 3.30.98 | 60.00 |

**SUBTOTAL** of Disbursements This Page (optional) ..... 7135.48

**TOTAL** This Period (last page this line number only) ..... 13821.44

FE7ANDA7

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1 OF 11

FOR LINE NUMBER 11.a.

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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 / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| JAVED AKHTAR MD.<br>199 PLEASANT ST.<br>BRADFORD, PA 16701<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 1-8-98 | 100.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SYED H. SHIRAZI MD.<br>1637 DUNWOODY SQUARE<br>DUNWOODY, GA. 30338<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES/CONT. | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ 200.00 | 1-9-98 | 200.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| NASIM ASHRAF MD.<br>109 SALIX CT.<br>ROSEBERG, OR. 97470<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 1-20-98 | 100.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| ARIF MUSLIM MD.<br>454 RIVER ROAD<br>NEWBURGH NY. 12550<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUE | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 1-20-98 | 100.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| PERVEZ I SHAH MD.<br>4405 DUSTIN RD.<br>BURTONSVILLE MD. 20866<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ 100.00 | 1-21-98 | 100.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| IRSHAD AHMAD<br>722 B WINDSOR AVE<br>WINDSOR CT. 06095<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): CONTRIBUTION | SEF<br>GROCER<br>Aggregate Year-to-Date > $ 20.00 | 1-22-98 | 20.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| KIRAT G. KHATAK<br>10 HOSPITAL DRIVE<br>HOLYOKE MA. 01040<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ 125.00 | 1-22-98 | 125.00 |

SUBTOTAL of Receipts This Page (optional) ..... 745.00

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

FEC ANX47

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 2 OF 11

FOR LINE NUMBER 11 A

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NAME OF COMMITTEE (in Full)

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTE.

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. RIAZ A CHAUDHRY M.D. 465 RT 9 W NEWBURGH NY. 12550 | SELF / PHYSICIAN | 1.22.98 | 100.00 |
| Receipt For: Primary / General / ✓ Other (specify): MEMBERSHIP DUES | Aggregate Year-to-Date $ 100.00 | | |
| B. ABDUL QAYYUM M.D. 2200 E IRLO BRONSON HWY. 192 KISSIMMEE FL. 34744 | SELF / PHYSICIAN | 1.26.98 | 100.00 |
| Receipt For: Primary / General / X Other (specify): MEMBERSHIP DUES | Aggregate Year-to-Date $ 100.00 | | |
| C. MOHAMMED SULEMAN 14 GUADALUPE ST. KENNER, LA. 70062 | SELF / PHYSICIAN | 1.28.98 | 100.00 |
| Receipt For: Primary / General / X Other (specify): MEMBERSHIP DUES | Aggregate Year-to-Date $ 100.00 | | |
| D. MIRAM CHAUDHRY 874-A2 POMPTON AVENUE CEDAR GROVE, NJ 07009 | SELF / BUSINESSMAN | 1.29.98 | 100.00 |
| Receipt For: Primary / General / X Other (specify): MEMBERSHIP DUES | Aggregate Year-to-Date $ 100 | | |
| E. IKRAM U KHAN M.D. 3006 S. MARYLAND PARKWAY LAS VEGAS NV. 89109 | SELF. / PHYSICIAN | 1.29.98 | 100.00 |
| Receipt For: Primary / General / X Other (specify): MEMBER SHIP DUES | Aggregate Year-to-Date $ 100.00 | | |
| F. JAVED ANWAR MD 3006 S. MARYLAND PARKWAY LAS VEGAS NV. 89109 | SELF / PHYSICIAN | 1.29.98 | 100.00 |
| Receipt For: Primary / General / X Other (specify): MEMBERSHIP DUES | Aggregate Year-to-Date $ 100.00 | | |
| G. MAQBOOL AHMAD M.D. 25 CARDINAL DRIVE MURPHYSBORO IL. 62966-9632 | SELF / PHYSICIAN | 1.29.98 | 100.00 |
| Receipt For: Primary / General / X Other (specify): ANNUAL DUES | Aggregate Year-to-Date $ | | |

