REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 16 10 06 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

ADDRESS (number and street) [X] Check if different than previously reported
7350 VAN DUSEN ROAD. STE-420-A

CITY, STATE and ZIP CODE
LAUREL, MARYLAND 20707

2. FEC IDENTIFICATION NUMBER
C 00-238-20

3. [ ] This committee has qualified as a multica committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[X] 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
[ ] March 20 [ ] July 20 [ ] Novemb
[ ] April 20 [ ] August 20 [ ] Decemb
[ ] May 20 [ ] September 20 [ ] January

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

[ ] 30-Day Post-Election Report following the General E
on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [ ] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-
5.	Covering Period APRIL 1 through JUNE 30, 1998		
6.	(a) Cash on Hand January 1, 19____		$ 16388.7
	(b) Cash on Hand at Beginning of Reporting Period	$ 16388.74	
	(c) Total Receipts (from Line 19)	$ 16500.00	$ 16500.
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 32888.74	$ 32888.
7.	Total Disbursements (from Line 30)	$ 16763.71	$ 16763.
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 16125.03	$ 16125.
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 Federal Election Commis 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420

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

Type or Print Name of Treasurer ARIF A. TOOR

Signature of Treasurer

Date 7-15-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4

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

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NAME OF COMMITTEE

REPORT COVERING PERIOD
FROM TO:

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)	16500.00	16500.00
ii. Unitemized	0	0
iii. Total (add i and ii) ➤	16500.00	16500.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	16500.00	16500.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	16500.00	16500.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	16500.00	16500.00
II.Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	16763.71	16763.71
c. Total Operating Expenditures (add a i, a ii, and b) ➤	16763.71	16763.71
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) [use Schedule F]	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	16763.71	16763.71
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16763.71	16763.71
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III.NetContributions/OperatingExpenditures		
32. Total Contributions (other than loans)(from line 11d)	16500.00	16500.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	16500.00	16500.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	16763.77	16763.77
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	16763.77	16763.77

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1

FOR LINE NU

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

A. Full Name, Mailing Address and ZIP Code JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	Purpose of Disbursement CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.1.98	Amount of Disbursement T 1250
B. Full Name, Mailing Address and ZIP Code JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	Purpose of Disbursement CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.17.98	Amount of Disbursement T 1250
C. Full Name, Mailing Address and ZIP Code BELL ATLANTIC P.O. BOX 646 BALTIMORE MD 21265-0646	Purpose of Disbursement TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.27.98	Amount of Disbursement T 177
D. Full Name, Mailing Address and ZIP Code PITNEY BOWES, INC P.O. BOX 85390 LOUISVILLE, KY 40285-5390	Purpose of Disbursement RENT FOR POSTAGE MACHINE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.27.98	Amount of Disbursement T 169
E. Full Name, Mailing Address and ZIP Code SPRINT P.O. BOX 740504 ATLANTA, GA 30374-0504	Purpose of Disbursement TELEPHONE & FAX Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4.27.98	Amount of Disbursement T 352
F. Full Name, Mailing Address and ZIP Code QUAID PROJECT 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	Purpose of Disbursement SECRETARIAL SERVICES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-27.98	Amount of Disbursement T 1350
G. Full Name, Mailing Address and ZIP Code JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	Purpose of Disbursement CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5.1.98	Amount of Disbursement T 1250
H. Full Name, Mailing Address and ZIP Code U.S. POSTAL SERVICE CMRS. PB P.O. BOX 7247-0166 PHILADELPHIA PA 19170-0166	Purpose of Disbursement POSTAGE STAMPS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5.4.98	Amount of Disbursement T 100
I. Full Name, Mailing Address and ZIP Code SOUTHWEST CREDIT SYSTEMS INC P.O. BOX 115151 2629 DICKERSON PARKWAY CARROLLTON, TX 75011-5151	Purpose of Disbursement TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5.11.98	Amount of Disbursement T 407

