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
7350 VAN DUSEN ROAD - STE- 420-A

CITY, STATE and ZIP CODE
LAUREL, MD - 20707

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
APR 15 9 36 AM '99

2. FEC IDENTIFICATION NUMBER
C00-238-204

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

4. TYPE OF REPORT

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 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 JAN 1, 1999 through MARCH 31, 1999		
6. (a) Cash on Hand January 1, 1999		$ 6890.75
(b) Cash on Hand at Beginning of Reporting Period	$ 6890.75	
(c) Total Receipts (from Line 19)	$ 8627.00	$ 8627.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1736.25	$ 1736.25
7. Total Disbursements (from Line 30)	$ 2594.14	$ 2594.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 857.89	$ 857.89
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
DR. ARIF MUSLIM

Signature of Treasurer
for Dr Muslim
Ex. Secretary/PAC PAC

Date
4/13/99

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)

FEGAN136

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

(revised 1/1/91)

NAME OF COMMITTEE: PAKISTAN AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

REPORT COVERING PERIOD FROM JAN 1 TO MARCH 31, 1999

	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)	8627.00	8627.00	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) ➤	8627.00	8627.00	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) ➤	8627.00	8627.00	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.)	0	0	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) ➤	8627.00	8627.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8627.00	8627.00	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	2594.14	2594.14	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2594.14	2594.14	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	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) ➤	2594.14	2594.14	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2594.14	2594.14	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8627.00	8627.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8627.00	8627.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2594.14	2594.14	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2594.14	2594.14	37

FE7A/HC47

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): PAKISTAN AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM BATES 7350 VAN DUSEN RD #420 LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2.1.99	2000-00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS P.O. BOX 332 MEMPHIS TN 38194-4241	OVERNIGHT LETTER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2.10.99	6.71
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PITNEY BOWES INC P.O. BOX 85390 LOUISVILLE, KY 40283-5390	RENT CHARGES FOR POSTAGE MACHINE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2.10.99	69.13
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US POSTAL SERVICE P.O. BOX 7247-0166 PHILADELPHIA, PA 19170-0166	REFUND OF BULK RATE PERMIT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2.16.99	100-00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAPITOL ADVANTAGE P.O. BOX 2018 MERRIFIELD, VA 22116-2018	COPY OF CONGRESSIONAL DIRECTORY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2.16.99	13.95
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
US POSTAL SERVICE P.O. BOX 7247-0166 PHILADELPHIA, PA 19170-0166	FOR POSTAGE STAMPS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2.18.99	100-00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPRINT P.O. BOX 85390 LOUISVILLE, KY 40283-5390	TELEPHONE & FAX BILL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3.8.99	141.38
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPRINT P.O. BOX 85390 LOUISVILLE	TEL & FAX BILL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2.10.99	158.96
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

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

TOTAL This Period (last page this line number only) 2594.14

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER

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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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. UMAR M. AHMAD 25 KENSINGTON DRIVE HOPEWELL JUNCTION, NY 12533 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date > $	7-25-98	100-00
B. IRSHAD AHMED 281 HIGH PATH ROAD WINDSOR, CT 06095 Receipt For: ☐ Primary ☐ General ☐ Other (specify): CONTRIBUTION	SELF PHYSICIAN Aggregate Year-to-Date > $ 200	12-18-98	25-00
C. AGHA SHAHID 2741 NAVARRE SUITE 404 OREGON, OHIO 43616 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ANNUAL DUES	SELF PHYSICIANS Aggregate Year-to-Date > $ 200	12-18-98	100-00
D. ABDUR RAUF 87 WEYBRIDGE SPRINGFIELD, OH 45503 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200	12-18-98	100-00
E. MOHAMMAD JAHANZEB 17680 FIELDBROOK CIRCLE BOCA RATON, FL 33496 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	SELF BUSINESSMAN Aggregate Year-to-Date > $ 200	12-18-98	100-00
F. ABDUL RAUF 3000 CONN. AVE. NW WASHINGTON DC 20008 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES & CONTRIBUTION	SELF PHYSICIAN Aggregate Year-to-Date > $ 300	12-18-98	200-00
G. MIRZA HALI BAIG 9219 DUSTIN ROAD BURTONSVILLE, MD 20866 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	SELF PHYSICIAN Aggregate Year-to-Date > $ 200	12-18-98	100-00