SUBTOTAL of Receipts This Page (optional) ..... 700.00

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

FE7AN047

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 7 OF 11

FOR LINE NUMBER 11.a

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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. MOHAMMAD ARSHAD<br>5260 GAULEY RIVER DR<br>STONE MOUNTAIN GA. 30087<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES/CONT | Self / PHYSICIAN<br>Aggregate Year-to-Date > $ 150.00 | 1.29.98 | 150.00 |
| B. ASIM R. MALIK MD<br>188 OLD WESTBURY ROAD<br>OLD WESTBURY, NY 11568<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Self / PHYSICIAN<br>Aggregate Year-to-Date > $ 100.00 | 1.29.98 | 100.00 |
| C. MALIK A REHMAN MD<br>2717 HAMMONDS FERRY ROAD<br>BALTIMORE MD. 21227<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Self / PHYSICIAN<br>Aggregate Year-to-Date > $ 100 | 1.30.98 | 100.00 |
| D. SYED SHAH MD.<br>7350 VANDUSEN RD<br>SUITE 420 A. LAUREL MD 20707<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Self / PHYSICIAN<br>Aggregate Year-to-Date > $ 100 | 2.2.98 | 100.00 |
| E. MOHAMAD M AKBAR MD.<br>1817 RIDGEWOOD RD<br>ORWIGSBURG PA. 17961<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF / PHYSICIAN.<br>Aggregate Year-to-Date > $ 100 | 2.5.98 | 100.00 |
| F. ARIF AHMAD<br>3031 SUGAR LANE<br>VIENNA VA. 22181<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Self / BUSINESS MAN<br>Aggregate Year-to-Date > $ 100 | 2.5.98 | 100.00 |
| G. MOHAMMAD M HAQ M.D.<br>113-4 JEWEL AVE.<br>QUEENS NY 11375<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Self / PHYSICIAN<br>Aggregate Year-to-Date > $ 100.00 | 2.5.98 | 100.00 |

SUBTOTAL of Receipts This Page (optional) ..... 750.00

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

FE7AN047

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 11A

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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 / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| NILOFAR ALI MD<br>518 SPRINGCREEK DR.<br>SWEETWATER OAKS<br>LANGWOOD FL. 32779 | SELF<br>PHYSICIAN | 2-6-98 | 100.00 |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | Aggregate Year-to-Date > $ 100.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MOHAMAD ASHRAF MD<br>1260 EAST ALMOND AVE<br>MADERA CA. 93637 | PHYSICIAN | 2-6-98 | 100.00 |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | Aggregate Year-to-Date > $ 100 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MOHAMMAD IDREES<br>114 URICK LANE<br>MONROEVILLE PA. 15146 | SELF<br>PHYSICIAN | 2-6-98 | 100.00 |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | Aggregate Year-to-Date > $ 100.00 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| ZAFAR IQBAL.<br>191-20 NORTHERN BLVD<br>FLUSHING NY. 11358 | SELF<br>BUSINESS MAN | 2-10-98 | 100.00 |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | Aggregate Year-to-Date > $ 100 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| M. ISHAQ CHISHTI MD. | SELF<br>PHYSICIAN | 2-10-98 | 100.00 |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | Aggregate Year-to-Date > $ 100.00 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| ANEES AHSAN MD<br>11801 SHEPPARDS CROSSING<br>CLARKSVILLE MD. 21029 | SELF<br>PHYSICIAN | 2-10-98 | 100.00 |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | Aggregate Year-to-Date > $ 100 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GHAUS MUHAMMAD MALIK MD<br>7440 DUVAL DRIVE<br>BLOOMFIELD HILLS. MI 48301 | SELF<br>PHYSICIAN | 2-13-98 | 100.00 |
| Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | Aggregate Year-to-Date > $ 100.00 | | |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| TOTAL This Period (last page this line number only) | |

FE7AN047

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 5 OF 11

FOR LINE NUMBER 11a

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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 / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| MOHAMAD ASLAM MD.<br>50 ZERBE ST.<br>CRESSONA, PA. 17929<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>BUSINESSMAN<br>Aggregate Year-to-Date > $ | 2.10.98 | 100.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MALIK SARWAR<br>139 FAIRFIELD DRIVE<br>SHORT HILLS, NJ 07078<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>BUSINESSMAN<br>Aggregate Year-to-Date > $ | 2.10.98 | 100.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MOHAMMAD A. ARAIN, MD<br>1019 W. YOSEMITE AVENUE<br>MADERA, CA 93637<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.16.98 | 100.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| NASIM AHMED, MD<br>481 QUAILWOOD DRIVE,<br>PRINCETON, WV 24740<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.16.98 | 100.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| PARVAIZ A. MALIK, MD<br>1542 KUSER ROAD SUITE B-2<br>TRENTON, NJ 08619<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.16.98 | 100.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| HILAL K. AHMAD. DDS<br>10024 SE 240th. SUITE 101<br>KENT, WA 98031<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>DENTIST<br>Aggregate Year-to-Date > $ | 2.16.98 | 250.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SAEEDA ALAM<br>452 RIVER ROAD<br>NEWBURGH, NY 12550<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>BUSINESSMAN<br>Aggregate Year-to-Date > $ | 2.17.98 | 100.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... 850.00