SUBTOTAL of Disbursements This Page (optional)	6307
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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
SPRINT P.O. BOX 740504 ATLANTA, GA 30374-0504	TELEPHONE + FAX Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-13-98	430.
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
BELL ATLANTIC P.O. BOX 646 BALTIMORE MD 21265-0646	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-19-98	211.
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-20-98	500
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
JILL HALL 7350 VAN DUSEN RD. SUITE 420-A LAUREL, MD 20707	REIMBURSEMENT FOR PHOTOGRAPHY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-28-98	8.
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
QUAD PROTECT 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD. 20707	SECRETARIAL SERVICES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-28-98	1350.
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
ADONA 6414 SOUTH CASS AVENUE WESTMONT, IL 60559	PAK-PAK MEETING IN TORONTO Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-1-98	621.
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
HYATT REGENCY WASHINGTON, D.C. ON CAPITOL HILL 400 NEW JERSEY AVE. NW WASHINGTON, DC 20001	PAK PAK DINNER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-2-98	1706.
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
SIR SPEEDY 14635 CHERRY LANE COURT SUITE 107 LAUREL, MD 20707	PRINTING DIP INFORMATION KITS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-2-98	209.
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
UPTOWN CATERERS RAYBURN BLDG WASHINGTON DC 20515	PAK-PAK BREAKFAST Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-3-98	410.

SUBTOTAL of Disbursements This Page (optional) 5447

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 3

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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 Disbursement This
JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	HONORARIUM Disbursement for: Primary General Other (specify)	6.4.98	250
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This
JILL HALL 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	HONORARIUM Disbursement for: Primary General Other (specify)	6.4.98	50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This
JIM BATES 7350 VAN DUSEN ROAD SUITE 420-A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: Primary General Other (specify)	6.8.98	50
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This
OFFICE DEPOT P.O. BOX 5017 BOCA RATON, FL 33431-0817	OFFICE SUPPLIES Disbursement for: Primary General Other (specify)	6.8.98	8
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement This
SPRINT P.O. BOX 8539.0 LOUISVILLE, KY 40285-5390	PHONE AND FAX Disbursement for: Primary General Other (specify)	6.8.98	645
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement
SPRINT CONFERENCE LINE P.O. BOX 101343 ATLANTA, GA 30392-1343	CONFERENCE CALL Disbursement for: Primary General Other (specify)	6.8.98	145
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement
JILL HALL 7350 VAN DUSEN RD SUITE 420-A LAUREL, MD 20707	REIMBURSEMENTS FOR FILE FOLDERS & PHOTOGRAPHS Disbursement for: Primary General Other (specify)	6.8.98	23.
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement
JIM BATES 7350 VAN DUSEN SUITE 420-A LAUREL, MD 20707	CONSULTANCY FEE Disbursement for: Primary General Other (specify)	6.17.98	50
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement
HYATT REGENCY WASHINGTON DC 400 NEW JERSEY AVE. NW WASHINGTON DC 20001	BALANCE FOR PAK-PAK DINNER Disbursement for: Primary General Other (specify)	6.24.98	760

SUBTOTAL of Disbursements This Page (optional) 2961.

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of E Disbursement Th
SPRINT CONFERENCE LINE P.O. BOX 101343 ATLANTA GA 30392-1343	CONFERENCE CALL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-25-98	179.
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of E Disbursement Th**
FEDERAL EXPRESS P.O. BOX 1140 MEMPHIS, TN 38101-1140	OVERNIGHT LETTER SENT TO CALIFORNIA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-25-98	18
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of E Disbursement Th**
QUAID PROJECT 7350 VANS DUGH RD SUITE 402-A LAUREL, MD 20707	SECRETARIAL SERVICES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-30-98	1350
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of E Disbursement Th**
DANIEL PAPERMASTER FOR CONGRESS 36 WOODLAND ST. HARTFORD CT. 06105	CAMPAIGN CONTRIBUTION Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	4-30-98	500
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Disbursement T**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Disbursement T**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Disbursement T**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Disbursement**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount o Disbursement**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 2047

