

Form CPF M 102: Campaign Finance Report Municipal Form CITY CLERK'S OFFICE NEWBURYPORT, MA Office of Campaign and Political Finance

2017 OCT 30 PM 3: 24

Fill in Reporting Period dates: Beginning Date: 01/01/2	2017 Ending Date: 10/20/2017
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
AfrozK.Khan	TheCommitteeToElectAfrozKhan
Candidate Full Name (if applicable)	Committee Name
CityCouncillorAtLarge	NishatKhatib
Office Sought and District	Name of Committee Treasurer
85ProspectSt.,Newburyport,MA01950 Residential Address	585HighSt.,Westwood,MA02090 Committee Mailing Address
E-mail: afrozk.atlargecc@gmail.com	E-mail: NishatKhatib@hotmail.com
Phone # (ontional):	
A Bone # (optional).	Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	\$0.00
Line 2: Total receipts this period (page 3, line 11)	\$9,430.00
Line 3: Subtotal (line 1 plus line 2)	\$9,430.00
Line 4: Total expenditures this period (page 5, line	e 14) \$3,194.70
Line 5: Ending Balance (line 3 minus line 4)	\$6,235.30
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: InstitutionforSavings	
activity, of all persons acting under the authority or on behalf of this committee in accommendation incurred any liabilities nor made any expenditures on my behalf during this reporting personal contributions. Candidate with independent activity filling separate of the contribution of the contribution of the contributions, loans, receipts, expenditures, disbursements, in the contribution of the contrib	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10/29/17 The senty best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period. Parate report best of my knowledge and belief, a true and complete statement of all campaign 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 campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the person of the campaign finance activity of all persons activities activiti	(Candidate's signature) Candidate's signature)

3			
Committee Name:	The Committee To Elect Afroz Khan	Page:	2
3			

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/12/2017	Mona Ahmad 13 Laurine Rd. Saugus, MA 01906	\$50.00	
8/29/2017	Muna Ahmad 357 Caterina Heights Concord, MA 01742	\$100.00	
9/6/2017	Ghazala Alam 4 Courthouse Lane #1 Chelmsford, MA 01824	\$100.00	
8/20/2017	Husamuddin Ansari 29 Parker Rd. Needham, MA 02494	\$250.00	Physician, Ophthalmic Consultants of Boston
8/20/2017	Aida Arain 315 Wellesley St. Weston, MA 02493	\$150.00	
8/13/2017	Aijaz Baloch 229 Woodcliff Road Newton, MA 02461	\$100.00	
8/21/2017	Linda Brown 12 Freedom Way Merrimac, MA 01860	\$100.00	
8/10/2017	Anya Brunnick 18 Broad Street Newburyport, MA 01950	\$50.00	
8/10/2017	Linda Lu Burciaga 18 Hoyts Ln Newburyport, MA 01950	\$50.00	
8/10/2017	Ed Cameron 17 Oakland St. Newburyport, MA 01950	\$100.00	
8/19/2017	Fariha Chaudry 17 Manchester Road Brookline, MA 02446	\$100.00	
7/20/2017	Erin Connolly 10 Brooks Ct Newburyport, MA 01950	\$100.00	
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2 d include only those receipts not itemized above.

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

Committee Name: The Committee To Elect Afroz Khan

Page: 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/5/2017	Nick DeKanter 19A Congress St. Newburyport, MA 01950	\$100.00	
7/19/2017	Christine Doherty 13 Purchase Street Newburyport, MA 01950	\$100.00	
8/18/2017	April Egan 5809 Grove St. Edina, MN 55436	\$200.00	President, The Forward Curve
8/18/17	Tom Fazio 109 River Rd. West Newbury, MA 01985	\$500.00	Physician, Pentucket Medical Associates
8/10/17	Tom Getz 36 Broad St. Newburyport, MA 01950	\$50.00	
8/23/2017	Noura Guermazi 300 Hartman Rd. Newton, MA 02459	\$250.00	Unemployed
8/12/2017	Monica Habib 31 Plummer Avenue Newburyport, MA 01950	\$250.00	Unemployed
8/18/2017	Alice Hameed 6 Bennington Rd Windham, NH 03087	\$100.00	
8/22/2017	Masu Haque 69 Denny Road Chestnut Hill, MA 02467	\$500.00	Consultant, Self-Employed
8/26/2017	Sohail Husain 12 Stouffer Circle Andover, MA 01810	\$500.00	Physician, Agility Orthopedics
7/19/2017	Jay Iannini 26 Summit Place Newburyport, MA 01950	\$250.00	Unemployed
8/17/2017	Asima Ibrahim 3901 Grand Ave. Western Springs, IL 60558	\$100.00	
8/17/2017	Azeem Khan 615 Halcyon Meadow Dr Cary, NC 27519	\$700.00	Unemployed
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← 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.

