SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Khan 2026	☐ Candidate Committee ☒ Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Monique		**Gardon**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
28 Kenyon St	**Hartford**	**CT**	**06105**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**Undetermined**	

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Maryam		**Khan**	

9. TYPE OF REPORT

January 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
11/30/2025	thru	**12/31/2025**

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	**Monique Gardon**	**06/24/2026 9:03:20PM**
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.

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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 2026	January 10 Filing - Amendment	
	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	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$19,452.00**	**$19,452.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
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)	**$19,452.00**	**$19,452.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$19,452.00**	**$19,452.00**
20. Expenses Paid by Committee (Section N)	**$287.48**	**$287.48**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$19,164.52**	**$19,164.52**
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 2026	January 10 Filing - Amendment

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Muguerza	Renato		0158

Residential Street Address	City	State	Zip Code
27 Ellington St	Hartford	CT	06106

Principal Occupation	Name of Employer
Legislative Aide	City of Hartford

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: $100.00

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: 12/15/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Ganong	Sarah		0157

Residential Street Address	City	State	Zip Code
72 Hamilton St	Hartford	CT	06106

Principal Occupation	Name of Employer
State Director	Working Families Party

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: $25.00

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: 12/17/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Aguirre	Mayela		0156

Residential Street Address	City	State	Zip Code
316 Palisado Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
Educator	Windsor public schools

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: $50.00

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: 12/18/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Weiner	Eric	J	0155

Residential Street Address	City	State	Zip Code
130 Palisado Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
retired	retired

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: $50.00

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: 12/18/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Elliott	Joshua		0154

Residential Street Address	City	State	Zip Code
3040 Whitney Ave	Hamden	CT	06518

Principal Occupation	Name of Employer
Owner	Thyme and Season

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: $150.00

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: 12/20/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Hussain	Jabeen		0153

Residential Street Address	City	State	Zip Code
11 Donna Ln	Windsor	CT	06095

Principal Occupation	Name of Employer
Financial Analyst	Raytheon

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: $50.00

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: 12/20/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Biggins	Patrick		0152

Residential Street Address	City	State	Zip Code
11 Alps Dr	East Hartford	CT	06108

Principal Occupation	Name of Employer
Retention counselor	Goodwin magnet systems

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: $100.00

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: 12/20/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Chafee	Brandon		0151

Residential Street Address	City	State	Zip Code
73 Ten Acre Rd	Middletown	CT	06457

Principal Occupation	Name of Employer
Engineer	Eversource

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: $25.00

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
12/20/2025	$25.00

Last Name	First	MI	Contribution ID #
Fennessy	Sarah		0150

Residential Street Address	City	State	Zip Code
4 Brookline Dr	West Hartford	CT	06107

Principal Occupation	Name of Employer
Teacher	State of CT

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: $100.00

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
12/20/2025	$100.00

Last Name	First	MI	Contribution ID #
Muhammad	Abdul-Rahmaan		0149

Residential Street Address	City	State	Zip Code
145 Taylor St	Vernon	CT	06066

Principal Occupation	Name of Employer
Executive Director	My People Community Services

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: $100.00

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
12/20/2025	$100.00

Last Name	First	MI	Contribution ID #
Gauthier	Nicholas		0148

Residential Street Address	City	State	Zip Code
38 Norman St	Waterford	CT	06385

Principal Occupation	Name of Employer
State Representative	Connecticut General Assembly

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: $27.00

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
12/20/2025	$27.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bergin	Timothy		0147

Residential Street Address	City	State	Zip Code
29 Doane St	Manchester	CT	06042

Principal Occupation	Name of Employer
Policy Director	CGA

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: $100.00

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: 12/20/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Haldane	Violette o		0146

Residential Street Address	City	State	Zip Code
50 Lebanon St	Hartford	CT	06112

Principal Occupation	Name of Employer
Executive director	Advocacy to kegacy

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: $150.00

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: 12/20/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Shannon	MJ		0145

