REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

FEB 3 11 36 AM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Pakistani Physicians Public Affairs Committee

ADDRESS (number and street) ☐ Check if different than previously reported
980 East Street

CITY, STATE and ZIP CODE
Middletown CT 06457

2. FEC IDENTIFICATION NUMBER
C-00-238204

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 Oct 1 96 through Dec 25, 96		
6. (a) Cash on Hand January 1, 1996		$ 13,943.83
(b) Cash on Hand at Beginning of Reporting Period	$ 15,440.05	
(c) Total Receipts (from Line 19)	$ 12,183.87	$ 46,227.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 27,623.92	$ 60,170.91
7. Total Disbursements (from Line 30)	$ 13,589.08	$ 46,136.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 14,034.84	$ 14,034.84
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. TOOR MD

Signature of Treasurer: [signature]

Date: 12/10/96

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)

FESAH068

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM Oct 1 96 TO: Nov 25 96

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)	11,700.00	39,695	11(a)(i)
ii. Unitemized	430	6190	11(a)(ii)
iii. Total (add i and ii) ➤	12,130.00	45,885	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) ➤	12,130.00	45,885	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.)	53.87	342.08	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) ➤	12,183.87	46,227.08	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	12,183.87	46,227.08	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	3489.68	26036.67	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	3489.68	26036.67	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,100	20,100	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) ➤	13,589.68	46,136.67	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	13,589.68	46,136.67	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	12,130.00	45,885.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	12,130.00	45,885.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	3489.68	26036.67	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	3489.68	26036.67	37

FE5AN066

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11

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 Physician 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. Ekram Khan, MD 3006 S. Maryland Parkway #35 Las Vegas NV 89109 Receipt For: [ ] Primary [X] General [X] Other (specify): PaPAC	Self / Physician Aggregate Year-to-Date $ 1665.00	10-1-96	500.00
B. Javed Anwar MD 3006 S. Maryland Parkway #35 Las Vegas NV 89109 Receipt For: [ ] Primary [ ] General [X] Other (specify): PaPAC	Self / Physician Aggregate Year-to-Date $ 1665.00	10.1.96	500.00
C. Husain Malik MD 296 E. Broad St. E. Stroudsburg PA 18301 Receipt For: [ ] Primary [ ] General [X] Other (specify): PaPAC	Self / Physician Aggregate Year-to-Date $ 2590.00	9.12.96	25.00
D. Shahnaz Khan 4310 Grandview Dr. Dade City Fla 33525 Receipt For: [ ] Primary [ ] General [X] Other (specify): PaPAC	Self / Physician Aggregate Year-to-Date $ 3000.00	9.12.96	1500.00
E. Omar or Mekkeen Ahmed 1609 W 40th 203 Pine Bluff AR 71603 Receipt For: [ ] Primary [ ] General [X] Other (specify): PaPAC	Self / Physician Aggregate Year-to-Date $ 625.00	9.13.96	25.00
F. Shaukat Nawaz Khan 527 Longden Drive Cherryville PA 18035 Receipt For: [ ] Primary [ ] General [X] Other (specify): PaPAC	Self / Physician Aggregate Year-to-Date $ 375.00	9.13.96	25.00
G. Mohammad Naseem Suleman 14 Guadalupe Ct Kenner LA 70062 Receipt For: [ ] Primary [ ] General [X] Other (specify): PaPAC	Self / Physician Aggregate Year-to-Date $ 525.00		25.00

SUBTOTAL of Receipts This Page (optional) 2600

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

FE5AN000

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 11

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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 Aslam, 1118 James St, Somerset PA 15501	Self. / Physician	9.16.96	25.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date > $ 440.00		
B. Abdul Rauf, 3000 Connecticut Ave NW, Washington DC 20008	Self / Physician	9.17.96	25.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date > $ 255.00		
C. Dr. Bilal Shahzad Malik, 3030 W 40th, Pine Bluff AR 71603	Self / Physician	9.20.96	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date > $ 500.00		
D. Fawad Walajari, 2507 Sheffield Dr, Pine Bluff AR 71603	Self / Physician	9.20.96	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date > $ 500.00		
E. Shafqat/Sameena Hussain, 5608 Hampton Parkway, Pine Bluff AR 71603	Self / Physician	9.20.96	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date > $ 500.00		
F. Khalid Mahmood MD, 2500 Forrest Knoll, Pine Bluff AR 71603	SELF / Physician	9.20.96	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date > $ 500.00		
G. Omar/Mehreen Atif, 1609 W 40th 203, Pine Bluff AR 71603	Self / Physician	9.21.96	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date > $ 1125.00		

