

SEEC FORM 30Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



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Page 1 of 34

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Khan for State Senate				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
Camryn		Kessler			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
202 Laurel St .	Hartford	CT	06105		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Senator			S002	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Maryam		Khan			
9. TYPE OF REPORT					
30 Days Following Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
08/05/2026 thru 08/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Camryn Kessler		09/09/2026 9:56:54PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Khan for State Senate	30 Days Following Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$47,704.01	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$8,135.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$20,820.38
16. Other Monetary Receipts (Section D through I)	\$0.00	\$115,725.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$144,680.38
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$47,704.01	\$144,680.38
20. Expenses Paid by Committee (Section N)	\$38,665.12	\$135,641.49
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$9,038.89	\$9,038.89
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Khan for State Senate				30 Days Following Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? Yes No	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	Aggregate Contributions	
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Khan for State Senate				30 Days Following Primary - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section J1? If yes, list Event #		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Khan for State Senate				30 Days Following Primary - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Khan for State Senate				30 Days Following Primary - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

TYPE OF REPORT

Khan for State Senate

30 Days Following Primary - Original

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt

Method of Payment

Cash

Personal Check

Credit/Debit Card

Amount

Total of Section E**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE

TYPE OF REPORT

Khan for State Senate

30 Days Following Primary - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution

Date Received

Amount

Street Address

City

State

Zip Code

Total of Section G**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE

TYPE OF REPORT

Khan for State Senate

30 Days Following Primary - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:

Initial

Grant Adjustment

Supplemental/Post Election Deficit

Grant Cycle:

Primary

General Election

Special Election

Date Received

Amount

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Khan for State Senate				30 Days Following Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Khan for State Senate				30 Days Following Primary - Original	
J1. Event Information					
Event # Date of Event	Letter	Description			Was this a fundraising event? Yes No
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Khan for State Senate

30 Days Following Primary - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Khan for State Senate

30 Days Following Primary - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
K. In-Kind Contributions	

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship			

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Uber Eats		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 555 Market St		City San Fransisco		State CA
Zip Code 94105				
Purpose of Expendit FOOD	Description food for canvass			Amount \$7.26
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Uber Eats		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 555 Market St		City San Fransisco		State CA
Zip Code 94105				
Purpose of Expendit FOOD	Description food for canvass			Amount \$80.36
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee PhoneBurner		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1968 S Coast Hwy Ste 1800		City Laguna Beach		State CA
Zip Code 92651				
Purpose of Expendit OVHD	Description Phone burner lines			Amount \$137.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee CCM & Co		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford		State CT
Zip Code 06119				
Purpose of Expendit A-WEB	Description Digital Display ads 2			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$8,000.00

Name of Payee CCM & Co		Date of Payment 08/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford		State CT
Zip Code 06119				
Purpose of Expendit A-DM	Description Mailer 5			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$10,200.00