TOTAL This Period (last page this line number only) 16763

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. FAISAL SHAMSIE 9 CHAPTER OAKS PITTSFORD, NY. 14534 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $	4-1-98	60
B. SYED AKBAR SADIQ, MD 14333 LAUREL BOWIE RD. #208 LAUREL, MD 20708-1179 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $	4-1-98	60
C. NAHEED QAYYUM, MD 961 RIDGEPOINTE DR. BURR RIDGE, IL, 60521. Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $	4-4-98	60
D. SHAHNAZ KHAN, MD 11310 GRANDVIEW DRIVE DADE CITY, FL. 33525 Receipt For: ☐ Primary ☐ General ☒ Other (specify): OFFICE FUND	SELF PHYSICIAN Aggregate Year-to-Date $		1000
E. TANVEER KHAN Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date $	4-5-98	60
F. FARHAT ARAIN Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	HOUSEWIFE Aggregate Year-to-Date $	4-5-98	60
G. ZUBAIDA ARAIN 757 DOVEWOOD WAY MADERA, CA 93637 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	HOUSEWIFE Aggregate Year-to-Date $	4-5-98	60

SUBTOTAL of Receipts This Page (optional) 160

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

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03-05-2007 08:48

SCHEDULE A **ITEMIZED RECEIPTS**

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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. Full Name, Mailing Address and ZIP Code: ARIF TOOR, MD, SOUTHRIDGE LANE, CROMWELL, CT 06416	Name of Employer: SELF; Occupation: PHYSICIAN	4-9-98	1000
Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code: MAZHAR U. SHEIKH, 6284 DUNAWAY COURT, MCLEAN, VA 22101	Name of Employer: SELF; Occupation: BUSINESSMAN	4.9.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code: A. AHMED, 2701 TROY CENTER DR. STE. 300, TROY, MI. 48084	Name of Employer: SELF; Occupation: PHYSICIAN	4.11.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code: SADIQ HUSSAIN, 4070 GRATIOT AVE., PORTHURON, MI 48060	Name of Employer: SELF; Occupation: BUSINESSMAN	4.11.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code: MUSHTAQ KHAN, MD, 7194 PINE KNOB RD., INDEPENDENCE TOWNSHIP, MI 48348	Name of Employer: SELF; Occupation: PHYSICIAN	4.11.98	20
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code: MALIK N. BAZ, 9525 N. MADISON RIDGE, FRESNO, CA 93720	Name of Employer: SELF; Occupation: BUSINESSMAN	4.14.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code: JUKUKU S.M. TAYEB, 14410 PATTERSON DRIVE, SHELBY TWP. MI. 48315	Name of Employer: SELF; Occupation: BUSINESSMAN	4.17.98	1
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	170
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 COMMITT

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. Full Name, Mailing Address and ZIP Code: WAHEED AKBAR, MD, 4701 TOWNE CENTER, SUITES 303-304, SAGINAW, MI. 48603	SELF / PHYSICIAN	4.19.98	1000
Receipt For: [ ] Primary [ ] General [X] Other (specify): OFFICE FUND	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code: SHAHIDA QAZI, DDS, 40 NORTH MAIN STREET, CORTLAND, NY 13045	SELF / DENTIST	4.20.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code: ADNAN & SAMINA ZAIDI, 5201 MIDVALE ROAD, NW, CANTON, OHIO 44718	SELF / BUSINESSMAN	4.20.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code: RIZWANI JAMAD, 4719 UNIVERSITY WAY, NE, SUITE 205, SEATTLE, WA 98105	SELF / TRAVEL AGENT	4.21.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code: RAFIQ A. MIAN, MD, 7350 VANDUSEN RD. # B-40, LAUREL, MD 20707	SELF / PHYSICIAN	4.24.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code: MUHAMMAD MUSHTAQ, MD, 701 W. FAIRCHILD, DANVILLE, IL 61832	SELF / PHYSICIAN	4.25.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code: MOHAMMAD CHAUDHARY, 5288 Granley River DR., STONE MOUNTAIN GEORGIA 30087	S SELF / BUSINESSMAN	4-19-98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): Annual Dues	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	170
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 Receipt this
A. YAHYA KHALID 7495 SOUTH SPALDING LAKES DR. ATLANTA, GA 30350 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	4-19-98	100.
B. M. A. SAJID 2431 COUNTRY LAKE LN. POWDER SPRINGS, GA 30127 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	4-20-98	100.
C. MOHAMMAD A. HIDAYATULLAH 2465 SPILL WAY CT. LAWRENCEVILLE, GA 30244 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	4-22-98	1000
D. SPALDING CORNERS TRAVEL 6185 SOUTH BUFORD HIGHWAY STE. E-100, NORCROSS, GA 30071 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	4-22-98	100
E. GHULAM QADIR 18181 OAKWOOD, NO. 311 DEARBORN, MI 48124 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	5-1-98	100.0
F. SAMINA HAYAT MALIK 22185 CHURCHVIEW ROAD DR. WOODHAVEN, MI 48183 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual dues	SELF Occupation: BUSINESSWOMEN Aggregate Year-to-Date > $	5-1-98	100
G. IFTHIKHAR A. SHEIKH 4285 PINEWALK DR. ALPHARETTA, GA, 30202 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	5-2-98	100