Residential Street Address	City	State	Zip Code
33 Foran Rd	Milford	CT	06460

Principal Occupation	Name of Employer
Development Specialist	Beth-El Center

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: $50.00

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: 12/21/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Menapace	Nicholas		0144

Residential Street Address	City	State	Zip Code
38 Hope St	Niantic	CT	06357

Principal Occupation	Name of Employer
Teacher	New London public schools

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: $20.00

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: 12/21/2025

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kenneson	Elizabeth		0143

Residential Street Address	City	State	Zip Code
71 Tobey Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
part time library clerk, Windsor Public Library	Town of Windsor

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: $100.00

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: 12/22/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Walker	Tyrone		0142

Residential Street Address	City	State	Zip Code
343 Fairfield Ave	Hartford	CT	06114

Principal Occupation	Name of Employer
retired	retired

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: $20.00

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: 12/22/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Michtom	Josh		0141

Residential Street Address	City	State	Zip Code
135 Madison Ave	Hartford	CT	06106

Principal Occupation	Name of Employer
Attorney	Center for Children's Advocacy

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: $320.00

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: 12/23/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Granat	Pearl		0140

Residential Street Address	City	State	Zip Code
116 Beacon St	Hartford	CT	06105

Principal Occupation	Name of Employer
retired	retired

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: $200.00

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: 12/23/2025

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Teeling	Nick		0139

Residential Street Address	City	State	Zip Code
224 Torringford St	Winsted	CT	06098

Principal Occupation	Name of Employer
Director	Connecticut Voices for Children

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: $50.00

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: 12/23/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Swaidan	Christina		0138

Residential Street Address	City	State	Zip Code
27 Lochview Dr	Windsor	CT	06095

Principal Occupation	Name of Employer
Chair	University of Hartford

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: $10.00

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: 12/23/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Blatteau	Leslie	H	0137

Residential Street Address	City	State	Zip Code
410 Greenwich Ave	New Haven	CT	06519

Principal Occupation	Name of Employer
Teacher	New Haven Public Schools

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: $50.00

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: 12/24/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Akhtar	Salim		0136

Residential Street Address	City	State	Zip Code
505 Stirling Bridge Dr	Ormond Beach	FL	32174

Principal Occupation	Name of Employer
retired	retired

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: $20.00

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: 12/24/2025

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tatum	Steven		0135

Residential Street Address	City	State	Zip Code
32 Ashley St	Hartford	CT	06105

Principal Occupation	Name of Employer
Barista / Shift Supervisor	Starbucks

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: $10.00

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: 12/24/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Alexandre	Yvon		0134

Residential Street Address	City	State	Zip Code
230 New Cheshire Rd	Wallingford	CT	06492

Principal Occupation	Name of Employer
Business Manager	Caribbean Import Products LLC

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: $320.00

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: 12/24/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Chaudhary	Iram		0133

Residential Street Address	City	State	Zip Code
210 Regan Rd	Vernon	CT	06066

Principal Occupation	Name of Employer
Lab Director	Quest Diagnostics

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: $150.00

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: 12/25/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Sarwar	Aaron		0132

Residential Street Address	City	State	Zip Code
202 Park Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Restauranteur	Self

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: $320.00

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: 12/25/2025

Aggregate Contributions: $320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Khan	Fareed		0131

Residential Street Address	City	State	Zip Code
30 Hudson St	Manchester	CT	06042

Principal Occupation	Name of Employer
Mechanic	Pep boys

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: $320.00

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: 12/25/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Rosario	Elena		0130

Residential Street Address	City	State	Zip Code
83 Williams St	Hartford	CT	06120

Principal Occupation	Name of Employer
Assistant Professor of History	Fairfield University

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: $20.00

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: 12/25/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Abu-Hasaballah	Khamis		0129

Residential Street Address	City	State	Zip Code
43 Woodside Dr	Unionville	CT	06085