Name of Payee Community Labor Administrative Services		Date of Payment 08/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 77 Sands St Fl 6		City Brooklyn		State NY
Zip Code 11201				
Purpose of Expendit A-OTH	Description Texting fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$424.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Community Labor Administrative Services		Date of Payment 08/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 77 Sands St Fl 6		City Brooklyn	State NY	Zip Code 11201
Purpose of Expendit A-PH-BNK	Description 2nd round of persuasion calls + GOTV calls for CT primary election			Amount \$3,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Stop and Shop		Date of Payment 08/07/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 10 Pitkin Rd		City Vernon	State CT	Zip Code 06066
Purpose of Expendit FOOD	Description Food for GOTV weekend canvass			Amount \$76.49
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Domino's		Date of Payment 08/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 738 Maple Ave		City Hartford	State CT	Zip Code 06114
Purpose of Expendit FOOD	Description food for GOTV canvassers			Amount \$82.33
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Cafe Brazil		Date of Payment 08/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1916 Park St		City Hartford	State CT	Zip Code 06106
Purpose of Expendit FOOD	Description Food for GOTV weekend			Amount \$54.76
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dunkin		Date of Payment 08/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 255 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit FOOD	Description food for GOTV Canvass			Amount \$101.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Domino's		Date of Payment 08/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 699 Park Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit FOOD	Description Food for canvass			Amount \$54.22
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Isaacs Bagel Cafe II		Date of Payment 08/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 927 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit FOOD	Description Food for GOTV Canvass			Amount \$14.69
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sohail Lokhandwalla		Date of Payment 08/08/2026	Method of Payment ☒ Check # <u>129</u> ☐ Debit Card ☐ EFT	
Street Address 139 Frazer Fir Rd		City South Windsor	State CT	Zip Code 06074
Purpose of Expendit RMB	Description Reimbursement for notary fees			Amount \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Lox Stock Bagel		Date of Payment 08/09/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 332 N Main St		City West Hartford	State CT	Zip Code 06117
Purpose of Expendit FOOD	Description food for GOTV canvass			Amount \$30.02
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Dunkin		Date of Payment 08/09/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 56 Park Rd		City West Hartford		State CT
Zip Code 06119				
Purpose of Expendit FOOD	Description food for GOTV Canvass			Amount \$46.14
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Uber Eats		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 555 Market St		City San Fransisco		State CA
Zip Code 94105				
Purpose of Expendit FOOD	Description food for 8/10 canvass			Amount \$81.33
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Domino's		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 699 Park Ave		City Bloomfield		State CT
Zip Code 06002				
Purpose of Expendit FOOD	Description food for election day canvass			Amount \$94.94
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee C Town		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1744 Park St		City Hartford	State CT	Zip Code 06106
Purpose of Expendit FOOD	Description food for election day canvass			Amount \$343.52
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Domino's		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 738 Maple Ave		City Hartford	State CT	Zip Code 06114
Purpose of Expendit FOOD	Description food for election day canvass			Amount \$93.92
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee The Upstate Lounge & Cafe		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 537 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit FOOD	Description Food at election day watch party			Amount \$318.38
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Dunkin		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 903 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit FOOD	Description food for election day canvass			Amount \$16.49
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dunkin		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 106 Sisson Ave		City Hartford	State CT	Zip Code 06106
Purpose of Expendit FOOD	Description food for election day canvass			Amount \$46.14
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Uber		Date of Payment 08/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1455 Market St # 400		City San Fransico	State CA	Zip Code 94103
Purpose of Expendit TRVL	Description campaign staff travel expense			Amount \$12.93
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stephanie Figueroa		Date of Payment 08/14/2026	Method of Payment ☒ Check # <u>131</u> ☐ Debit Card ☐ EFT	
Street Address 29 Delmont Rd		City East Hartford	State CT	Zip Code 06108
Purpose of Expendit WAGE	Description paid canvassing 12.5 hours			Amount \$312.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Ramon Garcia		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>141</u> ☐ Debit Card ☐ EFT	
Street Address 578 Prospect Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description field canvassing weeks 5+6			Amount \$662.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Monique Gardon		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>142</u> ☐ Debit Card ☐ EFT	
Street Address 28 Kenyon St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description field director weeks 5+6			Amount \$2,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Ramon Espinoza		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>139</u> ☐ Debit Card ☐ EFT	
Street Address 51 Pulaski Dr		City Hartford	State CT	Zip Code 06106
Purpose of Expendit WAGE	Description field canvassing weeks 5+6			Amount \$912.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sohail Lokhandwalla		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>135</u> ☐ Debit Card ☐ EFT	
Street Address 139 Frazer Fir Rd		City South Windsor	State CT	Zip Code 06074
Purpose of Expendit WAGE	Description field canvassing weeks 5+6			Amount \$700.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Diamond Ellis		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>136</u> ☐ Debit Card ☐ EFT	
Street Address 197 Cleveland Ave		City Hartford	State CT	Zip Code 06120
Purpose of Expendit WAGE	Description field canvassing weeks 5+6			Amount \$175.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sheela Wilkie		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>138</u> ☐ Debit Card ☐ EFT	
Street Address 615 Woodbridge St		City Manchester	State CT	Zip Code 06042
Purpose of Expendit WAGE	Description field canvassing weeks 5+6			Amount \$412.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Calitchi Melendez		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>132</u> ☐ Debit Card ☐ EFT	
Street Address 18 Roslyn St		City Hartford	State CT	Zip Code 06106
Purpose of Expendit WAGE	Description field canvassing weeks 5+6			Amount \$637.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jacqueline Sweeney		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>133</u> ☐ Debit Card ☐ EFT	
Street Address 279 W Center St		City Manchester	State CT	Zip Code 06040
Purpose of Expendit WAGE	Description field canvassing weeks 5+6			Amount \$437.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Evangeline Cartagena		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>134</u> ☐ Debit Card ☐ EFT	
Street Address 106 Central Ave Apt C1		City East Hartford	State CT	Zip Code 06108
Purpose of Expendit WAGE	Description field canvassing weeks 5+6			Amount \$825.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Amir Clahar		Date of Payment 08/16/2026	Method of Payment ☒ Check # <u>140</u> ☐ Debit Card ☐ EFT	
Street Address 181 Plain Dr		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit WAGE	Description field canvassing weeks 5 +6			Amount \$325.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Tiffany Walton		Date of Payment 08/19/2026	Method of Payment ☒ Check # <u>143</u> ☐ Debit Card ☐ EFT	
Street Address 83 Morris St		City Hartford	State CT	Zip Code 06114
Purpose of Expendit WAGE	Description weeks 9+10, campaign manager			Amount \$1,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee PhoneBurner		Date of Payment 08/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1968 S Coast Hwy Ste 1800		City Laguna Beach		State CA
Zip Code 92651				
Purpose of Expendit OVHD	Description phone burner software			Amount \$330.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee CCM & Co		Date of Payment 08/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford		State CT
Zip Code 06119				
Purpose of Expendit A-DM	Description Mailer 7			Amount \$3,770.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Community Labor Administrative Services		Date of Payment 08/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 77 Sands St Fl 6		City Brooklyn		State NY
Zip Code 11201				
Purpose of Expendit A-PH-BNK	Description texting software			Amount \$273.94
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Community Labor Administrative Services		Date of Payment 08/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 77 Sands St Fl 6		City Brooklyn		State NY
Zip Code 11201				
Purpose of Expendit A-PH-BNK	Description Budget top up for ID and GOTV calls			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
				\$1,000.00

