



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="16554.17"/>	<input type="text" value="16554.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16554.17"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36040.00"/>	<input type="text" value="36040.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52594.17"/>	<input type="text" value="52594.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37180.27"/>	<input type="text" value="37180.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15413.90"/>	<input type="text" value="15413.90"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35910.00	35910.00
(ii) Unitemized .....	130.00	130.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36040.00	36040.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36040.00	36040.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	36040.00	36040.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36040.00	36040.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	14180.27	14180.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14180.27	14180.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	23000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37180.27	37180.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37180.27	37180.27

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36040.00	36040.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36040.00	36040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14180.27	14180.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14180.27	14180.27

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. ZAHEER AHMED**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 NICOLE LANE

City GROTON State MA Zip Code 01450

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : SA11AI.4167**

Amount of Each Receipt this Period  
 250.00

**B. MOHAMMED M AKBAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1817 RIDGEWOOD ROAD

City ORWIGSBURG State PA Zip Code 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2015

**Transaction ID : SA11AI.4130**

Amount of Each Receipt this Period  
 1000.00

**C. MOHAMMED M AKBAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1817 RIDGEWOOD ROAD

City ORWIGSBURG State PA Zip Code 17961

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : SA11AI.4178**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. MUHAMMAD JAVED AKHTAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 195 PLEASANT STREET  
 STE 2  
 City BRADFORD State PA Zip Code 16701  
 Name of Employer SELF Occupation ENT OTOLARYNGOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2015  
**Transaction ID : SA11AI.4158**  
 Amount of Each Receipt this Period 1000.00

**B. SYED ALI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 CHATEAU LATOUR  
 City KENNER State LA Zip Code 70065  
 Name of Employer CAVIUM NETWORK Occupation FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2015  
**Transaction ID : SA11AI.4140**  
 Amount of Each Receipt this Period 250.00

**C. MOHAMMAD AFZAL ARAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 W YOSEMITE AVENUE  
 City MADERA State CA Zip Code 93637  
 Name of Employer SELF Occupation SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2015  
**Transaction ID : SA11AI.4156**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. HENRY W BASHORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7849 FAIR OAKS AVE  
 City DALLAS State TX Zip Code 75231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEPHENS Occupation FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 17 / 2015**  
**Transaction ID : SA11AI.4147**  
 Amount of Each Receipt this Period **500.00**

**B. NAJAM BHATTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 ACADIA STREET  
 City KENNER State LA Zip Code 70065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAHMAN AND ASSOCIATES Occupation OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 11 / 2015**  
**Transaction ID : SA11AI.4125**  
 Amount of Each Receipt this Period **2000.00**

**C. TARIQ BUTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1322 S. PLYMOUTH COURT  
 City CHICAGO State IL Zip Code 60605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 15 / 2015**  
**Transaction ID : SA11AI.4142**  
 Amount of Each Receipt this Period **2000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **4500.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. SHAFQUAT CHAUDHARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 SOUNDVIEW DRIVE  
 City BAYVILLE State NY Zip Code 11709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ELITE LIMOUSINE Occupation OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : SA11AI.4196**  
 Amount of Each Receipt this Period  
**500.00**

**B. HAFEEZ CHOUDHARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 HREN COURT  
 City DIX HILLS State PA Zip Code 11746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHIELDING SPECIALTIES, LLC. Occupation MANAGING PARTNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : SA11AI.4194**  
 Amount of Each Receipt this Period  
**500.00**

**C. MUBASHAR CHUGHTAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 GRANT AVENUE  
 City DUQUESNE State PA Zip Code 15110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : SA11AI.4169**  
 Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2000.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE State PA Zip Code 15668

FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC Occupation PRACTICE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : SA11AI.4108**

Amount of Each Receipt this Period  
 250.00

**B. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE State PA Zip Code 15668

FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC Occupation PRACTICE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period  
 100.00

**C. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE State PA Zip Code 15668

FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC Occupation PRACTICE MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : SA11AI.4110**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE	State PA	Zip Code 15668
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FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation PRACTICE MANAGER
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 07 / 2015**

