REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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
981 East Street

CITY, STATE and ZIP CODE
Middletown CT 06457

2. FEC IDENTIFICATION NUMBER
C-00238201

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 July 1 through September 30, 1996		
6. (a) Cash on Hand January 1, 19 96		$ 13,943.83
(b) Cash on Hand at Beginning of Reporting Period	$ 6582.73	
(c) Total Receipts (from Line 19)	$ 14625.60	$ 34,043.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 21,208.33	$ 47987.04
7. Total Disbursements (from Line 30)	$ 5768.28	$ 32,546.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15,440.05	$ 15,440.05
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.

Signature of Treasurer: [signature] Date: 10/14/96

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)

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

(revised 1/1/91)

COMMITTEE: Pakistani American Physicians Public Affairs Committee

REPORT COVERING PERIOD FROM July 1, 1996 TO: Sept. 30, 1996

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10,030.00	27,995	11(a)(i)
ii. Unitemized	4465.00	5760.00	11(a)(ii)
iii. Total (add i and ii) ➤	14495.00	33,755.00	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) ➤	14,495.00	33,755.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0		12
13. All Loans Received	0		13
14. Loan Repayments Received	0		14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0		15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0		16
17. Other Federal Receipts (Dividends, Interest, etc.)	130.60	288.21	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) ➤	14625.60	34,043.21	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14625.60	34,043.21	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0		21(a)(i)
ii. Non-Federal Share	0		21(a)(ii)
b. Other Federal Operating Expenditures	5768.28	22,546.99	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	5768.28	22,546.99	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	10,200.00	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		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) ➤	5768.28	32,546.99	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5768.28	32,546.99	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,495.00	33,755.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,495.00	33,755.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	5768.28	22,546.99	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	5768.28	22,546.99	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11a.i

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Arif/Nasim Toor MD 981 EAST STREET MIDDLETOWN CT 06457 Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Name of Employer: SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date: $ 1,000.00	7.18.96	1,000.00
B. Arif Toor MD 981 EAST Street MIDDLETOWN CT 06457 Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Name of Employer: SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date: $ 1,065.00	7.18.96	65.00
C. Amanullah Khan MD Phd 5959 Harry Hine #620 Dallas TX 75235 Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Name of Employer: SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date: $ 330.00	6.5.96	165.00
D. Abdul Rauf MD 3000 Connecticut Ave NW Washington DC 20008 Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Name of Employer: SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date: $ 230.00	7.15.96	230.00
E. Parvez Shah, MD 4405 Dustin Rd Burtonsville MD 20866 Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Name of Employer: Self Employed Occupation: Physician Aggregate Year-to-Date: $ 755.00	8.12.96	25.00
F. Naved Musharaf, MD 712 Midwest Club OAKBROOK IL 60521 Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Name of Employer: SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date: $ 240.00	8.2.96	75.00
G. Saleem Khan, MD 8071 Floss Lane E. Amherst NY 14051 Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Name of Employer: Self Employed Occupation: Physician Aggregate Year-to-Date: $ 270.00	8.3.96	270.00

SUBTOTAL of Receipts This Page (optional) 1830.00

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

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EDULE A — ITEMIZED RECEIPTS

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

PAGE 2 OF 13

FOR LINE NUMBER 11a.1

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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	Date (month, day, year)	Amount of Each Receipt this Period
M. Jafar Shah, MD 4 Natoma Drive Oakbrook IL 60521	SELF EMPLOYED	4.6.96	250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAPAC	Occupation: Physician Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Javaid Anwar MD 3006 S. Maryland Parkway #315 Las Vegas NV 89109	SELF EMPLOYED	5.28.96	65.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAPAC	Occupation: Physician Aggregate Year-to-Date > $ 1165.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ihram Khan, MD 3006 S Maryland Parkway #315 Las Vegas NV 89109	Self Employed	5.28.96	65.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAPPAC	Occupation: Physician Aggregate Year-to-Date > $ 1165.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nasim Ashraf, MD 139 Salix Court Roseburg OR 97470	SELF EMPLOYED	7.5.96	$ 65.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAPPAC	Occupation: Physician Aggregate Year-to-Date > $ 865.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Parvez Shah, MD 4405 Dustin Road Burtonville MD 20866	SELF EMPLOYED	7.9.96	250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PA-PAC	Occupation: Physician Aggregate Year-to-Date > $ 750.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wali Khan, MD 11310 Grandview Drive Dade City FL 33525	Self Employed	7.13.96	3,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAPPAC	Occupation: Physician Aggregate Year-to-Date > $ 3500.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hussain Malik, MD 296 East Brown St. E. Stroudsburg PA 18301	SELF EMPLOYED	7.11	2,500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): PAP PAC	Occupation: Physician Aggregate Year-to-Date > $ 2500.00		