Principal Occupation	Name of Employer
Executive	UConn Health

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: $250.00

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: 12/25/2025

Aggregate Contributions: $250.00

Last Name	First	MI	Contribution ID #
Brown	Noora		0128

Residential Street Address	City	State	Zip Code
43 Woodside Dr	Unionville	CT	06085

Principal Occupation	Name of Employer
Realtor	Wpsir

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: $100.00

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: 12/25/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Caesar	Aminah		0127

Residential Street Address	City	State	Zip Code
525 Bloomfield Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
Human Resources	HomeGoods

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: $20.00

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: 12/25/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Mirza	Arique		0126

Residential Street Address	City	State	Zip Code
19 Stratford Xing	Avon	CT	06001

Principal Occupation	Name of Employer
Cardiologist	Central CT Cardiologists, LLC.

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: $320.00

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: 12/26/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Khan	Rafey		0125

Residential Street Address	City	State	Zip Code
29 Bina Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
Accountant	Transact technologies

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: $5.00

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: 12/26/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Campbell	Gairy		0124

Residential Street Address	City	State	Zip Code
75 Deerfield Rd	Windsor	CT	06095

Principal Occupation	Name of Employer
Journeyman	R and R Broadband

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: $10.00

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: 12/26/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Oni	Michael		0123

Residential Street Address	City	State	Zip Code
227 Pembroke St	Hartford	CT	06112

Principal Occupation	Name of Employer
Firefighter	City of hartford

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: $5.00

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
12/26/2025	$5.00

Last Name	First	MI	Contribution ID #
Shaikh	Naseem		0122

Residential Street Address	City	State	Zip Code
52 Bridgewater Dr	Avon	CT	06001

Principal Occupation	Name of Employer
retired	retired

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: $100.00

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
12/27/2025	$100.00

Last Name	First	MI	Contribution ID #
Ghumman	Khuram		0121

Residential Street Address	City	State	Zip Code
11 Waverly Way	East Granby	CT	06026

Principal Occupation	Name of Employer
Physician	East Granby Family Practice

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: $100.00

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
12/27/2025	$100.00

Last Name	First	MI	Contribution ID #
Abdelmageed	Ahmed		0120

Residential Street Address	City	State	Zip Code
26 Northgate	Simsbury	CT	06070

Principal Occupation	Name of Employer
Dean	University of saint joseph

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: $100.00

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
12/27/2025	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Miller	Linda		0119

Residential Street Address	City	State	Zip Code
551 Shuttle Meadow Ave	New Britain	CT	06052

Principal Occupation	Name of Employer
Nurse	Middletown Board of Education

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: $20.00

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: 12/27/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Antar	Ali		0118

Residential Street Address	City	State	Zip Code
265 Rambler St Bristol Ct	Bristol	CT	06010

Principal Occupation	Name of Employer
retired	retired

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: $320.00

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: 12/27/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Muhammad	Raza		0117

Residential Street Address	City	State	Zip Code
8142 Sutton Crest Dr	Tomball	TX	77375

Principal Occupation	Name of Employer
student	student

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: $100.00

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: 12/27/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Touray	Kawsu		0116

Residential Street Address	City	State	Zip Code
1 Cory Ln	Norwalk	CT	06851

Principal Occupation	Name of Employer
Engineer	Eversource

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: $100.00

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: 12/27/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sadiq	Immad		0115

Residential Street Address	City	State	Zip Code
74 Colton Rd	Glastonbury	CT	06033

Principal Occupation	Name of Employer
Physician	HHC

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: $320.00

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: 12/27/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Ali	Zafar		0114

Residential Street Address	City	State	Zip Code
608 Wellington Hill Rd	Manchester	NH	03104

Principal Occupation	Name of Employer
Engineer	FNST

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: $25.00

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: 12/27/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ahmed	Radeyah S.		0113