SUBTOTAL of Receipts This Page (optional) 700

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 COMMIT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. SAFDAR B. KHAN 196 ERIC RUN CT LAWRENCVILLE, GA, 30043 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	05/03/98	100.
B. JAMIL ABIDI 347 KAREN DRIVE ALPHARETTA, GA, 30004. Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	5/3/98	100.
C. MOHAMMAD ARSHAN 5260 GAULEY RIVER DR. STONE MOUNTAIN, GA, 30087 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN. Aggregate Year-to-Date > $	05/05/98	100
D. PERVAIZ IQBAL 3335 CEDAR FARMS CT. ALPHARETTA, GA, 30201. Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	05/05/98	100
E. JAVAID SAYEED 504 W. MEMORIAL DR. P.O. BOX 919 DALLAS, GA 30132 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: DOCTOR Aggregate Year-to-Date > $	5/07/98	100.
F. ABDUL AZIZ KHAN 1167 TIMOTHY TERRACE TUCKER GA 30084 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	05/08/98	100.
G. KAMRAN TAREEN 101 MORLYN AVE. BRYN MAWR, PA 19010 Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	05/11/98	20

SUBTOTAL of Receipts This Page (optional) 80

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 Receipt this [Period]	Receipt For
A. FAUZI DURRANI, 107 WOODROW WILSON DR. VALDOSTA, GA 31602	SELF	PHYSICIAN	5/11/98	100.[illegible]	Other (specify): Annual Dues
B. NAZIR H. KHAJA, 460-20911 EARL STREET, TORRANCE, CA 90503	SELF	PHYSICIAN	5/14/98	100.[illegible]	Other (specify): Annual Dues
C. OMAR U. ZAMAN, 4955 LAKE FRONT COURT, LILBURN, GA 30047	SELF	BUSINESSMAN	5/14/98	200.[illegible]	Other (specify): Annual Dues
D. SYED A. SHIRAZI, 1637 DUNWOODY SQUARE, DUNWOODY, GA 30338	SELF	PHYSICIAN	5/16/98	30[illegible]	Other (specify): Annual Dues
E. AKBAR ZAIDI, 3524 GORNER'S WAY, NORCROSS, GA 30092	SELF	BUSINESSMAN	5/21/98	100.[illegible]	Other (specify): Annual Dues
F. PERVAIZ SHAH, 4405 DUSTIN RD, BURTONSVILLE, MD	SELF	PHYSICIAN	5/21/98	25[illegible]	Other (specify): Office Expense
G. SOFIA CORPORATION, 5039 MEMORIAL DRIVE, STONE MOUNTAIN, GA 30083	SELF	BUSINESSMAN	5/23/98	100.[illegible]	Other (specify): Annual Dues

Each entry: Receipt For: ☐ Primary ☐ General ☑ Other (specify); Aggregate Year-to-Date $

SUBTOTAL of Receipts This Page (optional) .... 115[illegible]

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 7

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NAME OF COMMITTEE (in Full)