SUBTOTAL of Receipts This Page (optional) > 725-00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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. MUHAMMED M. HAQUE 113-04 JEWEL AVE. FOREST HILLS, NY 11375 Receipt For: ☐ Primary ☐ General ☐ Other (specify): GENERAL DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 200	12-18-98	100-00
B. MALIK SARWAR 139 FAIRFIELD DRIVE SHORT HILLS, NJ 07078-1718 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 200	12-20-98	100-00
C. RASHID HAMID 164 DOCKERES RD TOLLAND, CT 06084-3601 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES REIMB.	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 300	12-21-98	200-00
D. MOHAMMAD ARSHAD 5260 CAULEY RIVER DR STONE MOUNTAIN, GA 30087 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 200	12-22-98	100-00
E. KHAN JAVED HAMEED 222 N. SUNSET SUITE C WEST COVINA, CA 91790-2278 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100	12-23-98	100-00
F. M. SALEEM CHOUDHRY 333 RT. 52 FISHKILL, NY 12524 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 200	12-23-98	100-00
G. ZUBAIR S. MANSORI 915 SEMORAN BLVD CASSELBERRY, FL 32707 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF Occupation: CPA Aggregate Year-to-Date > $ 200	12-22-98	100-00

SUBTOTAL of Receipts This Page (optional) 800-00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. QAMAR ZAMAN, 4955 LAKE FRONT COURT, LILBURN, GA 30047 — Receipt For: Primary / General / Other (specify): DUES	SELF — Occupation: BUSINESSMAN — Aggregate Year-to-Date: $ 200	12.30.98	100.00
B. ADIL QAMAR, 2201 E. IRLO BRONSON MEMORIAL HWY, KISSIMMEE, FL 34744-4410 — Receipt For: Primary / General / Other (specify): DUES	SELF — Occupation: BUSINESSMAN — Aggregate Year-to-Date: $ 200	12.31.98	100.00
C. RIAZ CHAUDHARY, 5109 ROUTE 9W, NEWBURGH, NY 12550 — Receipt For: Primary / General / Other (specify): DUES	SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date: $ 200	12.28.98	100.00
D. MALIK REHMAN, 2717 HAMMONDS FERRY RD, BALTIMORE, MD 21227 — Receipt For: Primary / General / Other (specify): DUES	SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date: $ 200	12.28.98	100.00
E. SYED AKBAR FADIQ, 14233 LAUREL BOWIE ROAD #208, LAUREL, MD 20708-1175 — Receipt For: Primary / General / Other (specify): DUES	SELF — Occupation: PHYSICIAN — Aggregate Year-to-Date: $ 100	12.28.98	100.00
F. A SAJID, 2431 COUNTRY LAKE LANE, POWDER SPRINGS, GA 30127 — Receipt For: Primary / General / Other (specify): DUES	SELF — Occupation: BUSINESSMAN — Aggregate Year-to-Date: $ 100	12.31.98	100.00
G. ABDUL AZIZ KHAN, 1167 TIMOTHY TERRACE, TUCKER, GA 30084 — Receipt For: Primary / General / Other (specify): DUES	SELF — Occupation: BUSINESSMAN — Aggregate Year-to-Date: $ 100	12.99	100.00

SUBTOTAL of Receipts This Page (optional) 700.00

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

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NAME OF COMMITTEE (In Full): PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ARIF MUSLIM 418 BLOOMING GROVE TURNPIKE NEW WINDSOR, NY 12550	SELF PHYSICIAN	1.4.99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES + CONTRIBUTION	Aggregate Year-to-Date > $ 600		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ASAD MALIK 7440 DUVAL DRIVE BLOOMFIELD HILLS, MI 48301	SELF BUSINESSMAN	1.2.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date > $ 100		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
S. ALAM 568 RIVER RD NEWBURGH, NY 12550	SELF BUSINESSMAN	1.4.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date > $ 100		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FARROKH K. CAPTAIN 581 BOYLSTON STREET BOSTON, MA 02116	SELF BUSINESSMAN	1.4.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date > $ 100		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
TARIQ KHAN 11652 LOG JUMP TRAIL ELLICOTT CITY, MD 21042	SELF PHYSICIAN	1.5.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date > $ 100		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ATIYA KHAN 11652 LOG JUMP TRAIL ELLICOTT CITY, MD 21042	SELF PHYSICIAN	1.5.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date > $ 100		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ZAHID BUTT 8930 FURNACE AVE ELLICOTT CITY, MD 21042	SELF PHYSICIAN	12/30/98	152.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 902.00