**Transaction ID : SA11AI.4121**

Amount of Each Receipt this Period  
**250.00**

**B. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE	State PA	Zip Code 15668
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FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation PRACTICE MANAGER
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 07 / 2015**

**Transaction ID : SA11AI.4122**

Amount of Each Receipt this Period  
**100.00**

**C. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE	State PA	Zip Code 15668
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FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation PRACTICE MANAGER
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **970.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2015**

**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. RIFFAT CHUGHTAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4306 MICHAEL COURT  
 City MURRAYSVILLE State PA Zip Code 15668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPMC Occupation PRACTICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1070.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2015  
**Transaction ID : SA11AI.4174**  
 Amount of Each Receipt this Period  
 100.00

**B. RIFFAT CHUGHTAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4306 MICHAEL COURT  
 City MURRAYSVILLE State PA Zip Code 15668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPMC Occupation PRACTICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : SA11AI.4181**  
 Amount of Each Receipt this Period  
 100.00

**C. RIFFAT CHUGHTAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4306 MICHAEL COURT  
 City MURRAYSVILLE State PA Zip Code 15668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPMC Occupation PRACTICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2015  
**Transaction ID : SA11AI.4182**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE	State PA	Zip Code 15668
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FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation PRACTICE MANAGER
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1670.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

**Transaction ID : SA11AI.4188**

Amount of Each Receipt this Period  
250.00

**B. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE	State PA	Zip Code 15668
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FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation PRACTICE MANAGER
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1770.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2015

**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  
100.00

**C. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE	State PA	Zip Code 15668
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation PRACTICE MANAGER
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2020.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

**Transaction ID : SA11AI.4213**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE	State PA	Zip Code 15668
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation PRACTICE MANAGER
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
100.00

**B. RIFFAT CHUGHTAI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4306 MICHAEL COURT

City MURRAYSVILLE	State PA	Zip Code 15668
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer UPMC	Occupation PRACTICE MANAGER
--------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : SA11AI.4215**

Amount of Each Receipt this Period  
250.00

**C. FAIZAN M HAQ**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 BOBBIE LANE

City WILLIAMSVILLE	State NY	Zip Code 14221
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BUFFALO STATE UNIVERSITY OF NY	Occupation LECTURER
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2015

**Transaction ID : SA11AI.4134**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. JAWAD U HASNAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5931 CLIFTON OAKS DRIVE  
 City CLARKSVILLE State MD Zip Code 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation ANESTHESIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2015  
**Transaction ID : SA11AI.4136**  
 Amount of Each Receipt this Period  
 500.00

**B. YASMIN HAYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 OAK CREST DRIVE  
 City SOUTH HUNTINGTON State NY Zip Code 11746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2015  
**Transaction ID : SA11AI.4198**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. DEAN N INNOVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2295 FIELDSTONE DRIVE STE 120  
 City LINCOLN State CA Zip Code 95648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INNOVA PERIODONTICS Occupation DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2015  
**Transaction ID : SA11AI.4113**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. ZEB A JAFRI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 CENTRE STREET  
 City DOVER State MA Zip Code 02030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DOVER RUG COMPANY Occupation OWNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : SA11AI.4202**  
 Amount of Each Receipt this Period  
**500.00**

**B. JALIL KHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 NORTH VALLEY PARKWAY STE 1  
 City LEWISVILLE State TX Zip Code 75067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INTERNAL MEDICINE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : SA11AI.4103**  
 Amount of Each Receipt this Period  
**250.00**

**C. JALIL KHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 NORTH VALLEY PARKWAY STE 1  
 City LEWISVILLE State TX Zip Code 75067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation INTERNAL MEDICINE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : SA11AI.4105**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
08 / 07 / 2015  
Transaction ID : SA11AI.4119

Amount of Each Receipt this Period  
100.00

**B. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
08 / 07 / 2015  
Transaction ID : SA11AI.4120

Amount of Each Receipt this Period  
250.00

**C. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
08 / 14 / 2015  
Transaction ID : SA11AI.4129

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2015

**Transaction ID : SA11AI.4171**

Amount of Each Receipt this Period  
 250.00

**B. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2015

**Transaction ID : SA11AI.4172**

Amount of Each Receipt this Period  
 100.00

**C. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : SA11AI.4179**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt  
10 / 07 / 2015  
Transaction ID : SA11AI.4180

