REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
FEB 2 2 32 PM '99

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 RD
SUITE 420-A

CITY, STATE and ZIP CODE
LAUREL MD 20707

2. FEC IDENTIFICATION NUMBER
C A0 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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period OCT 1 through DEC. 31 1998		
6. (a) Cash on Hand January 1, 1998		$ 21684.85
(b) Cash on Hand at Beginning of Reporting Period	$ 7121.03	
(c) Total Receipts (from Line 19)	$ 19825.00	$ 52876.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 26946.03	$ 74561.56
7. Total Disbursements (from Line 30)	$ 20055.28	$ 67670.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6890.75	$ 6890.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
ARIF MUSLIM

Signature of Treasurer
A. Muslim

Date
1/29/99

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)

FE7ANG47

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM OCT. 1 TO: DEC. 31, 98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	19825.00	52590.00	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) ➤	19825.00	52590.00	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) ➤	19825.00	52590.00	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	286.77	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) ➤	19825.00	52876.77	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	19825.00	52876.77	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	13555.28	58670.87	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	13555.28	58670.87	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6500.00	9000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	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) ➤	20055.28	67670.87	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	20055.28	67670.87	31

III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	19825.00	52590.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	19825.00	52590.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	13555.28	58670.87	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	13555.28	58670.87	37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PAKISTANI AMERICAN PHYSICIAN PUBLIC AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. AHSAN BASHA 2803 W. CROMWELL AVE FRESNO, CA 93711 Receipt For: ☐ Primary ☐ General ☐ Other (specify): MEMBERSHIP	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	10.14	100.00
B. AMJAD HUSSAIN 2836 MANCHESTER RD MANCHESTER, OH 43537 Receipt For: ☐ Primary ☐ General ☐ Other (specify): OFFICE FUND	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	10.6	1000.00
C. HUSSAIN MALIK 296 E. BROWN STREET EAST STROUDSBURG, PA 18301 Receipt For: ☐ Primary ☐ General ☐ Other (specify): OFFICE FUND	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	10.15	1000.00
D. NASIM ASHRAF 7350 VAN DUSEN RD. LAUREL, MD 20707 Receipt For: ☐ Primary ☐ General ☐ Other (specify): OFFICE FUND	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	10.16	250.00
E. PARVEZ SHAH 4405 DUSTIN RD BURTONSVILLE, MD 20866-1041 Receipt For: ☐ Primary ☐ General ☐ Other (specify): OFFICE FUND	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	10.16	250.00
F. PARVEZ SHAH 4405 DUSTIN RD BURTONSVILLE, MD 20866-1041 Receipt For: ☐ Primary ☐ General ☐ Other (specify): POL. CONTRIBUTION	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	10.17	500.00
G. NASIM ASHRAF 7350 VAN DUSEN RD LAUREL, MD 20707 Receipt For: ☐ Primary ☐ General ☐ Other (specify): POL. CONTRIBUTION	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	10.20	500.00

SUBTOTAL of Receipts This Page (optional) > 3600.00

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 2 OF 7

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PAKISTANI AMERICAN PHYSICIAN PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code AKRAM CHOUDHRY Receipt For: ☐ Primary ☐ General ☐ Other (specify): PAC CONTRIBUTION	Name of Employer SELF Occupation BUSINESSMAN Aggregate Year-to-Date > $	Date (month, day, year) 10 26	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code PARVEZ SHAH 4445 DUSTIN RD BURTONSVILLE, MD 20866-1124 Receipt For: ☐ Primary ☐ General ☐ Other (specify): PAC CONTRIBUTION	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > $	Date (month, day, year) 10.19	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code ANEEL AHSAN 11801 SHEPARDS CROSSING GAITHERSBURG MD 20879 Receipt For: ☐ Primary ☐ General ☐ Other (specify): PAC CONTRIBUTION	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > $	Date (month, day, year) 10 27	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code AKRAM CHOUDHRY 874 A-2 POMPTON AVE CEDAR GROVE, NJ 07009 Receipt For: ☐ Primary ☐ General ☐ Other (specify): [illegible]	Name of Employer SELF Occupation BUSINESSMAN Aggregate Year-to-Date > $	Date (month, day, year) 10 19	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code ARIF TOOR SOUTH RIDGE LANE CROMWELL, CT 06416 Receipt For: ☐ Primary ☐ General ☐ Other (specify): LEGAL FUND	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > $	Date (month, day, year) 10 26	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code HUSAIN QAZI 296 E. BROWN STREET EAST STROUDSBURG, PA 18301 Receipt For: ☐ Primary ☐ General ☐ Other (specify): PAC CONTRIBUTION	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > $	Date (month, day, year) 10.26	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code SHAHNAZ KHAN 11360 GRANDVIEW DRIVE DADE CITY, FL 33525-8556 Receipt For: ☐ Primary ☐ General ☐ Other (specify): PAC CONTRIBUTION	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > $	Date (month, day, year) 10 26	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) > 5000.00