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full): PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. TARIQ KHAN, 11652 LOG JUMP TRAIL, ELLICOTT CITY, MD 21042	SELF / PHYSICIAN	11-30-98	150.00
Receipt For: Primary / General / Other (specify): RECEPTION	Aggregate Year-to-Date: $ 200		
B. KAZI S. KHAN	SELF / PHYSICIAN	12-2-98	150.00
Receipt For: Primary / General / Other (specify): RECEPTION	Aggregate Year-to-Date: $ 150.00		
C. NASIM ABHRAF, 15804 PHILLIPS PARK DRIVE, SPENCERVILLE, MD 20868	SELF / PHYSICIAN	12-7-98	300.00
Receipt For: Primary / General / Other (specify): RECEPTION	Aggregate Year-to-Date: $ 300.00		
D. DENNIS KOX, 125 DUKE STREET, ALEXANDRIA, VA 22314	SELF / BUSINESSMAN	12-7-98	150.00
Receipt For: Primary / General / Other (specify): RECEPTION	Aggregate Year-to-Date: $ 150.00		
E. M. A. MATEEN, 661 S. SECOND AVE., COVINA, CA 91723-3518	SELF / DENTIST	12-25-98	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		
F. MOHAMMED ASLAM, 1118 JAMES STREET, SOMERSET, PA 15501	SELF / BUSINESSMAN	12-29-98	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date: $ 100		
G. JUKAKU S. M. TAYEB, 14410 PATTERSON DRIVE, SHELBY TWP. MI 48315	SELF / BUSINESSMAN	12-30-98	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		

SUBTOTAL of Receipts This Page (optional) 1050.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full): PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MOHAMMAD DASTA, 7 SANSOUCI DRIVE, SOUTH HADLEY, MA 01075	SELF / BUSINESSMAN	1.10.99	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $ 100.00		
B. MOHAMMED ELAHI, 10930 ASHTON AVE, LOS ANGELES, CA 90024	SELF / PHYSICIAN	1.10.99	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $ 100.00		
C. SAMEER HUSIAN, 5808 HAMPTON PARKWAY, PINE BLUFF, AR 71603	SELF / PHYSICIAN	1.11.99	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $ 100.00		
D. HUSSAIN MALIK, 296 E. BROWN STREET, EAST STROUDSBURG, PA 18301	SELF / PHYSICIAN	1.14.99	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $ 100.00		
E. WAHEED AKBAR, 580 GOLFVIEW DRIVE, SAGINAW, MI 48603	SELF / PHYSICIAN	1.12.99	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $ 100		
F. ZULFIQAR ALI, 1980 HOWARD AVE #105, FREMONT, CA 94538	SELF / PHYSICIAN	1.13.99	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $ 100.00		
G. SAEED SIDDIQI, 106 S. CLAUDIA-LORD BLVD, POTTSVILLE, PA 17901	SELF / PHYSICIAN	1.14.99	100.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $ 100.00		

SUBTOTAL of Receipts This Page (optional) 700.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. M. KALEEM ARSHAD, 137 CHATEAU ST. MICHEL, KENNER, LA 70065	SELF / PHYSICIAN	1.20.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
B. IKRAM KHAN, 3006 S. MARYLAND PKWY, LAS VEGAS, NV 89109	SELF / PHYSICIAN	1.21.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
C. JAVED ANWAR, 3006 S. MARYLAND PKWY, LAS VEGAS, NV 89109	SELF / PHYSICIAN	1.21.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
D. RAZA DILAWARI, 1325 EASTMORELAND #410, MEMPHIS, TN 38104	SELF / PHYSICIAN	2.4.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
E. AHMED SAEED KHAN, 1330 SYCAMORE, STE. 2, KINGMAN, AZ 86401	SELF / PHYSICIAN	2.22.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
F. AKRAM CHOUDHRY, 87 AL POMPANO AVE, CEDAR GROVE, NJ 07009	SELF / BUSINESSMAN	2.23.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100		
G. AKRAM CHOUDHRY, 87 AL POMPANO AVE, CEDAR GROVE, NJ 07009	SELF / BUSINESSMAN	2.27.99	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): FUNDRAISING DINNER	Aggregate Year-to-Date $ 250		

SUBTOTAL of Receipts This Page (optional) 750.00

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

FETAN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MOHAMMAD M. AKRAM 1817 RIDGEWOOD ROAD DRUMSBURG, PA Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	2-7-99	100-00
B. SAEED ULLAH KHAN 8260 E PLACITA DEL OSO TUCSON, AZ 85715 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $ 100-00	2-16-99	100-00
C. HUSSAIN MALIK 296 E BROWN STREET EAST STROUDSBURG, PA 18301 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ISLAMABAD DINNER	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250	2-16-99	150-00
D. ARIF MUSLIM 416 BLOOMING GROVE TURNPIKE NEWBURGH, NY 12550 Receipt For: ☐ Primary ☐ General ☐ Other (specify): ISLAMABAD DINNER	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 250	2-15-99	150-00
E. NAVEED K MASUD 66 SUNSET COURT MONTVILLE, NJ 07045 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100	2-6-99	100-00
F. RAMNA AKBAR 4701 TOWNE CIR #303-707 SACRAMENTO, CA 95864-2874 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100	2-8-99	100-00
G. M. JAVED AKHTAR 149 PLEASANT STREET BRADFORD, PA 16701 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	2-9-99	100-00