Amount of Each Receipt this Period  
100.00

**B. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt  
11 / 07 / 2015  
Transaction ID : SA11AI.4186

Amount of Each Receipt this Period  
250.00

**C. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
11 / 07 / 2015  
Transaction ID : SA11AI.4187

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
12 / 07 / 2015  
Transaction ID : SA11AI.4211

Amount of Each Receipt this Period  
250.00

**B. JALIL KHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 NORTH VALLEY PARKWAY  
STE 1

City LEWISVILLE State TX Zip Code 75067

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INTERNAL MEDICINE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3350.00

Date of Receipt  
12 / 07 / 2015  
Transaction ID : SA11AI.4212

Amount of Each Receipt this Period  
100.00

**C. KHALIL KHATRI**  
Full Name (Last, First, Middle Initial)

Mailing Address 74 ALLDS STREET

City NASHUA State NH Zip Code 03060

FEC ID number of contributing federal political committee. **C**

Name of Employer SKIN AND LASER SURGERY CTR NE Occupation DERMATOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
09 / 03 / 2015  
Transaction ID : SA11AI.4152

Amount of Each Receipt this Period  
500.00

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

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. SALMAN A MALIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 WELCH ROAD  
 City LONDONDERRY State NH Zip Code 03053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2015  
**Transaction ID : SA11AI.4117**  
 Amount of Each Receipt this Period  
 2000.00

**B. SALMAN A MALIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 WELCH ROAD  
 City LONDONDERRY State NH Zip Code 03053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : SA11AI.4175**  
 Amount of Each Receipt this Period  
 500.00

**C. SALMAN A MALIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 WELCH ROAD  
 City LONDONDERRY State NH Zip Code 03053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2015  
**Transaction ID : SA11AI.4176**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. SALMAN A MALIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 WELCH ROAD  
 City LONDONDERRY State NH Zip Code 03053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : SA11AI.4200**  
 Amount of Each Receipt this Period  
 250.00

**B. SALMAN A MALIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 WELCH ROAD  
 City LONDONDERRY State NH Zip Code 03053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : SA11AI.4201**  
 Amount of Each Receipt this Period  
 100.00

**C. SALMAN A MALIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 WELCH ROAD  
 City LONDONDERRY State NH Zip Code 03053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : SA11AI.4218**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. AVAIS MASUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 KOALA COURT  
 City COLTS NECK State NJ Zip Code 07722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHORE NEPHROLOGY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2015  
**Transaction ID : SA11AI.4204**  
 Amount of Each Receipt this Period  
**500.00**

**B. SHAHID MEHMOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 164 PLAINVIEW ROAD  
 City WOODBURY State NY Zip Code 11797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STS CONTRACTORS Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2015  
**Transaction ID : SA11AI.4184**  
 Amount of Each Receipt this Period  
**300.00**

**C. ANWAR A MOHAMMED-VIRANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1497 HUNTERS MILL PLACE  
 City OVIEDO State FL Zip Code 32765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORAY INVESTMENTS, LLC Occupation MANAGING MEMBER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2015  
**Transaction ID : SA11AI.4132**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. PERVEZ MUSSARAT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5784 MEDICAL ARTS PLAZA  
 STE A  
 City HAMMOND State LA Zip Code 70403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2015  
**Transaction ID : SA11AI.4127**  
 Amount of Each Receipt this Period  
 1000.00

**B. HANADI NADEEM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9141 GOLDEN EAGLE DRIVE  
 City LAS VEGAS State NV Zip Code 89134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOMEMAKER/COMMUNITY LEADER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2015  
**Transaction ID : SA11AI.4216**  
 Amount of Each Receipt this Period  
 500.00

**C. SYED NAQVI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1870 BEACH BOULEVARD  
 City BILOXI State MS Zip Code 39531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : SA11AI.4163**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. MOHAMMAD N QURESHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8800 OAK LANDINGS COURT  
 City ORLANDO State FL Zip Code 32836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FLORIDA PSYCHIATRIC CENTER Occupation PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : SA11AI.4151**  
 Amount of Each Receipt this Period  
 750.00