Residential Street Address	City	State	Zip Code
117 Evergreen Rd	Vernon	CT	06066

Principal Occupation	Name of Employer
student	student

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: $20.00

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: 12/27/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Bhatti	Faheem		0112

Residential Street Address	City	State	Zip Code
15 Wilton Rd	Windsor	CT	06095

Principal Occupation	Name of Employer
Service engineer	Siemens

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: $50.00

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: 12/28/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nixon	Helen		0111

Residential Street Address	City	State	Zip Code
19 Sunset St	Windsor	CT	06095

Principal Occupation	Name of Employer
retired	retired

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: $100.00

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: 12/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Desideraggio	Hillary		0110

Residential Street Address	City	State	Zip Code
88 Simsbury Rd	West Granby	CT	06090

Principal Occupation	Name of Employer
Field Organizer	The Connecticut Project

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: $10.00

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: 12/28/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Keller	Stefan		0109

Residential Street Address	City	State	Zip Code
32 Ashley Streeet	Hartford	CT	06105

Principal Occupation	Name of Employer
Non-Profit Professional	Make the Road States Inc.

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: $25.00

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: 12/28/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Haq	Syed Arif		0108

Residential Street Address	City	State	Zip Code
15427 Sableton Crest Ln	Cypress	TX	77429

Principal Occupation	Name of Employer
Software Developer	IBM

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: $200.00

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: 12/28/2025

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Haq	Omar		0107

Residential Street Address	City	State	Zip Code
15427 Sableton Crest Ln	Cypress	TX	77429

Principal Occupation	Name of Employer
Lawyer	Haq Harlow LLC

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: $320.00

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: 12/28/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Hasan	Rayyan		0106

Residential Street Address	City	State	Zip Code
17606 Coventry Oaks Dr	Houston	TX	77084

Principal Occupation	Name of Employer
student	student

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: $5.00

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: 12/28/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bukhari	Zahid		0105

Residential Street Address	City	State	Zip Code
2110 Walnut Ridge Ct	Frederick	MD	21702

Principal Occupation	Name of Employer
Research	ICNA

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: $100.00

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: 12/28/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Farooqi	Shahid		0104

Residential Street Address	City	State	Zip Code
37 Mason St	Hempstead	NY	11550

Principal Occupation	Name of Employer
Social work	Helping Hand for Relief and Development

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: $50.00

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: 12/29/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jamal	Syed		0103

Residential Street Address	City	State	Zip Code
1537 Turnpike St	North Andover	MA	01845

Principal Occupation	Name of Employer
program coordinator	ICNA Relief

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: $100.00

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: 12/29/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Zulfiqar	Tahir		0102

Residential Street Address	City	State	Zip Code
15000 W Airport Blvd	Sugar Land	TX	77498

Principal Occupation	Name of Employer
Sales Associate	Macy's

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: $10.00

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: 12/29/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Mannan	Dr Arif		0101

Residential Street Address	City	State	Zip Code
10384 Kingsbridge Rd	Ellicott City	MD	21042

Principal Occupation	Name of Employer
Physician	Mannan Pediatrics

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: $320.00

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: 12/29/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Crisanti	Aimee		0100

Residential Street Address	City	State	Zip Code
38 Newbury Ct	North Haven	CT	06473

Principal Occupation	Name of Employer
retired	retired

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: $50.00

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: 12/29/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zahir	Abdul		0099

Residential Street Address	City	State	Zip Code
287 Bay Rd	North Easton	MA	02356

Principal Occupation	Name of Employer
Consultant	Ellab

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: $10.00

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
12/29/2025	$10.00

Last Name	First	MI	Contribution ID #
Abdullah	Mohammed		0098

Residential Street Address	City	State	Zip Code
287 Chauncy St	Mansfield	MA	02048

Principal Occupation	Name of Employer
Uber driver	Self Employed

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: $20.00

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
12/29/2025	$20.00

Last Name	First	MI	Contribution ID #
Douffy	Mohamed		0097

Residential Street Address	City	State	Zip Code
11 Rosedale Ave	North Andover	MA	01845

