



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CITY CLERK'S OFFICE
NEWBURYPORT, MA

2023 OCT 30 P 3: 26

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 10/29/2023

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Afroz K. Khan

Candidate Full Name (if applicable)

City Councilor at Large

Office Sought and District

85 Prospect Street, Newburyport MA 01950

Residential Address

E-mail: afroz414@gmail.com

Phone # (optional): 617-504-3475

Committee to Elect Afroz Khan

Committee Name

Ahmer Ibrahim

Name of Committee Treasurer

85 Prospect Street, Newburyport MA 01950

Committee Mailing Address

E-mail: ahmeribrahim@yahoo.com

Phone # (optional): 617-290-7395

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	593.20
Line 2: Total receipts this period (page 3, line 11)	2541.32
Line 3: Subtotal (line 1 plus line 2)	3134.52
Line 4: Total expenditures this period (page 5, line 14)	1412.94
Line 5: Ending Balance (line 3 minus line 4)	1721.58
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Institution for Savings Newburyport MA

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: (Treasurer's signature) Date: 10/29/2023

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: (Candidate's signature) Date: 10/29/2023

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/10/23	Alana Ali Reynolds 2 merrimac cr Newburyport MA 01950	\$40	
3/3/2023	Mehreen Butt 394 main st Wakefield MA 01880	\$100	
10/13/23	Thomas Eetz 36 Broad St Newburyport MA 01950	\$25	
7/11/23	Halima Khan 85 Prospect St Newburyport MA 01950	\$1000	Retired /
10/12/23	Amber Klein Adam 9 Barton Street Newburyport MA 01950	\$150	
10/22/23	Manan Leung 223 Merrimack St Ipswich, MA Newburyport MA 01950	\$250	Retired. Founder Rounder Records
10/12/23	Debbie Poorah 3R Beck St Newburyport MA 01950	\$200	Development Conservation Law Foundation
9/6/23	Sarah Rahman 33 Staniford St Newton, MA	\$150	
10/14/23	Elena Russo 22 Bromfield St Newburyport MA 01950	\$100	
9/9/2023	Farah Shafi 28 Hillsdale Rd Arlington MA 02476	\$300	Physician BCBS of RI
3/31/23	Nikoletha Tarkenton 1 Villan Griffin Way Newburyport MA 01950	\$100	
10/18/23	Marianne Vescey 10 Kent St Newburyport MA 01950	\$75	
Line 9: Total Receipts over \$50 (or listed above)		\$2490	
Line 10: Total Receipts \$50 and under* (not listed above)		\$1.32	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$2491.32	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

\$ 50

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$50

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Act Blue	Sommerville MA	Online donation fees	\$87.51
9/22/23	4 over	1225 Los Angeles St Glendale CA 91204	Lawn Signs	\$179.30
10/19	Go Daddy	2155 E Go Daddy Way Tempe AZ	Web hosting	\$69.22
4/19/23	Helium Design	1873 E 37th St Brooklyn NY 11234	Door Hangers	\$255.58
7/11/23	Property North Appraisers	25-35 Railroad Sq Haverhill MA 01831	Appraisal for Brown school discussion	\$751
9/25/23	Stone Crest Pizzeria	8 Pleasant St Newlandport MA	Food for teams to place lawn signs	\$70.33 \$0
Line 12: Total Expenditures over \$50 (or listed above)				\$1412.94
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1412.94

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	\$
			Line 16: In-Kind Contributions \$50 & under (not listed above)	\$
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	\$

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	