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

FE6A (1/08)

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)
PAKISTAN 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
WAHEED AKBAR 580 GOLFVIEW DRIVE SAGINAW, MI 48603	SELF	10.26	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): PER CONTRIBUTION	Occupation: PHYSICIAN Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HANIF AKHTAR 10520 HUNTING CREEK LANE VIENNA, VA 22181	SELF	10.27	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): PER CONTRIBUTION	Occupation: BUSINESSMAN 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
WASIM ASHRAF 7310 VAN DUSEN RD LAUREL, MD 20707	SELF	10.27	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): OFFICE FUND	Occupation: PHYSICIAN 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
JAVED BEG 227 RIVERSIDE DRIVE BINGHAMTON, NY 13905	SELF	10.24	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): MEMBERSHIP	Occupation: BUSINESSMAN 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
RAMAN DAUER 5636 APPLE JOURNEY COLUMBIA, MD 21044	SELF	10.26	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): MEMBERSHIP	Occupation: BUSINESSMAN 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
AKRAM CHOUDHRY 87 A-L POMPTON AVENUE CEDAR GROVE, NJ 07009	SELF	11.16	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): OFFICE FUND	Occupation: BUSINESSMAN 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
JAVAID ANWAR 3006 S. MARYLAND PKWY LAS VEGAS, NV 89109	SELF	11.16	1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): OFFICE FUND	Occupation: PHYSICIAN Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 4200.00

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 4 OF X
	FOR LINE NUMBER

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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
IKRAM KHAN 3006 S. MARYLAND PKWY LAS VEGAS. NV 89109 Receipt For: ☐ Primary ☐ General ☐ Other (specify): OFFICE FUND	SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	11.16	1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
UMAR AHMAD 25 KENSINGTON DRIVE HOPEWELL JUNCTION NY 12533 Receipt For: ☐ Primary ☐ General ☐ Other (specify): MEMBERSHIP DUES	SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	11.28	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
IRSHAD AHMED 286 HIGH PATH ROAD WINDSOR. CT 06095 Receipt For: ☐ Primary ☐ General ☐ Other (specify): CONTRIBUTION	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	12.18	25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AGHA SHAHID 2741 NAVARRE SUITE 934 OREGON. OHIO 43616 Receipt For: ☐ Primary ☐ General ☐ Other (specify): MEMBERSHIP DUES	SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	12.18	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ABDUL RAUF 807 WEYBRIDGE SPRINGFIELD OH 45503 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	12.18	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MOHAMMAD JAHANZEB 17680 FIELDBROOK CIRCLE BOCA RATON. FL 33496 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	12.18	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ABDUL RAUF 3000 CONNECTICUT AVE. NW WASHINGTON DC 20008 Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES & CONT	SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	12.18	200.00

SUBTOTAL of Receipts This Page (optional)	1625.00
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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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. MIRZA HUSSAIN AL BAIG, 4449 DUSTIN, BURBANK HILLS, MD 20816	SELF / PHYSICIAN	12/18	400.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $		
B. MUHAMMAD M. TARIQ, 113-04 JEWEL AVE, FOREST HILLS NY 11375	SELF / PHYSICIAN	12/18	400.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $		
C. MALIK SARDAR, 135 PINACHO DRIVE, SHARK HILLS, NJ 07078-1778	SELF / BUSINESSMAN	12/20	400.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $		
D. RASHID HAMID, 164 DECREDER RD, TOLLAND CT. 06084-3601	SELF / PHYSICIAN	12/4	250.00
Receipt For: Primary / General / Other (specify): DUES, GOTV	Aggregate Year-to-Date > $		
E. MOHAMMAD ARSHAD, 5280 CONLEY RIVER RD, SPANE MOUNTAIN, CA 37087	SELF / BUSINESSMAN	12/22	400.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $		
F. KHAN JAVED HAMEED, 222 N SUNSET SUITE C, WEST COVINA CA 91790-2224	SELF / PHYSICIAN	12/27	400.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $		
G. M. SALEEM CHOUDHRY, 333 N. ST., ASHRIL, NY 12544	SELF / PHYSICIAN	12/12	400.00
Receipt For: Primary / General / Other (specify): DUES	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 2050.00