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

FEC FORM 3

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



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. SHAHERYAR AZHAR<br>220 EAST 65th STREET #2B<br>NEW YORK, NY 10021<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Employer: SELF<br>Occupation: BANKER<br>Aggregate Year-to-Date > $ | 2.17.98 | 150.00 |
| B. MUHAMMAD ILYAS<br>1965 EAST 15th STREET<br>BROOKLYN, NY 11229<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Employer: SELF<br>Occupation: BUSINESSMAN<br>Aggregate Year-to-Date > $ | 2.18.98 | 300.00 |
| C. MUMTAZ LAKHANI, MD<br>63 CARRIAGE ROAD<br>ROSLYN HEIGHTS NY 11577<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Employer: SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.18.98 | 100.00 |
| D. S. AMJAD HUSSAIN, MD<br>2336 MANLEY ROAD<br>MAUMEE, OH. 43537<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Employer: SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.18.98 | 100.00 |
| E. NASIRUDDIN RANA, MD<br>1306 MIDWEST CLUB<br>OAK BROOK, IL 60521<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Employer: SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.19.98 | 100.00 |
| F. SHABBIR CHOUDHARY, MD<br>1707 MIDWEST CLUB<br>OAK BROOK, IL 60523<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Employer: SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.23.98 | 100.00 |
| G. JAVED IQBAL SAQIB, MD<br>685 CONEY ISLAND AVE.<br>BROOKLYN, NY 11218<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Employer: SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.25.98 | 100.00 |

SUBTOTAL of Receipts This Page (optional) ..... 950.00

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. ZUBAIR S. MANSORI, CPA<br>815 ORIENTA AVE. SUITE 2<br>ALTAMONTE SPRINGS, FL 32701<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Name of Employer: SELF<br>Occupation: ACCOUNTANT<br>Aggregate Year-to-Date > $ | 2.26.98 | 100.00 |
| B. MRS. ZUBAIR MANSORI<br>815 ORIENTA AVE SUITE 2<br>ALTAMONTE SPRINGS, FL 32701<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Name of Employer: SELF<br>Occupation: HOUSE WIFE<br>Aggregate Year-to-Date > $ | 2.26.98 | 100.00 |
| C. NAWEED K. MASID<br>16 SUNSET CT.<br>MONTVILLE, NJ 07045<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Name of Employer: SELF<br>Occupation: BUSINESSMAN<br>Aggregate Year-to-Date > $ | 2.28.98 | 100.00 |
| D. SHABBIR SATTAR, MD<br>13222 HANKSHEAD CT.<br>ST. LOUIS, MO 63131<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Name of Employer: SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date > $ | 2.28.98 | 100.00 |
| E. FARHAT ZUBAIR, MD<br>9844 PANGBORN AVE.<br>DOWNEY, CA 90240<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Name of Employer: PHYSICIAN<br>Occupation: ANESTHESIOLOGIST<br>Aggregate Year-to-Date > $ | 2.29.98 | 100.00 |
| F. DURDANA GILANI, MD<br>5605 BURNING TREE DRIVE<br>LA CANADA, CA 91011<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Name of Employer: SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date > $ | 3.1.98 | 100.00 |
| G. MUHIYUDDIN KHALID, MD<br>626 N. 38th STREET<br>BELLEVILLE, IL 62226<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | Name of Employer: SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date > $ | 3.5.98 | 50.00 |

SUBTOTAL of Receipts This Page (optional) > 650.00

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. RIAZ HAIDER, MD, 1140 VARNUM STREET, NE, WASHINGTON DC 20011 — Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date $ | 3.6.98 | 125.00 |
| B. AGHA SHAHID, MD, 2414 KNIGHTS HILL, TOLEDO, OH 43614 — Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date $ | 3.6.98 | 100.00 |
| C. MEHER S. KHAN, MD, 146 MONTGOMERY AVE., BALA CYNWYD, PA 19004 — Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date $ | 3.10.98 | 100.00 |
| D. SALEEM CHOUDHRY, MD, 333 RT. 52, FISHKILL, NY 12524 — Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date $ | 3.10.98 | 100.00 |
| E. MUSHTAQ A. SHEIKH, MD, 1865 L. LATER STREET, ELMIRA, NY 14905 — Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date $ | 3.12.98 | 100.00 |
| F. MOHAMMAD S. BATNA, MD, 7 SANSOUCI DRIVE, SOUTH HADLEY, MA 01075 — Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date $ | 3.16.98 | 100.00 |
| G. SHABBIR HAIDER, MD, 1727 - 27th STREET, PORTSMOUTH, OH 45662 — Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES | SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date $ | 3.17.98 | 100.00 |

**SUBTOTAL** of Receipts This Page (optional) ..... 725.00

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

FE7AN047

**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 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. MOHAMMAD HUSSAIN, MD<br>207 SPARKS AVE.<br>JEFFERSONVILLE, IN 47130<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUE | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 3-18-98 | 100.00 |
| B. ABDUL RAUF, MD<br>851 WEYBRIDGE<br>SPRINGFIELD OH 45503<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUE | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 3-24-98 | 100.00 |
| C. AMRA MAHMOOD<br>655 JOHN STREET<br>TEANECK, NJ 07666<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUE | SELF<br>TECHNOLOGIST<br>Aggregate Year-to-Date > $ | 3-22-98 | 100.00 |
| D. SHAHEEN FAROOQI<br>640 WESTBROOK RD.<br>RIDGEWOOD, NJ 07450<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUE | SELF<br>PHARMACIST<br>Aggregate Year-to-Date > $ | 3-22-98 | 200.00 |
| E. MEHMOOD R. AHMED, MD<br>4 DOGWOOD LANE<br>BOONTON TWSP. NJ 07005-9704<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUE | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 3-22-98 | 100.00 |
| F. ZAFAR ASHRAF NOMANI<br>902 BROADWAY<br>NORWOOD, NJ 07648<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUE | Name of Employer:<br>Occupation: ENGINEER<br>Aggregate Year-to-Date > $ | 3-22-98 | 100.00 |
| G. M. SAJJAD IQBAL, MD<br>735 LINWOOD AVE.<br>RIDGEWOOD, NJ 07450<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUE | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 3-22-98 | 300.00 |

SUBTOTAL of Receipts This Page (optional) ..... 1000.00

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

FE7A/D47

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 10 OF 11

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. S. AMJAD HUSSAIN, MD<br>2836 MANLEY RD<br>MAUMEE, OH 43537<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date $ | 3.26.98 | 250.00 |
| B. ATTIYA KHAN, MD<br>11652 LOG JUMP TRAIL<br>ELLICOTT CITY, MD 21042<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date $ | 3.28.98 | 100.00 |
| C. SHAUKAT M. MALIK<br>12 LAWNGATE CT.<br>POTOMAC, MD 20854<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>CPA<br>Aggregate Year-to-Date $ | 3.29.98 | 100.00 |
| D. JAVED CHOUDRY<br>2572 SUSSEX CT.<br>WALDORF, MD 20602<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>INVESTMENT ADVISOR<br>Aggregate Year-to-Date $ | 3.29.98 | 100.00 |
| E. FAREEDA RIZVI, MD<br>604 SHELLEY ROAD<br>BALTIMORE, MD 21204<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date $ | 3.29.98 | 100.00 |
| F. KHAWAJA ANWAR, MD<br>801 N. GRAND AVENUE #1<br>GAINESVILLE, TX 76240<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date $ | 3.25.98 | 150.00 |
| G. TARIQ MAHMOOD, MD<br>24 SYLVAN WAY<br>SHORT HILLS, NJ 07078<br>Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date $ | 2.23.98 | 100.00 |

SUBTOTAL of Receipts This Page (optional) ..... 900.00

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

FE7AN047

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 11 OF 11

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 |
|---|---|---|---|
| QAIM BASWA, MD<br>104 COUNTRY CREEK CT.<br>BALLWIN, MO 63011<br>Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUE | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date > $ | 3.31.98 | 100.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt this Period** |
| SHIRIN QADIR<br>6721 MARIE CT.<br>BLOOMFIELD HILLS, MI 48301<br>Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUE | SELF<br>BUSINESSWOMAN<br>Aggregate Year-to-Date > $ | 3.29.98 | 100.00 |
| **C. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt this Period** |
| HAMID & SHAHNAZ QURASHI, MD<br>9390 MT. VERNON CIR.<br>ALEXANDRIA, VA 22309<br>Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES | SELF<br>PHYSICIANS<br>Aggregate Year-to-Date > $ | 3.31.98 | 200.00 |
| **D. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt this Period** |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| **E. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt this Period** |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| **F. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt this Period** |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |
| **G. Full Name, Mailing Address and ZIP Code** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount of Each Receipt this Period** |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |

SUBTOTAL of Receipts This Page (optional) > 400.00

TOTAL This Period (last page this line number only) > 8370.00

FE7ANG47

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 4/13/98 |
| ☐ | 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 | 4/16/98 DATE PREPARED |

(4/98)