Committee Name:	The Committee To Elect Afroz Khan

Page:	4
i age.	L'

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/18/2017	Raj Khokha 1001 Ashbury Street San Francisco, CA 94117	\$100.00	
9/30/2017	Cletus Kijek 12 Walnut St. Newburyport, MA 01950	\$100.00	
3/10/2017	Meghan Kinsey 1 Griffin Ct. Newburyport, MA 01950	\$50.00	
9/5/2017	Paul Kyte 60 Longfellow Dr. Newburyport, MA 01950	\$100.00	
10/5/2017	Denise Lacey 7 Pond St. Newburyport, MA 01950	\$100.00	
3/10/2017	Allison Lehane 198 High Road Newbury, MA 01951	\$100.00	
3/21/2017	Tasneem Mohammed 23 Ganley Drive Salem, NH 03079	\$250.00	Teacher, Salem School District
8/10/2017	Karina Moltz 15 Summit Place Newburyport, MA 01950	\$50.00	
3/10/2017	Solen Moriarty 59 Moseley Ave. Newburyport, MA 01950	\$50.00	
3/10/2017	Judy Mouradian 46 Liberty St. Newburyport, MA 01950	\$100.00	
3/19/2017	Tracy Neff 206 High street Newburyport, MA 01950	\$50.00	
7/20/2017	Nancy Peace P.O. Box 378 Newburyport, MA 01950	\$50.00	
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← 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.

he	Committee	То	Elect	Afroz	Khan	

Page:	5

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/19/2017	Dolores Person 4 Wrights Court Newburyport, MA 01950	\$100.00	
8/20/2017	Deb Pourati 3R Beck St. Newburyport, MA 01950	\$200.00	Event Manager, Combined Jewish Philanthropy
9/9/2017	Bil Ragan 89 Marguerite Ave. Waltham, MA 02452	\$500.00	Physician, Mass Eye and Ear Infirmary
8/13/2017	Habib Rahman 30 Westland Road Weston, MA 02493	\$150.00	
8/14/2017	Sarah Rahman 33 Staniford Street Newton, MA 02466	\$200.00	Unemployed
8/18/2017	Sandy Royster 1023 Napa Lane Aurora, IL 60502	\$250.00	Retired
9/8/2017	Dan Sabin 2 Riding Club Road Danvers, MA 01923	\$100.00	
8/10/2017	Milva Santarelli 23 Bromfield St Newburyport, MA 01950	\$50.00	
8/5/2017	Esther Sayer 10 Ship St. Newburyport, MA 01950	\$100.00	
8/19/2017	Laurel Seneca 7 Prince Pl. #503 Newburyport, MA 01950	\$50.00	
9/21/2017	Farah Shafi 28 Hillsdale Road Arlington, MA 02476	\$250.00	Physician, Harvard Vanguard Medical Associates
8/5/2017	Heather Shand 43 Warren Street Newburyport, MA 01950	\$50.00	
9/6/2017	Dawne Shand 18 Boardman Street Newburyport, MA 01950	\$50.00	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2 d include only those receipts not itemized above

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

Committee Name:	The	Committee	To	Elect	Afroz	Khan

Page: 6

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.