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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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PAKISTANI AMERICAN PHYSICIANS POLITICAL AFFAIRS COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ZUBAIR MANSORI, 915 SEMORAN BLVD, CASSELBERRY, FL 32707 — Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF; Occupation: CPA; Aggregate Year-to-Date > $	12-24	100-00
B. QAMAR U. ZAMAN, 4955 LAKE PLACE COURT, LILBURN, GA 30047 — Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF; Occupation: BUSINESSMAN; Aggregate Year-to-Date > $	12-30	100-00
C. ASAD SAEED, 220 E. ELO BRONXVILLE, MEMORAN BLVD, KISSIMMEE, FL 34744-4410 — Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF; Occupation: BUSINESSMAN; Aggregate Year-to-Date > $	12-31	100-00
D. RIAZ CHAUDHRY, 5709 ROUTE 9W, NEWBURGH, NY 12550 — Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF; Occupation: PHYSICIAN; Aggregate Year-to-Date > $	12-28	100-00
E. MALIK A. REHMAN, 2777 HAMMONDS FERRY RD, BALTIMORE, MD 21244 — Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF; Occupation: PHYSICIAN; Aggregate Year-to-Date > $	12-28	100-00
F. SYED AKBAR SADIQ, 14333 LAUREL BOWIE RD, LAUREL, MD 20708 — Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF; Occupation: PHYSICIAN; Aggregate Year-to-Date > $	12-28	100-00
G. A. SAJID, 2431 COUNTRY LAKE LANE, POWDER SPRINGS, GA 30127 — Receipt For: ☐ Primary ☐ General ☐ Other (specify): DUES	Name of Employer: SELF; Occupation: BUSINESSMAN; Aggregate Year-to-Date > $	12-31	100-00

SUBTOTAL of Receipts This Page (optional) > 700-00

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

FOR LINE NUMBER

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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
TARIQ KHAN 11652 LOG JUMP TRAIL ELLICOTT CITY, MD 21042 Receipt For: ☐ Primary ☐ General ☐ Other (specify): FOR RECEPTION	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	11-30	150.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
KAZI S. KHAN Receipt For: ☐ Primary ☐ General ☐ Other (specify): FOR RECEPTION	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	12-2	150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ZAHID W. BOTT 8990 FURROW AVE. ELLICOTT CITY, MD 21042 Receipt For: ☐ Primary ☐ General ☐ Other (specify): FOR RECEPTION	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	12-20	150.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
NASIM ASHRAF 7350 VAN DUSEN RD LAUREL, MD 20707 Receipt For: ☐ Primary ☐ General ☐ Other (specify): FOR RECEPTION	Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	12-7	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS KUX 125 DUKE STREET ALEXANDRIA, VA 22314 Receipt For: ☐ Primary ☐ General ☐ Other (specify): FOR RECEPTION	Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	12-7	150.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 900.00

TOTAL This Period (last page this line number only) > 16825.00

FE7ANGA7

SCHEDULE A

ITEMIZED RECEIPTS

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): PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ARIF TOOR, MD SOUTH RIDGE LANE CROMWELL, CT 06416 Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE EXPENSE	Self Physician Aggregate Year-to-Date > $ 200.00	10-2-98	100.00
B. WAHEED AKBAR, MD 580 GOLFVIEW DRIVE SAGINAW, MI 48603 Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE EXPENSE	Self Physician Aggregate Year-to-Date > $ 200.00	10-2-98	100.00
C. SHAHNAZ KHAN, MD 11310 GRANDVIEW DRIVE DADE CITY, FL 33525-8556 Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE EXPENSE	Self Physician Aggregate Year-to-Date > $ 200.00	10-2-98	100.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) > 300.00