TOTAL of Receipts This Page (optional) > 6175.00

TAL This Period (last page this line number only) >

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CHEDULE A **ITEMIZED RECEIPTS**

for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11a.c

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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. APPNA, 4701 TOWNE CENTER #303, Saginaw MI 48603		8-3-96	340.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Aggregate Year-to-Date $ 340.00		
B. Muhammad Mushtaq, 2557 Rue Brenville, Danville IL 61832	Self Employed / Physician	8-3-96	85.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Aggregate Year-to-Date $ 285.00		
C. Muhammad M. Haque MD, 113-4 Jewel Avenue, Queens NY 11375	Self Employed / Physician	8-15-96	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Aggregate Year-to-Date $ 500.00		
D. Arif Muslim, MD, 454 River Road, Newburgh NY 12550	Self Employed / Physician	9-1-96	1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Aggregate Year-to-Date $ 1,100.00		
E. Muhammad Haque, MD, 113-4 Jewel Ave, Queens NY 11375	Self Employed / Physician	8-3-96	100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAP PAC	Aggregate Year-to-Date $ 600.00		
F.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 2025.00

TOTAL This Period (last page this line number only) 10,030.00

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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 21b

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NAME OF COMMITTEE (In Full)

Pakistani American Physician Public Affairs Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. APPNA 6414 S. Cass Avenue West Mont IL 60554	Publication/Postage Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	7.17.96	30.00
B. Town + Country Office Services 1792 SE Hamilton Roseburg OR 97470	Tele/Fax/Postage/Office Svs. Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	7.27.96	587.09
C. Jim Bates Rt 2. Box 85 Homedale ID 83628	Consulting Fee Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	8.1.96	1098.00
D. Kimberly Sweeney 35 Country Lane Meriden CT 06451	Bookkeeping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8.1.96	100.00
E. Kimberly Sweeney 55 Country Lane Meriden CT 06451	Bookkeeping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9.1.96	100.00
F. Arif Toor MD 981 EAST ST Middletown CT 06457	Postage/Stationary Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9.10.96	420.55
G. Jim Bates Rt 2 Box 85 Homdale ID 83628	Consulting Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9.23.96	1098.00
H. Town + Country Office Services 1792 SE Hamilton Roseburg OR 97470	Tele fax postage off. Svs Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9.23.96	541.12
I. Town + Country Office Services 1792 SE Hamilton Roseburg OR 97470	Tele fax Postage off Svs. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9.23.96	388.22

SUBTOTAL of Disbursements This Page (optional) 4362.98

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

4/1/95

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Pakistani American Physicians Public Affairs Committee

A. Full Name, Mailing Address and ZIP Code Barney's Shirt & Trophies 565 NE Chestnut Ave Roseburg OR 97470	Purpose of Disbursement Awards Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9.23.96	Amount of Each Disbursement This Period 207.30
B. Full Name, Mailing Address and ZIP Code Jim Bates Rt 2 Box 85 Homedale ID 83628	Purpose of Disbursement Consulting fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9.30.96	Amount of Each Disbursement This Period 1098.00
C. Full Name, Mailing Address and ZIP Code Kimberly Sweeney 55 Country Lane Meriden CT 06451	Purpose of Disbursement Bookkeeping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9.30.96	Amount of Each Disbursement This Period 100.00
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) 1405.30

TOTAL This Period (last page this line number only) 5768.28

1/1/96

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 10-14-96
☐	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

MW — PREPARER

10-18-96 — DATE PREPARED

FEC FORM 70-2 (12/92)