Principal Occupation	Name of Employer
Senior Robotics Test Engineer	Symbotic

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: $20.00

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
12/29/2025	$20.00

Last Name	First	MI	Contribution ID #
Ehsan	Kamran		0096

Residential Street Address	City	State	Zip Code
61 Nina Dr	Tewksbury	MA	01876

Principal Occupation	Name of Employer
Engineer	PDF

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: $10.00

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
12/29/2025	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Shaikh~~	~~Zakaria~~		~~0095~~

Residential Street Address	City	State	Zip Code
~~16 Lloyd St~~	~~New Hyde Park~~	~~NY~~	~~11040~~

Principal Occupation	Name of Employer
~~IT Project Specialist~~	~~NYC~~

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

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	Amount of Contribution
~~12/29/2025~~	~~$0.00~~	~~$5.00~~

Last Name	First	MI	Contribution ID #
Akhtar	Khalid		0094

Residential Street Address	City	State	Zip Code
7 Sheehan Way	Foxboro	MA	02035

Principal Occupation	Name of Employer
Engineer	CVS HEALTH

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

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	Amount of Contribution
12/29/2025	$50.00	$50.00

Last Name	First	MI	Contribution ID #
Quadri	Syed Awais		0093

Residential Street Address	City	State	Zip Code
14539 Overland Hollow Dr	Houston	TX	77069

Principal Occupation	Name of Employer
Aircraft Mechanic	jettpro line Maintenance

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

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	Amount of Contribution
12/29/2025	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Ahmed	Nawal		0092

Residential Street Address	City	State	Zip Code
39 Church St	Northborough	MA	01532

Principal Occupation	Name of Employer
Adjunct Professor	Boston University

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

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	Amount of Contribution
12/29/2025	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mossalam	Mohanad		0091

Residential Street Address	City	State	Zip Code
64 Essex St	Malden	MA	02148

Principal Occupation	Name of Employer
Attorney	Foley Hoag

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: $100.00

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: 12/29/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Azhar	Arij		0090

Residential Street Address	City	State	Zip Code
13927 Deviar Dr	Centreville	VA	20120

Principal Occupation	Name of Employer
Physician	Fauquier Health

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: $100.00

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: 12/29/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Nag	Dhrupad		0089

Residential Street Address	City	State	Zip Code
1439 Euclid St NW	Washington	DC	20009

Principal Occupation	Name of Employer
Foreign Affairs Officer	Department of State

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: $50.00

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: 12/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Kannachankudy	AbdulGafoor		0088

Residential Street Address	City	State	Zip Code
9 Tracey Ln	Sharon	MA	02067

Principal Occupation	Name of Employer
Technology Director	JP Morgan

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: $200.00

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: 12/30/2025

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Elango	Anitha		0087

Residential Street Address	City	State	Zip Code
108 Lisa Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
Adjunct Faculty	CT State Community College

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

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	Amount of Contribution
12/30/2025	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Brula	Hosamulhaq		0086

Residential Street Address	City	State	Zip Code
838 Mount Rainier	Bowling Green	KY	42104

Principal Occupation	Name of Employer
student	student

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

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	Amount of Contribution
12/30/2025	$320.00	$320.00

Last Name	First	MI	Contribution ID #
Alqaddumi	Khaled		0085

Residential Street Address	City	State	Zip Code
36 Grandveiw Ter	South Windsor	CT	06074

Principal Occupation	Name of Employer
Partner	Wholesale club llc

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

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	Amount of Contribution
12/30/2025	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Ansari	Mohsin		0084

Residential Street Address	City	State	Zip Code
12418 Barnard Way	West Friendship	MD	21794

Principal Occupation	Name of Employer
Physician	Self

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

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	Amount of Contribution
12/30/2025	$320.00	$320.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Aijazi	Mahmood		0083