PAKISTANI-AMERICAN PHYSICIANS' PUBLIC AFFAIRS COMMIT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. SANMAN, INC. 4146 LAWRENCEVILLE HWY. TUCKER, GA 30084	SELF / BUSINESSMAN	5/23/98	100
Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues.	Aggregate Year-to-Date > $		
B. SYED H. SHIRAZI 1637 DUNWOODY SQUARE DUNWOODY, GA, 30338	SELF / PHYSICIAN	5/24/98	400.
Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Aggregate Year-to-Date > $		
C. M. ALI CHOUHAN 3974 BANKHEAD HWY. LITHIA SPRINGS, GA 30057	SELF / VETERNARIAN	5/18/98	200.
Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues/Dinner	Aggregate Year-to-Date > $		
D. MOHAMMAD ABBASI 307 VALLEY BROOK CROSSING DECATUR GA 30033	SELF / BUSINESSMAN	05/19/98	100
Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Aggregate Year-to-Date > $		
E. ABDUL RASHID B-3298 DUNWOODY CROSSING DUNWOODY, GA, 30338	SELF / BUSINESSMAN	5/19/98	100
Receipt For: ☐ Primary ☐ General ☑ Other (specify): Annual Dues	Aggregate Year-to-Date > $		
F. MOHAMMAD N. AZEEM 5732 EVERGLADES LANE NORCROSS, GA, 30071	SELF / BUSINESSMAN	5/21/98	100
Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
G. DURDANA GLANI, MD 5805 BURNING TREE DR. LACANADA, CA 91011	SELF / PHYSICIAN	5-27-98	100
Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAKPAC LUNCHEON	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 110

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 COMMITT

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. Full Name, Mailing Address and ZIP Code: HAFEEZ KHAN, MD, 5605 BURNING TREE DR, LACANADA CA 91001	Name of Employer: SELF; Occupation: PHYSICIAN	5.27.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES & REGISTRATION	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code: MOHAMMAD JAHANZEB, 17680 N. FIELDBROOK CIRCLE, BOCA RATON, FL 33496	Name of Employer: SELF; Occupation: BUSINESSMAN	5.29.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES & REGISTRATION	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code: RASHID HAMID, 164 DOCKEREL RD, TOLLAND, CT - 06082-3601	Name of Employer: SELF; Occupation: BUSINESSMAN	6.1.98	300
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES & REGISTRATION	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code: ZAHID SHEIKH MD, 27856 BELANGER, ROSEVILLE, MI. 48066	Name of Employer: SELF; Occupation: PHYSICIAN	6.1.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): DUES	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code: ZEELAF MUNIR MD, 188 BRIGHTHURST DRIVE, CHESTERFIELD, MO 63005	Name of Employer: SELF; Occupation: PHYSICIAN	6.1.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code: IRSHAD UL HAQUE, 557 SAN MARINO AVENUE, SAN MARINO, CA 91108	Name of Employer: SELF; Occupation: BUSINESSMAN	6.2.98	100
Receipt For: [ ] Primary [ ] General [X] Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code: M. SIDDIQUE, 4617 GRAND AVE, GURNEE, IL. 60031	Name of Employer: ~~[illegible]~~ SELF; Occupation: PHYSICIAN	6.2.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): REGISTRATION ANNUAL DUES	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ..... > 700

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 COMMITTE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt th
A. M.A. MAJEED, MD 661 S. SECOND AVENUE COVINA, CA 91723-3518 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	6-2-98	100
B. OMAR ATIQ MD 1609 W 40th #203 DINE BUFF, AR 71603 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	6-3-98	100
C. ATIYA KHAN, MD 11652 LOG JUMP TRAIL ELLICOTT CITY, MD 21042-1500 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	6-4-98	100
D. TARIQ KHAN 11652 LOG JUMP TRAIL ELLICOTT CITY MD 21042-1500 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	6-4-98	100
E. S. AMJAD HUSSAIN 1050 ISAAC SQ. STE. 143 TOLEDO, OHIO 43616 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	6-5-98	100
F. MOHAMMAD ARSHAD 5260 RAVEN RIVER DR. SPRING MOUNTAIN, GA 30087 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Name of Employer: SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > $	6-8-98	100
G. RIAZ CHAUDHARY 5501 STURBRIDGE RD. TOLEDO, OHIO 43623 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Name of Employer: SELF Occupation: PHYSICIAN Aggregate Year-to-Date > $	6-8-98	100