**B. NAGHMAN QURESHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4824 WATERWITCH POINT DRIVE  
 City EDGEWOOD State FL Zip Code 32806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONWAY DENTAL CARE Occupation DENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.4123**  
 Amount of Each Receipt this Period  
 500.00

**C. LUBNA RAHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 DOMINION DRIVE  
 City PITTSBURGH State PA Zip Code 15241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : SA11AI.4154**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. RAFIQ U RAHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 BRIARWOOD CIRCLE

City ELIZABETHTOWN State KY Zip Code 42701

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation HEMATOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2015  
**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  
 250.00

**B. TARIQ RAHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 CUMMINGS LANE

City HOLLIS State NH Zip Code 03049

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation NEUROLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : SA11AI.4165**

Amount of Each Receipt this Period  
 500.00

**C. BABAR RAO**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38TH STREET  
APT 12E

City NEW YORK State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2015  
**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. BABAR RAO**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38TH STREET  
APT 12E

City NEW YORK State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
12 / 07 / 2015  
Transaction ID : SA11AI.4209

Amount of Each Receipt this Period  
1000.00

**B. BABAR RAO**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 E 38TH STREET  
APT 12E

City NEW YORK State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
12 / 07 / 2015  
Transaction ID : SA11AI.4210

Amount of Each Receipt this Period  
1000.00

**C. ASIF REHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 ROUTE 106

City MUTTONTOWN State NY Zip Code 11753

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 03 / 2015  
Transaction ID : SA11AI.4192

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. MUSHTAQ SHEIKH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 ESTATES DRIVE  
 City ELMIRA State NY Zip Code 14903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : SA11AI.4161**  
 Amount of Each Receipt this Period  
 1000.00

**B. MOHAMMED SULEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 GUADALUPE STREET  
 City KENNER State LA Zip Code 70065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation VASCULAR SURGEON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2015  
**Transaction ID : SA11AI.4115**  
 Amount of Each Receipt this Period  
 1000.00

**C. HASAN USMANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 GREEN STREET  
 City BOYLSTON State MA Zip Code 01505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AXIM SYSTEMS, INC. Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2015  
**Transaction ID : SA11AI.4144**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

**A. MUHAMMAD A YASIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 CHALSTROM DRIVE  
 City NEW ORLEANS State LA Zip Code 70123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015  
**Transaction ID : SA11AI.4106**  
 Amount of Each Receipt this Period  
 1000.00

**B. MUHAMMAD A YASIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 CHALSTROM DRIVE  
 City NEW ORLEANS State LA Zip Code 70123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015  
**Transaction ID : SA11AI.4160**  
 Amount of Each Receipt this Period  
 250.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35910.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

Full Name (Last, First, Middle Initial)

**A. ASSOCIATION OF PHYSICIANS OF PAKISTANI DESCENT OF NORTH AMERICA**

Mailing Address 6414 S. CASS AVENUE

City WESTMONT State IL Zip Code 60559

Purpose of Disbursement  
MEETING ROOM RENTAL

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Transaction ID : SB21B.4269

Amount of Each Disbursement this Period

3	0	4	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ASSOCIATION OF PHYSICIANS OF PAKISTANI DESCENT OF NORTH AMERICA**

Mailing Address 6414 S. CASS AVENUE

City WESTMONT State IL Zip Code 60559

Purpose of Disbursement  
MEETING ROOM RENTAL

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	5

Transaction ID : SB21B.4268

Amount of Each Disbursement this Period

2	4	4	1	3	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MOONCLERK, LLC.**

Mailing Address 1040 W. WASHINGTON STREET

City GREENVILLE State SC Zip Code 29601

Purpose of Disbursement  
CREDIT CARD TRANSACTION PROCESSING FEE- CUMULATIVE FEE  
FOR MONTH OF SEPTEMBER 2015

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Transaction ID : SB21B.4293

Amount of Each Disbursement this Period

1	8	4	8	8
---	---	---	---	---

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

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

5	6	6	6	1	9
---	---	---	---	---	---

5	6	6	6	1	9
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

Full Name (Last, First, Middle Initial)