Name of Payee Camryn Kessler		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>165</u> ☐ Debit Card ☐ EFT	
Street Address 202 Laurel St		City Hartford		State CT
Zip Code 06105				
Purpose of Expendit WAGE	Description Treasurer stipend			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
				\$1,000.00

Name of Payee Kelly Gómez		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>164</u> ☐ Debit Card ☐ EFT	
Street Address 166 Adelphi Ave		City Harrison		State NY
Zip Code 10528				
Purpose of Expendit REF	Description Second part of refund			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
				\$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sharon Hennessey		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>163</u> ☐ Debit Card ☐ EFT	
Street Address 105 Bloomfield Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit REF	Description Second part of refund			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee James Mullarkey		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>161</u> ☐ Debit Card ☐ EFT	
Street Address 105 Bloomfield Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit REF	Description Second part of refund			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Toni Karnes		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>130</u> ☐ Debit Card ☐ EFT	
Street Address 4 Juniper Rd		City Windsor	State CT	Zip Code 06095
Purpose of Expendit REF	Description Second part of refund			Amount \$1.10
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Ricardo Cruz		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>144</u> ☐ Debit Card ☐ EFT
Street Address 217 Franklin Ave Apt 502		City Hartford	State CT Zip Code 06114
Purpose of Expendit REF	Description Second part of refund		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Daniel I. Medress		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>145</u> ☐ Debit Card ☐ EFT
Street Address 140 Huyshope Ave # 506 ,		City Hartford	State CT Zip Code 06106
Purpose of Expendit REF	Description Second part of refund		Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

