

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

Revised February 2015



Electronic Filing

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Page 1 of 22

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Khan for State Senate				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Camryn		MI	Last Kessler		Suffix
4. TREASURER ADDRESS					
Street Address 202 Laurel St .		City Hartford		State CT	Zip Code 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 Maryam		MI	Last Khan		Suffix
9. TYPE OF REPORT					
Final Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
07/29/2026 thru 08/04/2026					
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		08/06/2026 10:01:43PM	
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	Final Weekly Supplemental Filing 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	\$95,035.84	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$6,695.00
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	\$143,240.38
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$95,035.84	\$143,240.38
20. Expenses Paid by Committee (Section N)	\$50,116.83	\$98,321.37
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$44,919.01	\$44,919.01
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				Final Weekly Supplemental Filing 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? Yes No 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 If yes, list Event #	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				Final Weekly Supplemental Filing 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? Yes No 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				Final Weekly Supplemental Filing 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				Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original

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

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Khan for State Senate	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Khan for State Senate				Final Weekly Supplemental Filing 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				Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address		City		State Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	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	Final Weekly Supplemental Filing 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

Final Weekly Supplemental Filing 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?

Yes

No

If yes, indicate which branch or branches of government the contract is with:

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

Final Weekly Supplemental Filing 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

Amount of Deposit

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	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee William Pfeiffer		Date of Payment 07/29/2026	Method of Payment ☒ Check # <u>117</u> ☐ Debit Card ☐ EFT	
Street Address 54 Sunnydale Rd		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit WAGE	Description canvassing 7/19-7/25			Amount \$150.00
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 Jacqueline Sweeney		Date of Payment 07/29/2026	Method of Payment ☒ Check # <u>118</u> ☐ Debit Card ☐ EFT	
Street Address 279 W Center St		City Manchester	State CT	Zip Code 06040
Purpose of Expendit WAGE	Description canvassing 7/19-7/25			Amount \$550.00
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 Evangeline Cartagena		Date of Payment 07/29/2026	Method of Payment ☒ Check # <u>119</u> ☐ Debit Card ☐ EFT	
Street Address 106 Central Ave Apt C1		City East Hartford	State CT	Zip Code 06108
Purpose of Expendit WAGE	Description canvassing 7/19-7/25			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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sohail Lokhandwalla		Date of Payment 07/29/2026	Method of Payment ☒ Check # <u>120</u> ☐ Debit Card ☐ EFT	
Street Address 139 Frazer Fir Rd		City South Windsor	State CT	Zip Code 06074
Purpose of Expendit WAGE	Description 7/19-7/25 canvassing		Amount \$400.00	
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)		

Name of Payee Monique Gardon		Date of Payment 07/29/2026	Method of Payment ☒ Check # <u>122</u> ☐ Debit Card ☐ EFT	
Street Address 28 Kenyon St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description 7/19-7/25 field director		Amount \$1,000.00	
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)		

Name of Payee Tracy Graves		Date of Payment 07/29/2026	Method of Payment ☒ Check # <u>121</u> ☐ Debit Card ☐ EFT	
Street Address 33 Orange Rd		City Middletown	State CT	Zip Code 06457
Purpose of Expendit WAGE	Description 7/19-7/25 canvassing		Amount \$75.00	
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)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Uber Eats		Date of Payment 07/29/2026	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 7/28 canvass			Amount \$85.96
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 07/29/2026	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 7/28 canvass			Amount \$9.38
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 #	

Name of Payee Uber Eats		Date of Payment 07/29/2026	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 7/28 canvass			Amount \$19.20
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	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Uber Eats		Date of Payment 07/29/2026	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 7/28 canvass			Amount \$3.00
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 Uber Eats		Date of Payment 07/30/2026	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 7/30 canvass			Amount \$56.53
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 07/30/2026	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 7/28 canvass			Amount \$9.41
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	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee PhoneBurner		Date of Payment 07/30/2026	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 A-PH-BNK	Description phone banking software			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$165.00
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee CCM & Co		Date of Payment 07/31/2026	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 3			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$8,970.00
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee CCM & Co		Date of Payment 07/31/2026	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 2			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$10,650.00
If yes, assign an Expenditure # and complete Itemization in Addendum N				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan for State Senate	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee CCM & Co		Date of Payment 07/31/2026	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 1			Amount \$11,100.00
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 07/31/2026	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 4			Amount \$13,100.00
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 & Shop		Date of Payment 07/31/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 286 Broad St		City Manchester		State CT
Zip Code 06040				
Purpose of Expendit FOOD	Description food for weekend canvass			Amount \$63.11
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	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Uber Eats		Date of Payment 08/03/2026	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 8/3 phonebank			Amount \$9.02
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 #	

Name of Payee Uber Eats		Date of Payment 08/03/2026	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 8/3 phonebank			Amount \$76.22
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 #	

Name of Payee Calitchi Melendez		Date of Payment 08/03/2026	Method of Payment ☒ Check # <u>123</u> ☐ Debit Card ☐ EFT	
Street Address 18 Roslyn St		City Hartford		State CT
Zip Code 06106				
Purpose of Expendit WAGE	Description week of 7/26 canvassing			Amount \$475.00
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	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jacqueline Sweeney		Date of Payment 08/03/2026	Method of Payment ☒ Check # <u>124</u> ☐ Debit Card ☐ EFT	
Street Address 279 W Center St		City Manchester	State CT	Zip Code 06040
Purpose of Expendit WAGE	Description week of 7/26 canvassing			Amount \$775.00
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 Evangeline Cartagena		Date of Payment 08/03/2026	Method of Payment ☒ Check # <u>125</u> ☐ Debit Card ☐ EFT	
Street Address 106 Central Ave Apt C1		City East Hartford	State CT	Zip Code 06108
Purpose of Expendit WAGE	Description week of 7/26 canvassing			Amount \$375.00
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 08/03/2026	Method of Payment ☒ Check # <u>126</u> ☐ Debit Card ☐ EFT	
Street Address 197 Cleveland Ave		City Hartford	State CT	Zip Code 06120
Purpose of Expendit WAGE	Description week of 7/26 canvassing			Amount \$150.00
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	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Monique Gardon		Date of Payment 08/03/2026	Method of Payment ☒ Check # <u>128</u> ☐ Debit Card ☐ EFT	
Street Address 28 Kenyon St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description week of 7/26 canvassing			Amount \$1,000.00
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 Sheela Wilkie		Date of Payment 08/03/2026	Method of Payment ☒ Check # <u>127</u> ☐ Debit Card ☐ EFT	
Street Address 615 Woodbridge St		City Manchester	State CT	Zip Code 06042
Purpose of Expendit WAGE	Description week of 7/26 canvassing			Amount \$150.00
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 #	

Total of Section N**\$50,116.83**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Khan for State Senate					Final Weekly Supplemental Filing 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					Final Weekly Supplemental Filing 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				Final Weekly Supplemental Filing 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 If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
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

Final Weekly Supplemental Filing 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

Final Weekly Supplemental Filing 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