TOTAL This Period (last page this line number only) > 300.00

FESA/105

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PAKISTANI 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
DON SHERWOOD 1223 L.H.O.B. WASHINGTON DC 20515	FUND RAISER Disbursement for: Primary General Other (specify)	10-26	1000-00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN WARNER 225 SENATE RUSSELL BLDG WASHINGTON DC 20510	FUND RAISER Disbursement for: Primary General Other (specify)	10-26	2000-00
C. 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	METER STAMPS Disbursement for: Primary General Other (specify)	10-26	100-00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM MORAN 124 LHOB WASHINGTON DC 20515	FUND RAISER Disbursement for: Primary General Other (specify)	10-27	2500-00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JAMES NIXON 113½ WEST HIGH STREET JEFFERSON CITY MO 65710	FUND RAISER Disbursement for: Primary General Other (specify)	10-28	1000-00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SHERATON HOTEL NEWARK AIRPORT NEWARK NJ 1 ROUTE 21	ANNUAL RETREAT Disbursement for: Primary General Other (specify)	10-27	75-00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(NMS) NATIONAL MAILING SYSTEMS 1745 OLD MEADOW RD MCLEAN VA 22102-4314	NEW POSTAGE MACHINE Disbursement for: Primary General Other (specify)	10-28	75-00
H. 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	LEASE AND METER STAMPS Disbursement for: Primary General Other (specify)	10-30	100-00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SPRINT CONFERENCE CALL P.O. BOX 601343 ATLANTA, GA 30392-1343	CONFERENCE CALL Disbursement for: Primary General Other (specify)	11-2	126-78

SUBTOTAL of Disbursements This Page (optional) 7651-78

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PAKISTANI 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
PITNEY BOWES INC P.O BOX 85390 LOUISVILLE KY 40285-5390	RENTAL CHARGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.2	180.08
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 38194-4741	LETTER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.3	38.50
C. 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 40385-5390	TEL. & FAX BILL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.3	218.27
D. 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 LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.2	750.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FED. EX P.O BOX 332 MEMPHIS TN 38194-4741	LETTER SENT TO FX Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.2	13.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JIM BATES 7350 VANDUSEN RD LAUREL. MD. 20707	AIR FARE FROM LATO NJ FOR RETREAT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.12	350.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SIR SPEEDY 14435 CHERRY LANE COURT & 100 LAUREL, MD 20707	PRINTING CHARGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.12	14.80
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SHERATON NEWARK AIRPORT 128 FRONTAGE RD NEWARK. NJ 07114	ANNUAL RETREAT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.15	1266.36
I. 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	POSTAGE FOR POSTAGE MACHINE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11.20	100.00

SUBTOTAL of Disbursements This Page (optional)	2931.01
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
AIR BORNE EXPRESS P.O. BOX 91001 SEATTLE, WA 98111	OVERNIGHT LETTER	11.30	14.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FED. EX P.O. BOX 332 MEMPHIS, TN 38194-4741	OVERNIGHT LETTER	11.30	23.50
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JIM BATES 7350 VAN DUSEN RD LAUREL, MD 20707	CONSULTANCY FEE	12-3.	600.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FED EX P.O. BOX 332 MEMPHIS TN 38194-4741	OVERNIGHT LETTER	12-8	11.5.
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SPRINT P.O. BOX 85390 LOUISVILLE, KY 40285-5390	TELEPHONE BILL	12-8	113.40
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U.S. POSTAL SERVICE P.O. BOX 7247-0166 PHILADELPHIA, PA 19170-0166	METER STAMPS	12.22	300.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SPRINT P.O. BOX 85390 LOUISVILLE, KY 40285-5390	TELEPHONE BILL	12-4	110.09
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JIM BATES 7350 VAN DUSEN RD LAUREL, MD 20707	CONSULTANCY FEE	12-31	600.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary General Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**

SUBTOTAL of Disbursements This Page (optional) 2172.49

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

FE6AA 135

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code JIM BATES 7350 VAN DUSEN RD. #420-A LAUREL, MD 20707	Purpose of Disbursement: CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-98	750.00
B. Full Name, Mailing Address and ZIP Code SPRINT P.O. BOX 530504 ATLANTA, GA 30353-0504	Purpose of Disbursement: TELEPHONE & FAX BILL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-8-98	250.00
C. Full Name, Mailing Address and ZIP Code QUAID PROJECT 7350 VAN DUSEN RD #420-A LAUREL, MD 20707	Purpose of Disbursement: SECRETARIAL SERVICES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-8-98	1350.00
D. Full Name, Mailing Address and ZIP Code CENTURY PLAZA HOTEL DEPT 5, 2552 LOS ANGELES, CA 90088	Purpose of Disbursement: MEETING IN LOS ANGELES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-8-98	4950.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 7300.00

TOTAL This Period (last page this line number only) 20055.28

FEC-AN 135

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
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☐	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	

OM — PREPARER

2/2/99 — DATE PREPARED

(4/98)