Name of Payee Rashad Daire		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>146</u> ☐ Debit Card ☐ EFT
Street Address 21 Westridge St		City Windsor	State CT Zip Code 06095
Purpose of Expendit REF	Description Second part of refund		Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Joel Citron		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>147</u> ☐ Debit Card ☐ EFT	
Street Address 1279 Main St # 2-4		City Hartford	State CT	Zip Code 06103
Purpose of Expendit REF	Description Second part of refund			Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Betzi Calle		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>148</u> ☐ Debit Card ☐ EFT	
Street Address 67 Noroton Ave		City Darien	State CT	Zip Code 06820
Purpose of Expendit REF	Description Second part of refund			Amount \$13.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Carol Gale		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>149</u> ☐ Debit Card ☐ EFT	
Street Address 165 Girard Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit REF	Description Second part of refund			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee John Coleman		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>150</u> ☐ Debit Card ☐ EFT	
Street Address 40 Hill Farm Rd		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit REF	Description Second part of refund			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Carlos Acevedo		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>151</u> ☐ Debit Card ☐ EFT	
Street Address 67 Noroton Ave		City Darien	State CT	Zip Code 06820
Purpose of Expendit REF	Description Second part of refund			Amount \$6.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Monique Walton		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>152</u> ☐ Debit Card ☐ EFT	
Street Address 191 Gilman St		City Hartford	State CT	Zip Code 06114
Purpose of Expendit REF	Description Second part of refund			Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Griffin Acevedo		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>153</u> ☐ Debit Card ☐ EFT	
Street Address 67 Noroton Ave		City Darien	State CT	Zip Code 06820
Purpose of Expendit REF	Description Second part of refund			Amount \$1.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Curtis Roessler		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>154</u> ☐ Debit Card ☐ EFT	
Street Address 14 Brattle St		City West Hartford	State CT	Zip Code 06119
Purpose of Expendit REF	Description Second part of refund			Amount \$2.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Aaron Romano		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>155</u> ☐ Debit Card ☐ EFT	
Street Address 55 Woodland Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit REF	Description Second part of refund			Amount \$13.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Dina Romano		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>156</u> ☐ Debit Card ☐ EFT	
Street Address 55 Woodland Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit REF	Description Second part of refund			Amount \$13.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Debra Horn		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>157</u> ☐ Debit Card ☐ EFT	
Street Address 165 Girard Ave .		City Hartford	State CT	Zip Code 06105
Purpose of Expendit REF	Description Second part of refund			Amount \$0.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Kelvin Townsend		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>158</u> ☐ Debit Card ☐ EFT	
Street Address 76 Kenwood Cir		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit REF	Description Second part of refund			Amount \$0.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Veronica Jacobs	Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>159</u> ☐ Debit Card ☐ EFT
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Street Address 155 Oakland Ter # 2	City Hartford	State CT	Zip Code 06112
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Purpose of Expendit REF	Description Second part of refund	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #
		\$0.50

Name of Payee Moe Bakr	Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>160</u> ☐ Debit Card ☐ EFT
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Street Address 92 Pierce Blvd	City Windsor	State CT	Zip Code 06095
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Purpose of Expendit REF	Description Second part of refund	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #
		\$0.50

Total of Section N**\$38,665.12**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Khan for State Senate					30 Days Following Primary - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Khan for State Senate					30 Days Following Primary - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	30 Days Following Primary - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Expenditure # (if applicable) Event #			
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Khan for State Senate

30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Is this expenditure coordinated with another candidate for which
reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Khan for State Senate

30 Days Following Primary - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought