RECEIVED FEC MAIL CENTER

2009 APR 28 A 11: 26

Denver
Fort Lauderdale
Jacksonville
Los Angeles
Madison
Miami
New York
Orlando
Tallahassee
Tampa
Tysons Corner
Washington, DC
West Palm Beach



420 South Orange Avenue Suite 1200 Orlando, Florida 32801-4904 Post Office Box 231 mail Orlando, Florida 32802-0231 www.akerman.com 407 423 4000 tel 407 843 6610 fax

April 27, 2009

VIA FEDERAL EXPRESS

Federal Election Commission 999 E Street NW Washington, DC 20463

Dear Sir or Madam:

Attached you will find a FEC Form 1 Statement of Organization for Non-Connected Political Action Committee to be named the Sindhi American Political Action Committee.

Should you find the Form 1 incomplete or need additional information, please contact me directly at 407-419-8523.

Thank you for your assistance.

Sincerely,

AKERMAN SENTERFITT

Jon B∕Rawison

Consultant, Policy Practice Group

Enclosure

RECEIVED FEC MAIL CENTER

2009 APR 28 A 11: 26

FORM 1	UHGAN	ZATION		
			<u> </u>	Office Use Only
NAME OF COMMITTEE (in full)	(Chock if name is changed)	Example: If typing, type over the lines.	12FE4M5	5
SINDHI AMERIC	AN POLITICAL A	CTION COMMITTEE	<u>i l l i i</u>	
L	<u> </u>	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
ADDRESS (number and stree	<u> </u>	McDONALD DRIVE	1-1-1-1-	
(Check if address	<u> </u>	<u> </u>		<u> </u>
is changed)	PARADISE V	ALLEY	AZ	85253
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADI	DRESS (Ploase provide only o	one e-mail address)	laghar	iegmail con
(Check if addres			- 0	
is changed)	<u> </u>	<u></u>	1:1::	
COMMITTEE'S WEB PAGE	: ADDRESS (URL)			
(Check if addres	ss Lilia	<u> </u>	<u> </u>	11111111
is changed)	<u> </u>	<u> </u>	<u></u>	
2. DATE Ö 3	111 2009			
	· · · · · · · · · · · · · · · · · · ·			
3. FEC IDENTIFICATIO	N NUMBER C			
4. IS THIS STATEMENT	X NEW (N) O	R AMENDED (A)		
I certify that I have examin	ned this Statement and to the	best of my knowledge and belief	it is true, corre	ct and complete.
Type or Print Name of Trea	MUNAWAR	LAGHARI		
Signature of Treasurer			Date 2	4.3.09
NOTE: Submission of false	erroneous, or incomplete inform	eation may subject the person signing	this Statement	to the penalties of 2 U.S.C. 8437a
		MATION SHOULD BE REPORTED		
Office Uso Only		For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC For	m 1 (Revised 02/2009)	Page 2
TYPE OF Co	OMMITTEE Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	elete the candidate
Name of Candidate		<u> </u>
Candidate Party Affiliation	Office on Sought: House Sonato President	State :
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separato sogregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
<u>-</u>	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
loint Fund	raising Representative:	
_		ro or more political
(g)	This committee collects contributions, pays fundralising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	 A Committee of the second of th
2.	FEC ID number C	and the second s
3.	FEC ID number C	the state of the s
4.		

Sponsor
Sponsor
Sponsor
mmittee
: 1
<u>: 1</u>
i
3,33
ss of
<u> </u>
_

FEC Form 1 (Revised 02/2009)		Page 4
Full Name of			
	QBOOL HALEPOTA, M.D.	<u> </u>	
Mailing Address	16276 NORTH 99TH PLACE	<u> </u>	
	<u> </u>		
	SCOTTSDALE	AZ	85260
	CITY	STATE	ZIP CODE
Title or Position CHAIRMAN	· · · · · · · · · · · · · · · · Telephone nu	mber <u>L</u> i	
Banks or Other Dep safety deposit boxes Name of Bank, Depo		nee deposits	idius, notos accounts, tonts
safety deposit boxes	or maintains funds.	tree deposits	initias, notas accounts, tenta
safety deposit boxes	or maintains funds.	The deposits	Li L
safety deposit boxes Name of Bank, Depo	or maintains funds.	! ! ! !	
safety deposit boxes Name of Bank, Depo	or maintains funds.		2006-
safety deposit boxes Name of Bank, Depo	or maintains funds.	STATE	ZIP CODE
safety deposit boxes Name of Bank, Depo	contraints funds. Selection, etc. Selection of the sele	, N, W	2006
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo	contraints funds. Selection, etc. Selection of the sele	STATE	2006
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo	contraints funds. Selection, etc. Selection of the sele	STATE	2006-
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo	contraints funds. Selection, etc. Selection of the sele	STATE	ZIP CODE
safety deposit boxes Name of Bank, Depo Mailing Address Name of Bank, Depo	contraints funds. Selection, etc. Selection of the sele	STATE	ZIP CODE

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** fed 6x Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **DATE PREPARED**