Residential Street Address	City	State	Zip Code
2 Evergreen Ct	Warren	NJ	07059

Principal Occupation: Physician

Name of Employer: PathVenture XPC

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: $320.00

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: 12/30/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Haider	Naeem		0082

Residential Street Address	City	State	Zip Code
1384 Moss Creek Dr .	Jacksonville	FL	32225

Principal Occupation: Dr

Name of Employer: Self

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: $320.00

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: 12/30/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Farooqi	Aftab		0081

Residential Street Address	City	State	Zip Code
7901 168th Ave NE	Redmomd	WA	98052

Principal Occupation: President

Name of Employer: Inabia Software & Consulting

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: $320.00

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: 12/30/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Arif	Mohammad		0080

Residential Street Address	City	State	Zip Code
7 Navy Pier Ct	Staten Island	NY	10304

Principal Occupation: Computer Specialist

Name of Employer: NYC

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: $100.00

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: 12/30/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mira	Khalid		0079

Residential Street Address	City	State	Zip Code
13100 Mustang Trl	Fort Lauderdale	FL	33330

Principal Occupation	Name of Employer
retired	retired

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: $320.00

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: 12/30/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
Khan	Sarah		0078

Residential Street Address	City	State	Zip Code
31 Delmont St	Manchester	CT	06042

Principal Occupation	Name of Employer
Registered Dietitian	Hartford Healthcare

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: $100.00

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: 12/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
FARRUKH	RAZA		0077

Residential Street Address	City	State	Zip Code
299 Edlys Ln	North Brunswick	NJ	08902

Principal Occupation	Name of Employer
Planning Advisor	The Zakat Foundation of America

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: $320.00

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: 12/30/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
rashid	Saadia		0076

Residential Street Address	City	State	Zip Code
3304 Cellars Dr	Plano	TX	75074

Principal Occupation	Name of Employer
Speech Pathologist	Progressive Rehab

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: $100.00

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: 12/30/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ali	Saadat		0075

Residential Street Address	City	State	Zip Code
119 Lindsey Ct	Franklin Park	NJ	08823

Principal Occupation	Name of Employer
Sales associates	ICNA-NJ

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: $100.00

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: 12/30/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Naeem	Ojala		0074

Residential Street Address	City	State	Zip Code
100 Pierce Blvd	Windsor	CT	06095

Principal Occupation	Name of Employer
Senior Director	Travelers

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: $25.00

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: 12/30/2025

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Kazmi	Saad		0073

Residential Street Address	City	State	Zip Code
831 Falcon Trl	Murphy	TX	75094

Principal Occupation	Name of Employer
Healthcare	Walmart

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: $300.00

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: 12/30/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Bukhari	Zahid		0072

Residential Street Address	City	State	Zip Code
2110 Walnut Ridge Ct	Frederick	MD	21702

Principal Occupation	Name of Employer
Research	ICNA

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: $240.00

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: 12/30/2025

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nazit	Atif		0071

Residential Street Address	City	State	Zip Code
541 Manchester Ct	Piscataway	NJ	08854

Principal Occupation	Name of Employer
Public Health Administration and Management	Plainfield

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: $150.00

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: 12/30/2025

Aggregate Contributions: $150.00

Last Name	First	MI	Contribution ID #
Brula	Burhanulhaq		0070

Residential Street Address	City	State	Zip Code
838 Mount Rainier Dr	Bowling Green	KY	42104

Principal Occupation	Name of Employer
retired	retired

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: $320.00

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: 12/30/2025

Aggregate Contributions: $320.00

Last Name	First	MI	Contribution ID #
~~Waheed~~	~~Adil~~		~~0069~~

Residential Street Address	City	State	Zip Code
~~6 Bellavista Dr~~	~~Mechanicsburg~~	~~PA~~	~~17050~~

