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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines.

12FE4M5

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

ADDRESS (number and street) ▼ 7350 VAN DUSEN ROAD SUITE 450

☐ Check if different than previously reported. (ACC)

LAUREL — CITY ▲ — MD — STATE ▲ — 20707 - — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00238204

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ___ / ___ / ___ In the State of ___

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ___ / ___ / ___ In the State of ___

5. Covering Period 07 / 01 / 2006 through 09 / 30 / 2006

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 PARVEZ SHAH MD

Signature of Treasurer [signature] Date 10 / 19 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X
Rev. 12/2004

FE6AN026

26039241935

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Report Covering the Period: From: 07 / 01 / 2006 To: 09 / 30 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		320149
(b) Cash on Hand at Beginning of Reporting Period	700552	
(c) Total Receipts (from Line 19)	451273	1411763
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1151825	1731912
7. Total Disbursements (from Line 31)	421325	1001412
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	730500	730500
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)		

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

For further information contact:

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

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

26039243997

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
PAKISTANI AMERICAN PHYSICIANS PUBLIC AFFAIRS COMMITTEE

Report Covering the Period: From: 07 01 2006 To: 09 30 2006

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3860 00	9460 00
(ii) Unitemized	650 00	650 00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	4510 00	10110 00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	2 73	4000 00 / 7 63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	4512 73	14117 63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	4512 73	14117 63

26039241998

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	221325	737225
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	221325	737225
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	200000	250000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		14187
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	421325	1001412
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	421325	1001412

26039241999

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4510 00	10 110 00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4510 00	10 110 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	221325	737225
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	221325	737225

26039242000

FE6AN026

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): KHAN, AMMAD
Mailing Address: 1330 Sycamore St, Ste 2
City: Kingman State: AZ Zip Code: 86401
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 100.00
Date of Receipt: 08 / 21 / 2006
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): MUSLIM, ARIF
Mailing Address: 418 BLOOMING GROVE TRKE
City: NEW WINDSOR State: NY Zip Code: 12553
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 31 / 2006
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): AHMAD, GHAYAS
Mailing Address: 230 SOUTH ROGERS
City: Church Point State: LA Zip Code: 70525
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): dues
Aggregate Year-to-Date: 100.00
Date of Receipt: 08 / 21 / 2006
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

26039242001

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 2 OF 6

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): QADIR, GHULAM
Mailing Address: 34 BRADFORD CT
City: DEARBORN State: MI Zip Code: 48126
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 31 / 2006
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): REHMAN, MALIK
Mailing Address: 2717 Hammonds Ferry Rd
City: Baltimore State: MD Zip Code: 21227
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 1000.00
Date of Receipt: 08 / 21 / 2006
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): ARSHAD, MAQBOOL
Mailing Address: 10045 N Waterleaf Dr
City: Mequon State: WI Zip Code: 53092
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date:
Date of Receipt: 08 / 21 / 2006
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

26039242982

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 3 OF 6

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): SULEMAN, MOHAMMED
Mailing Address: 14 GUADALUPE ST
City: KENNER State: LA Zip Code: 70062
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify) Dues
Aggregate Year-to-Date: 2000 00
Date of Receipt: 07 / 31 / 2006
Amount of Each Receipt this Period: 2000 00

B.
Full Name (Last, First, Middle Initial): BAJWA, MOHAMMED
Mailing Address: 7 SANSOUCI DR
City: South Hadley State: MA Zip Code: 01075
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify) dues
Aggregate Year-to-Date: 100 00
Date of Receipt: 07 / 31 / 2006
Amount of Each Receipt this Period: 100 00

C.
Full Name (Last, First, Middle Initial): ANWAR, MOHAMMED
Mailing Address: 93 ROCKLEDGE DR
City: SOUTH WINDSOR State: CT Zip Code: 06074
FEC ID number of contributing federal political committee: C
Name of Employer: self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify) dues
Aggregate Year-to-Date: 360 00
Date of Receipt: 07 / 31 / 2006
Amount of Each Receipt this Period: 360 00

SUBTOTAL of Receipts This Page (optional) ▶ 2 460 00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): USMAN, MUHAMMAD
Mailing Address: 1806 SAINT ANDREWS WAY
City: PHENIX CITY State: AL Zip Code: 36867
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 100.00
Date of Receipt: 08 21 2006
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): SHEIKH, MUSHTAQ
Mailing Address: 1865 W. WATER ST
City: ELMIRA State: NY Zip Code: 14905
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): dues
Aggregate Year-to-Date: 150.00
Date of Receipt: 07 31 2006
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): IMAM, RIAZ
Mailing Address: 2115 AARON ST
City: PORT CHORLOTTE State: FL Zip Code: 33952
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 100.00
Date of Receipt: 08 21 2006
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 350.00.