SUBTOTAL of Receipts This Page (optional) > 700

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. JAWAD HASNAIN MD, 5931 CLIFTON OAKS DRIVE, CLARKSVILLE, MD 21029	SELF / PHYSICIAN	6.8.98	200
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		
B. SYED SHIRAZI MD, 1637 DUNWOODY SQUARE, DUNWOODY, GA 30338	SELF / PHYSICIAN	6.8.98	100
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		
C. MOHAMMAD IDREES, 114 VRICK LANE, MONROEVILLE, PA 15146	SELF / BUSINESSMAN	6.9.98	100
Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
D. IKRAM U. KHAN MD, 5835 ALDEA CIRCLE, LAS VEGAS, NV 89120	SELF / PHYSICIAN	6.9.98	200
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG. & DUES	Aggregate Year-to-Date > $		
E. SYED ZAKIR HUSSAIN MD, MAHJABEEN ISLAM HUSSAIN MD, 7320 FRIARTON CIR, TOLEDO, OHIO 43617	SELF / PHYSICIANS	6.9.98	400
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGIS. & DUES	Aggregate Year-to-Date > $		
F. IFFAT ANWAR, 5572 FIRE ISLAND DR, LAS VEGAS, NV 89120	SELF / PHYSICIAN	6.10.98	200
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REG & DUES	Aggregate Year-to-Date > $		
G. M. ASLAM BARRA, 930 SUNNYSLOPE RD. # E-1, HOLLISTER, CA 95023	SELF / BUSINESSMAN	6.11.98	100
Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 1700

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. FAYAZ AGHAR MD, 135 N. JACKSON AVE. BLDG A, RM 203, SAN JOSE, CA 95116	SELF / PHYSICIAN	6.11.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): REG & DUES	Aggregate Year-to-Date > $		
B. MANSOOR SHAH MD, 835 N. HOLLY GLEN DR. LONG BEACH, CA 90815-4722	SELF / PHYSICIAN	6.11.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): REG & DUES	Aggregate Year-to-Date > $		
C. FARROKH H CAPTAIN, 581 BOYLSTON ST, BOSTON, MA 02116	SELF / BUSINESSMAN	6.12.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): REG & DUES	Aggregate Year-to-Date > $		
D. SALEEM AHMAD KHAN, 8071 FLOSS LANE, EAST AMHERST, NY 14051	SELF / BUSINESSMAN	6.12.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): REG & DUES	Aggregate Year-to-Date > $		
E. MUHAMMAD RIAZ MD, 4 STONEBRIDGE DRIVE, SOUTH BARRINGTON, IL 60010	SELF / PHYSICIAN	6.12.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): REG & DUES	Aggregate Year-to-Date > $		
F. M. KALEEM ARSHAD MD, 133 CHATEAU ST. MICHEL, KENNER, LA 70066	SELF / PHYSICIAN	6.15.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): REG & DUES	Aggregate Year-to-Date > $		
G. AZIZ A. KHAN MD, 9200 COLIMA STE 302, WHITTIER, CA 90605	SELF / PHYSICIAN	6.15.98	200
Receipt For: [ ] Primary [ ] General [X] Other (specify): REG & DUES	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	1400
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 COMMITT

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. FARHAT ZUBAIR, 9844 PANGBORN AVE. DOWNEY, CA 90240	SELF / BUSINESSMAN	6.16.98	100-
Receipt For: ☐ Primary ☐ General ☑ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		
B. FAIQA QURESHI, 700 LAKEVIEW DRIVE AHOSKIE, NC 27910	SELF / PHYSICIAN	6.16.98	100-
Receipt For: ☐ Primary ☐ General ☑ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		
C. DR. RAANA AKBAR, 4701 TOWNE CENTER # 303-304 SAGINAW, MI 48604	SELF / PHYSICIAN	6.17.98	100-
Receipt For: ☐ Primary ☐ General ☑ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		
D. DR. WAHEED AKBAR, 4701 TOWNE CTR. # 303-304 SAGINAW, MI 48604	SELF / PHYSICIAN	6.17.98	100-
Receipt For: ☐ Primary ☐ General ☑ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		
E. ABAD FIRDAUS, 28 TOP-O-HILL RD, WAPPINGERS FALLS, N 71590	SELF / BUSINESSMAN	6.20.98	100-
Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		
F. HUSSAIN MALIK, MD, 296 E BROWN STREET, EAST STROUDSBURG, PA 18301	SELF / PHYSICIAN	6.20.98	100-
Receipt For: ☐ Primary ☐ General ☑ Other (specify): REGISTRATION	Aggregate Year-to-Date > $		
G. SAIF UR REHMAN, 123 CREAMERY DRIVE, NEW WINDSOR NY 12553	SELF / BUSINESSMAN	6.20.98	150
Receipt For: ☐ Primary ☐ General ☑ Other (specify): ANNUAL DUES	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 750