Principal Occupation	Name of Employer
~~self-employed~~	~~self~~

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: ~~$320.00~~

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: ~~12/30/2025~~

Aggregate Contributions: ~~$640.00~~

Last Name	First	MI	Contribution ID #
Kaleem	Syed		0068

Residential Street Address	City	State	Zip Code
47 Highview Rd	South Windsor	CT	06074

Principal Occupation	Name of Employer
retired	retired

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: $100.00

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: 12/30/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Asad~~	~~Mohammad~~		~~0067~~

Residential Street Address	City	State	Zip Code
~~9688 W Lake Ct~~	~~Boca Raton~~	~~FL~~	~~33434~~

Principal Occupation	Name of Employer
~~self employed~~	~~self employed~~

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: ~~$320.00~~

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
~~12/30/2025~~	~~$0.00~~

Last Name	First	MI	Contribution ID #
Kabeer	Humayun		0066

Residential Street Address	City	State	Zip Code
18 Cranberry Way	Manchester	NH	03109

Principal Occupation	Name of Employer
Nonprofit Mangement	Helping Hand USA

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: $100.00

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
12/30/2025	$100.00

Last Name	First	MI	Contribution ID #
Syed	Adnan		0065

Residential Street Address	City	State	Zip Code
2937 Avicenna St	Irving	TX	75062

Principal Occupation	Name of Employer
IT Management	American Airlines

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: $100.00

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
12/30/2025	$100.00

Last Name	First	MI	Contribution ID #
Maase	Eric		0064

Residential Street Address	City	State	Zip Code
137 Old Westford Rd	Chelmsford	MA	01824

Principal Occupation	Name of Employer
Professor	UML

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: $10.00

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
12/30/2025	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Rahman	Saeed		0063

Residential Street Address	City	State	Zip Code
36 Bushy Hill Dr	Newington	CT	06111

Principal Occupation	Name of Employer
Self employee	Maheen & Nimra LLC

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: $340.00

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: 12/30/2025

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Khan	Zaheer		0062

Residential Street Address	City	State	Zip Code
231 Parkerville Rd	Southborough	MA	01772

Principal Occupation	Name of Employer
retired	retired

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: $300.00

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: 12/30/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
Aldabaja	Adnan		0061

Residential Street Address	City	State	Zip Code
4602 Dusk Meadow Dr	Carrollton	TX	75010

Principal Occupation	Name of Employer
IT management	American Airlines

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: $50.00

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: 12/30/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Ehmad	Amir		0060

Residential Street Address	City	State	Zip Code
85 Round Hill Rd	Manchester	CT	06040

Principal Occupation	Name of Employer
Business Owner	Merchant Deliveries LLC

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: $340.00

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: 12/30/2025

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Asif	Jovaria		0059

Residential Street Address	City	State	Zip Code
515 William Floyd Pkwy	Shirley	NY	11967

Principal Occupation	Name of Employer
Systems Administrator	Vox Media

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: $200.00

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
12/30/2025	$200.00

Last Name	First	MI	Contribution ID #
Khan	Azeem		0058

Residential Street Address	City	State	Zip Code
31 Delmont St	Manchester	CT	06042

Principal Occupation	Name of Employer
Supervisor	Eversource

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: $100.00

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
12/30/2025	$100.00

Last Name	First	MI	Contribution ID #
Moquit	Adnan		0057

Residential Street Address	City	State	Zip Code
425 Brook Pine Trl	Apex	NC	27523

Principal Occupation	Name of Employer
Incident Manager	Cisco

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: $340.00

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
12/30/2025	$340.00

Last Name	First	MI	Contribution ID #
Ahmed	Asrar		0056

Residential Street Address	City	State	Zip Code
23641 Paddock Dr	Farmington	MI	48336

Principal Occupation	Name of Employer
Senior Analyst	Henry Ford

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: $340.00

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
12/30/2025	$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Karnes	Nathan		0055