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

26039242004

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): AHSAN, ZAFAR
Mailing Address: 624 BURGN RD
City: PENNINGTON GAP, State: VA, Zip Code: 24277
FEC ID number of contributing federal political committee: C
Name of Employer: self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 5 0 00
Date of Receipt: 07 / 31 / 2006
Amount of Each Receipt this Period: 50 00

B.
Full Name (Last, First, Middle Initial): REHMAN, SAFI
Mailing Address: 50 E LOOP
City: Madera, State: CA, Zip Code: 93637
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 2 00 00
Date of Receipt: 08 / 21 / 2006
Amount of Each Receipt this Period: 2 00 00

C.
Full Name (Last, First, Middle Initial): ALI, SYED I
Mailing Address: 1272 DEARBORN DR
City: AKRON, State: OH, Zip Code: 44313
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify): Dues
Aggregate Year-to-Date: 1 00 00
Date of Receipt: 07 / 31 / 2006
Amount of Each Receipt this Period: 1 00 00

SUBTOTAL of Receipts This Page (optional) ▶ 3 5 0 00

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

26039242085

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): ALI, ZULFIQAR
Mailing Address: 1900 MOWRY AVE, STE 105
City: Freemont State: CA Zip Code: 94538
FEC ID number of contributing federal political committee: C
Name of Employer: Self-employed Occupation: Physician
Receipt For: [ ] Primary [ ] General [X] Other (specify) Dues
Aggregate Year-to-Date ▼
Date of Receipt: 08 / 21 / 2006
Amount of Each Receipt this Period: 100 00

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

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

SUBTOTAL of Receipts This Page (optional) ▶ 100 00

TOTAL This Period (last page this line number only) ▶ 3860 00

26039242006

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE / OF /

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

A.

Full Name (Last, First, Middle Initial): SMITH BARNEY CITIGROUP

Mailing Address: 200 Crescent Ct.

City: Dallas State: TX Zip Code: 7520

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Dividends

Aggregate Year-to-Date ▼ 763

Date of Receipt: 09 / 30 / 2006

Amount of Each Receipt this Period: 273

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: / /

Amount of Each Receipt this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: / /

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 273

TOTAL This Period (last page this line number only) ▶ 273

2603592207

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): 1504 SULLIVAN AVENUES, LLC
Mailing Address: C/O 7350 Van Dusen Rd # 450
City: Laurel State: MD Zip Code: 20707
Purpose of Disbursement: Rent - office
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 18 2006
Amount of Each Disbursement this Period: 500 00

B.
Full Name (Last, First, Middle Initial): ANWAR, MOHAMMED
Mailing Address: 93 RICKLEDGE DR
City: S WINDSOR State: CT Zip Code: 06074
Purpose of Disbursement: Reimburse Meeting Setup expenses
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 25 2006
Amount of Each Disbursement this Period: 1 08 00

C.
Full Name (Last, First, Middle Initial): U S POSTAL SERVICE
Mailing Address: Laurel
City: Laurel State: MD Zip Code:
Purpose of Disbursement: Postage - Stamps
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 27 2006
Amount of Each Disbursement this Period: 274 00

SUBTOTAL of Disbursements This Page (optional) ▶ 1 862 00

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

26039242008

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Fedex Kinkos
Mailing Address: 14425 Baltimore Ave
City: Laurel State: MD Zip Code:
Purpose of Disbursement: Copies
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 21 2006
Amount of Each Disbursement this Period: 36 75

B.
Full Name (Last, First, Middle Initial): Naveed Qureshi, INC. CPA
Mailing Address: 9310 Old Keene Mill Rd
City: Burke State: VA Zip Code: 22015
Purpose of Disbursement: Accounting services
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 26 2006
Amount of Each Disbursement this Period: 3 14 50

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 351 25

TOTAL This Period (last page this line number only) ▶ 2 213 25

2603924208 09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): FRIEND'S OF BENNIE G. THOMPSON
Mailing Address: P.O. BOX 100
City: BOLTON State: MS Zip Code: 39041
Purpose of Disbursement: CONTRIBUTION
Candidate Name: BENNIE G. THOMPSON
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MISSISSIPPI District: 2ND
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 08 / 16 / 2006
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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

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Federal Election Commission

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