SUBTOTAL of Receipts This Page (optional) > 800-00

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

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NAME OF COMMITTEE (In Full): PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. IRFAN-UL HAQ, 19 DUFFIELD DRIVE, WEST TRENTON NJ 08628-2005	SELF / PHYSICIAN	2-22-99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		
B. RIAZUL H. IMAMI, 2118 AARON ST, PORT CHARLOTTE FL 33952	SELF / PHYSICIAN	2.23.99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		
C. HAMYA K. SIDDIQ, 7495 SOUTH SPALDING LAKEDALE, ATLANTA GA 30350	SELF / PHYSICIAN	2.24.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		
D. DURDANA GILANI, 5605 BURNING TREE DRIVE, LA CANADA, CA 91011	SELF / PHYSICIAN	2.24.99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		
E. HAFEEL KHAN, 5605 BURNING TREE DRIVE, LA CANADA CA 91011	SELF / PHYSICIAN	2.24.99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		
F. ABDUL RAUF, 851 WEYBRIDGE, SPRINGFIELD, OH 45503	SELF / PHYSICIAN	2.26.99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		
G. S. AMJAD HUSSAIN, 2836 MANLEY RD, MANMEE, OH 43537	SELF / PHYSICIAN	2.26.99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100.00		

SUBTOTAL of Receipts This Page (optional) 700.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 10 OF 12

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full): PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MOHAMMAD CHAUDHARY, 5288 CAVLEY RIVER DR, STONE MOUNTAIN, GA 30087	SELF / PHYSICIAN	2.26.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
B. SARBLUND A. HAROON, P.O. BOX 48288, ATLANTA, GA 30362	SELF / BUSINESSMAN	2.26.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
C. MOHAMMED SULEMAN, 14 GUADALUPE ST., KENNER, LA 70062	SELF / PHYSICIAN	3.6.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
D. SHABBIR HAIDER, 1727 27th ST, BLDG H, STE 107, PORTSMOUTH, OH 45662	SELF / PHYSICIAN	3.1.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
E. MOHAMMED HUSSAIN, 2005 CHERRY HILL CT, JEFFERSONVILLE, IN 47130	SELF / BUSINESSMAN	3.2.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
F. IRSHAD UL HAQUE, 557 SAN MARINO AVE, SAN MARINO, CA 91108	SELF / BUSINESSMAN	3.3.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		
G. KIMAT G. KHATTAK, 10 HOSPITAL DRIVE, # 311, HOLYOKE, MA 01040	SELF / PHYSICIAN	3.5.99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date $ 100.00		

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full): PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. SYED SHIRAZI, 1637 DUNWOODY SQUARE, DUNWOODY, GA 30338	SELF / PHYSICIAN	3-8-99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100-00		
B. NAWEED K. HAJID	SELF / PHYSICIAN	3-6-99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100-00		
C. R. MALIK, 12 LAWNGATE COURT, POTOMAC MD 20854	SELF / PHYSICIAN	3-5-99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100-00		
D. MALIK BAZ, 7710 N. FRESNO ST. #10L, FRESNO, CA 93720	SELF / PHYSICIAN	3-17-99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100-00		
E. MUHIYUDDIN KHALID, 624 N. 38th ST., BELLEVILLE, IL 62226	SELF / PHYSICIAN	3-18-99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100-00		
F. NAZIR U. KHATA, 2094 EARL ST. #460, TORRANCE, CA 90503	SELF / PHYSICIAN	3-23-99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100-00		
G. MOHAMMAD IDREES, 114 URICK LANE, MONROEVILLE, PA 15146	SELF / BUSINESSMAN	3-25-99	100-00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Aggregate Year-to-Date: $ 100-00		

SUBTOTAL of Receipts This Page (optional) 700-00

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

FE7AN042

SCHEDULE A **ITEMIZED RECEIPTS**

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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
RAFIQ MIAN 7750 VAN DUSEN RD # 8-40 LAUREL, MD 20707	SELF	3-28-99	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): DOCT	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 100.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	8627.00

FE1AN043

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 4-15-99
☐	First Class Mail	POSTMARKED
☐	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
☐	Electronic Filing	

PREPARER	4-15-99 DATE PREPARED

(4/98)