**A. MOONCLERK, LLC.**

Mailing Address 1040 W. WASHINGTON STREET

City GREENVILLE State SC Zip Code 29601

Purpose of Disbursement  
CREDIT CARD TRANSACTION PROCESSING FEE- CUMULATIVE FEE  
FOR MONTH OF OCTOBER 2015  
Candidate Name

001

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2015

Transaction ID : SB21B.4294

Amount of Each Disbursement this Period

22.38

Full Name (Last, First, Middle Initial)

**B. MOONCLERK, LLC.**

Mailing Address 1040 W. WASHINGTON STREET

City GREENVILLE State SC Zip Code 29601

Purpose of Disbursement  
CREDIT CARD TRANSACTION PROCESSING FEE- CUMULATIVE FEE  
FOR MONTH OF NOVEMBER 2015  
Candidate Name

001

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : SB21B.4295

Amount of Each Disbursement this Period

22.38

Full Name (Last, First, Middle Initial)

**C. MOONCLERK, LLC.**

Mailing Address 1040 W. WASHINGTON STREET

City GREENVILLE State SC Zip Code 29601

Purpose of Disbursement  
CREDIT CARD TRANSACTION PROCESSING FEE- CUMULATIVE FEE  
FOR MONTH OF DECEMBER 2015  
Candidate Name

001

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : SB21B.4297

Amount of Each Disbursement this Period

143.38

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

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

188.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

Full Name (Last, First, Middle Initial)

**A. PA CAPITAL VENTURES, LLC.**

Mailing Address 1200 E HIGH STREET  
STE 300

City POTTSTOWN State PA Zip Code 19464

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2015

Transaction ID : SB21B.4265

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. PA CAPITAL VENTURES, LLC.**

Mailing Address 1200 E HIGH STREET  
STE 300

City POTTSTOWN State PA Zip Code 19464

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : SB21B.4264

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. PA CAPITAL VENTURES, LLC.**

Mailing Address 1200 E HIGH STREET  
STE 300

City POTTSTOWN State PA Zip Code 19464

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

Transaction ID : SB21B.4263

Amount of Each Disbursement this Period

1500.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

Full Name (Last, First, Middle Initial)

**A. PA CAPITAL VENTURES, LLC.**

Mailing Address 1200 E HIGH STREET  
STE 300

City POTTSTOWN State PA Zip Code 19464

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

Transaction ID : SB21B.4262

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. AKHTAR QURESHI Esq.**

Mailing Address 1115 BROADWAY  
12TH FLOOR

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : SB21B.4266

Amount of Each Disbursement this Period

280.00
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1780.00
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**TOTAL** This Period (last page this line number only)..... ▶

14134.33
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PUBLIC AFFAIRS COMMITTEE PAK-PAC**

Full Name (Last, First, Middle Initial)

**A. BOB CASEY FOR SENATE**

Mailing Address PO BOX 58746

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : SB23.4229

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BOB CASEY FOR SENATE**

Mailing Address PO BOX 58746

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : SB23.4300

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR TURNER**

Mailing Address 120 W 2ND STREET  
STE 1510

City DAYTON State OH Zip Code 45402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**CITIZENS FOR TURNER**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 10

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

Transaction ID : SB23.4223

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PAKISTANI AMERICAN PUBLIC AFFAIRS COMMITTEE PAK-PAC**

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR TURNER**

Mailing Address 120 W 2ND STREET  
STE 1510

City DAYTON State OH Zip Code 45402

Purpose of Disbursement

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: OH District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2015

Transaction ID : SB23.4301

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. SHAHEEN FOR SENATE**

Mailing Address 105 N STATE STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement

011

Candidate Name

**SHAHEEN FOR SENATE**

Office Sought:  House  
 Senate  
 President  
State: NH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2015

Transaction ID : SB23.4226

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TED DEUTCH FOR CONGRESS**

Mailing Address 1050 17TH ST  
STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

011

Candidate Name

**TED DEUTCH FOR CONGRESS**

Office Sought:  House  
 Senate  
 President  
State: FL District: 21

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2015

Transaction ID : SB23.4232

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