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. M. SAJJAD IQBAL, MD 735 LINWOOD AVE RIDGEWOOD, NJ 07450 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date $	6-21-98	100
B. AHSAN ZAFAR MD 1711 LINVALE HARBOURTON RD LAMBERTVILLE NJ 08530 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF PHYSICIAN Aggregate Year-to-Date $	6-22-98	100
C. RAZA DILAWARE Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date $	6-23-98	100
D. IJAZ QAYYUM, MD 7530 COLLEGE DR. PALOS HEIGHTS, IL 60463 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date $	6-23-98	100
E. MUHAMMAD YASIN 2116 CADWELL AVE OKLAHOMA CITY, OK 73170 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date $	6-25-98	100
F. MOHAMMED SULEMAN 14 GUADALUPE ST KENNER, LA 70062 Receipt For: ☐ Primary ☐ General ☒ Other (specify): ANNUAL DUES	SELF BUSINESSMAN Aggregate Year-to-Date $	6-29-98	100
G. ZULFIQAR ALI, MD 1900 MOWRY AVE. STE 105 FREMONT, CA 94538 Receipt For: ☐ Primary ☐ General ☒ Other (specify): REGISTRATION	SELF PHYSICIAN Aggregate Year-to-Date $	6-29-98	100

SUBTOTAL of Receipts This Page (optional) 70

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

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98 03 327 0960

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. FARHANA MOHAMED, MD 289 SAINT ALBANS AVE SOUTH PASEDENA, CA 91030 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF BUSINESSWOMAN Aggregate Year-to-Date > $	6.3.98	50
B. DR. WAHEED AKBAR 580 GOLFVIEW DR SAGINAW, MI 48603 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date > $	6.3.98	150
C. SHAHEER YOUSAF, MD P.O. BOX 1511 WALDORF, MD 20604 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date > $	6.3.98	250
D. ZAHID MAHMUD 1244 CATALINA DR MONROEVILLE, PA 15146 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date > $	6.4.98	50
E. PARVEZ SHAH, MD 7350 VAN DUSEN RD #450 LAUREL, MD 20707 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date > $	6.4.98	50
F. HUSSAIN MALIK 296 EAST BROWN STREET EAST STROUDSBURG, PA 18301 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date > $	6.5.98	100
G. MOHAMMED ASLAM MD 50 VERBE ST CRESSONA, PA 17929 Receipt For: ☐ Primary ☐ General ☑ Other (specify): PAK PAC DINNER	SELF PHYSICIAN Aggregate Year-to-Date > $	6.8.98	100

SUBTOTAL of Receipts This Page (optional) 750

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Receipt this
A. MOHAMMAD AJLAN 1116 JAMES STREET SOMERSET, PA 15501 Receipt For: ☐ Primary ☐ General ☒ Other (specify): DINNER	Self BUSINESSMAN Aggregate Year-to-Date $	6.4.98	50
B. MOHAMAD S. AHMED 2470 E FLAMINGO ROAD SUITE A. LAS VEGAS NV. 89121-5200 Receipt For: ☐ Primary ☐ General ☒ Other (specify): CONTRIBUTION	Self Physician Aggregate Year-to-Date $	5.1.98	600
C. FAROOQ ABDULLAH 9237 JADE CREST DRIVE LAS VEGAS NV. 89134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $	5.1.98	300
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 Receipt thi
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 Receipt thi
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 Receipt thi
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 Receipt thi

SUBTOTAL of Receipts This Page (optional) ..... 950.

TOTAL This Period (last page this line number only) 16500

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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 2/16/98
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☐	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	

SKP — PREPARER

2/16/98 — DATE PREPARED

(4/98)