Data Dassins	Name and Residential Address	A	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
7/20/2017	Anita Sharma 52B Aldrich Road Watertown, MA 02472	\$250.00	Attorney, PAIR Project	
9/26/2017	Irshad Sideeka 683 Boylston St. Brookline, MA 02445	\$250.00	Unemployed	
8/19/2017	Shabnam Sigman 435 Chalda Way Moraga, CA 94556	\$100.00		
9/16/2017	Michelle Syed 364 Park St. North Reading, MA 01864	\$100.00		
8/20/2017	Joshua Tarkan 1 William Griffin Way Newburyport, MA 01950	\$100.00		
8/26/2017	Navin Tekwani 1202 Devonworth Drive Chesterfield, MO 63017	\$100.00		
8/9/2017	Bruce Vogel 5 Bromfield Ct. Newburyport, MA 01950	\$100.00		
9/10/2017	Andreya Wein 14 58th St. Newburyport, MA 01950	\$50.00		
9/5/2017	Donald Weng 7 Farnham Rd. Georgetown, MA 01833	\$50.00		
9/20/2017	Peter Zoltai 8 Hancock St. Newburyport, MA 01950	\$50.00		
Line 9: Total Recei	pts over \$50 (or listed above)	\$9,100.00		
ine 10: Total Rece	ipts \$50 and under* (not listed above)	\$330.00		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	\$9,430.00	← 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.

		es e	
Committee Name:	The Committee To Elect Afroz Khan	Page:	7

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.

	To Whom Paid		Purpose of Expenditure	
Date Paid	(alphabetical listing)	Address	(include CPF ID# if a contribution to another committee)	Amount
8/21/2017	4over Super Trade Printer	5900 San Fernando Rd. Glendale, CA 91202	Yard Signs Order - 100 Signs and H Stakes	\$554.7
8/27/2017	4over Super Trade Printer	5900 San Fernando Rd. Glendale, CA 91202	Yard Signs Order - 50 Signs and H Stakes	\$305.8
10/2/2017	ActBlue	PO Box 441146 Somerville, MA 02144	On-Line Donation Transaction Fees	\$57.2
3/20/2017	ActBlue	PO Box 441146 Somerville, MA 02144	On-Line Donation Transaction Fees	\$91.8
3194.70	Daily News Newburyport	23 Liberty Street Newburyport, MA 01950	Daily News Annual Subscription	\$153.9
9/20/2017	Family Chinese Restaurant	139 Elm St. Salisbury, MA 01952	Campaign Strategy - Debate Prep Team Meeting	\$106.9
10/16/17	Helium Design	29 Warren St. Newburyport, MA 01950	Graphic Design for Door Hangers	\$175.0
10/6/17	Minuteman Press of Newburyport	188 Newburyport Turnpike, A Newburyport, MA 01950	500 Dear Friend Cards printing	\$165.8
8/7/17	Port Tavern	84 State St. Newburyport, MA 01950	Campaign Kick Off Deposit	\$250.0
3/14/17	Port Tavern	84 State St. Newburyport, MA 01950	Campaign Kick Off Event	\$554.0
9/20/2017	SAMS Club	11 Batcheldor Rd. Seabrook, NH 03874	Campaign Office Supplies	\$150.0
10/13/2017	SAMS Club	11 Batcheldor Rd. Seabrook, NH 03874	Meet and Greet Food/Snacks	\$72.3
		Line 12: Total Expenditures or	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

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

·		

101009		
0-		Name:
COL	ппппее	Name

The Committee To Elect Afroz Khan

Page: 8

SCHEDULE B: EXPENDITURES (continued)

	T- W/L D-:-1		Purpose of Expenditure	
Date Paid	To Whom Paid (alphabetical listing)	Address	(include CPF ID# if a contribution	Amount
	USPS - Newburyport	61 Pleasant St.	to another committee) Postage for Dear Friend Cards	
10/13/17		Newburyport, MA 01950		\$98.00
Photographic and the second				
L				
		Line 12: Expenditures over \$5	0 (or listed above)	\$2,735.87
		Line 13: Expenditures \$50 and	under* (not listed above)	\$458.83
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$3,194.70
* If you have itemi			lude only those expenditures not itemized	above.

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