SUBTOTAL of Receipts This Page (optional) 2550.00

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

FEDAN086

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 11

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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. Shabbir Dharamsey MD, 6304 Ridgewood Drive, Pine Bluff AR 71603	Self / Physician	9-23-96	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date $ 500.00		
B. Syed / Ayesha Samad, 2302 Sheffield Dr., Pine Bluff AR 71603	Self / Physician	9-23-96	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPAC	Aggregate Year-to-Date $ 500.00		
C. Mohammed Arain MD, 588 South Path, Oak Brook IL 60521-8	Self / Physician	9-30-96	2500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPAC	Aggregate Year-to-Date $ 3185.00		
D. Waheed / Rana Akbar MD, 4701 Towne Ctr 303-304, Saginaw MI 48604	Self / Physician	10-16-96	200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date $ 2565.00		
E. Arif Muslim MD, 454 River Road, Newburgh NY 12550	Self. / Physician	10-9-96	25.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAPPAC	Aggregate Year-to-Date $ 1125.00		
F. Mohammad Idress, 114 Wreck Lane, Monroeville PA 15146	Self / Physician	10-3-96	250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PapPac	Aggregate Year-to-Date $ 250.00		
G. Muhammad Mushtaq, 2557 Rue Bienville, Danville IL 61832	Self / Physician	10-4-96	400.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 685.00		

SUBTOTAL of Receipts This Page (optional) 4375

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

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
Pakistani American Physicians Related Affairs Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kasim Astraf, 109 Salix Court, Roseburg OR 97470	Self / Physician	10-8-96	500
Receipt For: Primary / General / Other (specify): PaPac	Aggregate Year-to-Date $ 1165.00		
B. Kasim Astraf, 109 Salix Court, Roseburg OR 97470	Self / Physician	10.8.96	125.00
Receipt For: Primary / General / Other (specify): PaPac	Aggregate Year-to-Date $ 250.00		
C. Jamal Khan MD, 1 Partridge Drive, Charleston WV 25311	Self / Physician	10.7.96	1000.00
Receipt For: Primary / General / Other (specify): PaPac	Aggregate Year-to-Date $ 1000.00		
D. Zubair Usmani CPA, 815 Orienta Ave Suite 2, Altamonte Springs FL 32701	Self / CPA	10.11.96	250.00
Receipt For: Primary / General / Other (specify): PaPac	Aggregate Year-to-Date $ 600		
E. Saeed Bajwa MD, 46 Harrison St, Johnson City NY 13790	Self / Physician	11.7.96	300.00
Receipt For: Primary / General / Other (specify): PaPac	Aggregate Year-to-Date $ 385.00		
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) 2175

TOTAL This Period (last page this line number only) 11700

PE5AH05B

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full): Pakistan Tim Physicians Public Affairs Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Winston Bryant for Senate P.O. Box 34083 Little Rock AR 72203	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10.10.96	3,500.00
B. Full Name, Mailing Address and ZIP Code Friends of Dick Durbin P.O. Box 7949 Springfield IL 62705	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10.10.96	2500.00
C. Full Name, Mailing Address and ZIP Code Bill Paxon for Congress Icamoridge Place Rochester NY 14534	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10.23.96	2600.00
D. Full Name, Mailing Address and ZIP Code Kathy Karpin for Senate 1807 Capitol #100 PO Box 522 Cheyne WY 82003	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10.30.96	1500.00
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)	10,100
TOTAL This Period (last page this line number only)	10,100.

FE5AN088

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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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. Town & Country Office Svcs, 1792 SE Hamilton, Roseburg OR 97470	Tele Fax Mail; Disbursement for: Primary / General / Other (specify) [X]	10.10.96	900.00
B. Jim Bates, Rt. 2 Box 85, Homedale ID 83628	Consultant Fee; Disbursement for: Primary / General / Other (specify) [X]	11.1.96	1098.00
C. Kimberly Superby, 50 Country Lane, Meriden CT 06451	Book Keeping; Disbursement for: Primary / General / Other (specify) [X]	11.1.96	100.00
D. Town & Country Office Svc, 1792 SE Hamilton, Roseburg OR 97470	Tele/Fax/Post; Disbursement for: Primary / General / Other (specify) [X]	11.6.96	684.26
E. Town & Country Office Svc, 1792 SE Hamilton, Roseburg OR 97470	Tele Fax Post; Disbursement for: Primary / General / Other (specify) [X]	11.6.96	707.42
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) 3489.68

TOTAL This Period (last page this line number only) 3489.68

FE6ANG99

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 2-3-97
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☑	Received from the House Office of Records and Registration	DATE OF RECEIPT 2-3-97
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SES
PREPARER

2-3-97
DATE PREPARED

FEC FORM 70-2 (12/92)