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 Physicians Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1011 North Street

CITY, STATE and ZIP CODE
Dallas TX. 75246

JUL 24 9 43 AM '95

2. FEC IDENTIFICATION NUMBER
C- 00238204

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 1.31.95 through 6.30.95		
6. (a) Cash on Hand January 1, 19 95		$ 7406.11
(b) Cash on Hand at Beginning of Reporting Period	$ 7406.11	
(c) Total Receipts (from Line 19)	$ 4407.34	$ 4407.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11,813.45	$ 11,813.45
7. Total Disbursements (from Line 30)	$ 5079.83	$ 5079.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6733.62	$ 6733.62
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
Hassan I. Bukhari M.D.

Signature of Treasurer
Hassan I. Bukhari M.D.

Date
7/17/95

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)

FEBANDES

95030619078

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

(revised 1/1/91)

ME OF COMMITTEE: AKITANI PHYSICIANS POLITICAL ACTION COMMITTEE (Pax Pac)

REPORT COVERING PERIOD FROM 1-31-95 TO: 6.30.95

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)	4250-	4250-	11(a)(i)
ii. Unitemized	-0-	-0-	11(a)(ii)
iii. Total (add i and ii) ➤	4250-	4250-	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) ➤	4250-	4250-	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.)	157.34	157.34	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) ➤	4407.34	4407.34	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4407.34	4407.34	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	2079.83	2079.83	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2079.83	2079.83	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	2000-	2000-	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) ➤	5079.83	5079.83	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5079.83	5079.83	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4250-	4250-	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4250-	4250-	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2079.83	2079.83	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2079.83	2079.83	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full): PAKISTANI PHYSICIANS POLITICAL ACTION COMMITTEE (PAK - PAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: HIRAM U. KHAN M.D. 3006 MARYLAND PARKWAY # 315 LAS VEGAS, NV. 89109	Name of Employer: SELF EMPLOYED	1.30.95	1100-
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAK PAC	Occupation: DOCTOR		
	Aggregate Year-to-Date: $ 1100-		
B. Full Name, Mailing Address and ZIP Code: JAVAID ANWAR M.D. 3006 MARYLAND PARKWAY #315 LAS VEGAS, NV. 89109	Name of Employer: SELF EMPLOYED	1.30.95	1100-
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAK PAC	Occupation: DOCTOR		
	Aggregate Year-to-Date: $ 1100-		
C. Full Name, Mailing Address and ZIP Code: MURTAZA ARAIN M.D. 4121 S. FAIRVIEW #103 DOWNERS GROVE IL. 60515	Name of Employer: SELF EMPLOYED	2.13.95	50-
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAK PAC	Occupation: DOCTOR		
	Aggregate Year-to-Date: $ 50-		
D. Full Name, Mailing Address and ZIP Code: NASIM ASHRAF M.D. 344 W. UMPQUA #206 ROSEBURG OR. 97470	Name of Employer: SELF EMPLOYED	4.7.95	1000-
Receipt For: [ ] Primary [ ] General [X] Other (specify): PAK PAC	Occupation: DOCTOR		
	Aggregate Year-to-Date: $ 1000-		
E. Full Name, Mailing Address and ZIP Code: WAHEED AKBAR M.D. 4701 TOWNE CENTER # 304 SAGINAW MI. 48603	Name of Employer: SELF EMPLOYED	4.7.95	1000-
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation: DOCTOR		
	Aggregate Year-to-Date: $ 1000-		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	4250-
TOTAL This Period (last page this line number only)	4250-

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 216

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 PHYSICIAN POLITICAL ACTION COMMITTEE (PAK-PAC)

A. Full Name, Mailing Address and ZIP Code IKRAM U. KHAN MD 3006 MARYLAND PKWY. #315 LAS VEGAS, NV. 89109	Purpose of Disbursement Stationary: off supplies Disbursement for: ☐ Primary ☐ General ☒ Other (specify) See Above	Date (month, day, year) 2.13.95	Amount of Each Disbursement This Period 70.08
B. Full Name, Mailing Address and ZIP Code IKRAM U. KHAN LTD 3006 MARYLAND PKWY #315 LAS VEGAS NV. 89109	Purpose of Disbursement Conference Calls. Transcription Disbursement for: ☐ Primary ☐ General ☒ Other (specify) See Above	Date (month, day, year) 2.13.95	Amount of Each Disbursement This Period 512.52
C. Full Name, Mailing Address and ZIP Code IKRAM U. KHAN MD 3006 MARYLAND PKWY #315 LAS VEGAS NV. 89109	Purpose of Disbursement Telephone Bills Printing etc Disbursement for: ☐ Primary ☐ General ☒ Other (specify) See Above	Date (month, day, year) 5.12.95	Amount of Each Disbursement This Period 502.25
D. Full Name, Mailing Address and ZIP Code THE SOFT EDGE	Purpose of Disbursement Computer Software Disbursement for: ☐ Primary ☐ General ☒ Other (specify) See Above	Date (month, day, year) 5.12.95	Amount of Each Disbursement This Period 995 -
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)	2079.83
TOTAL This Period (last page this line number only)	2079.83

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SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 26
(Use separate schedules for each numbered line)

Name of Committee (in Full): PAKISTANI PHYSICIANS POLITICAL ACTION COMMITTEE (PAK PAC)

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
AKRAM CHAUDHRY P.O. BOX 1180 MONTCLAIR, NJ. 07042 Election: ☐ Primary ☒ General ☐ Other (specify):	3000-	3000-	NONE

Terms: Date Incurred 10/26/94 Date Due 1/31/95 Interest Rate NONE %(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item A N/A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: $		

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

95039161942

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 7/18/95
☐	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

J.A.Q.
PREPARER

7/24/95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 9 2 6 1 9 4 3