Residential Street Address	City	State	Zip Code
4 Juniper Rd	Windsor	CT	06095

Principal Occupation	Name of Employer
retired	retired

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: $40.00

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: 12/30/2025

Aggregate Contributions: $40.00

Last Name	First	MI	Contribution ID #
Waheed	**Adil**		**0069**

Residential Street Address	City	State	Zip Code
6 Bellavista Dr	**Mechanicsburg**	**PA**	**17050**

Principal Occupation	Name of Employer
Physician	**self**

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: **$320.00**

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: **12/30/2025**

Aggregate Contributions: **$320.00**

Last Name	First	MI	Contribution ID #
~~Hill~~	~~Amdken~~	~~E~~	~~0159~~

Residential Street Address	City	State	Zip Code
~~89 Montville St # D~~	~~Hartford~~	~~CT~~	~~06120~~

Principal Occupation	Name of Employer
~~Retired~~	~~Retired~~

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ ~~x~~ 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 ☒ ~~x~~ No

Amount of Contribution: ~~$10.00~~

Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ ~~x~~ No

If yes, list Event #

Method of contribution: ☒ ~~x~~ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card

Date Received: ~~12/30/2025~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
Haq	Bilal		0054

Residential Street Address	City	State	Zip Code
15427 Sableton Crest Ln	Cypress	TX	77429

Principal Occupation	Name of Employer
unemployed	unemployed

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Khatib	Sarah		0053

Residential Street Address	City	State	Zip Code
35 Frontier Dr	Walpole	MA	02081

Principal Occupation	Name of Employer
homemaker	homemaker

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
White	Sarah		0052

Residential Street Address	City	State	Zip Code
167 Beacon St	Hartford	CT	06105

Principal Occupation	Name of Employer
Attorney	Connecticut Fair Housing Center

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: $20.00

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: 12/31/2025

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Ilyas	Mohammad		0051

Residential Street Address	City	State	Zip Code
12519 Sunchase Dr	Jacksonville	FL	32246

Principal Occupation	Name of Employer
Physician	UF

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: $200.00

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: 12/31/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Lockhart	Leonard		0050

Residential Street Address	City	State	Zip Code
57 Columbia Rd	Windsor	CT	06095

Principal Occupation	Name of Employer
unemployed	unemployed

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: $20.00

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: 12/31/2025

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sweet	Laurie		0049

Residential Street Address	City	State	Zip Code
4 Prospect Ct	Hamden	CT	06517

Principal Occupation	Name of Employer
Legislator	State of CT

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: $50.00

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
12/31/2025	$50.00

Last Name	First	MI	Contribution ID #
RAJA	**Muhammad**		**0044**

Residential Street Address	City	State	Zip Code
108 Benjamin Ct	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Business	**Studio 14 USA**

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: **$100.00**

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
12/31/2025	**$100.00**

Last Name	First	MI	Contribution ID #
Manzar	Shazia N.		0006

Residential Street Address	City	State	Zip Code
5419 McCulloch Cir	Houston	TX	77056

Principal Occupation	Name of Employer
retired	retired

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: $50.00

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
12/31/2025	$50.00

Last Name	First	MI	Contribution ID #
Ahmed	Syed		0005

Residential Street Address	City	State	Zip Code
23607 Rimini Ct	Richmond	TX	77406

Principal Occupation	Name of Employer
IT	CenterPoint

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: $50.00

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
12/31/2025	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ahmed	Sameer		0004

Residential Street Address	City	State	Zip Code
17203 Saddle Ridge Pass	Houston	TX	77433

Principal Occupation	Name of Employer
Ai	Kpmg

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Javed	Abrahim		0003

Residential Street Address	City	State	Zip Code
2 Stadium Dr	Sugar Land	TX	77498

Principal Occupation	Name of Employer
VP	Riceland Healthcare

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: $340.00

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: 12/31/2025

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Javed	Tahir		0002

Residential Street Address	City	State	Zip Code
2295 Avalon St	Beaumont	TX	77707

Principal Occupation	Name of Employer
Chairman	Riceland Healthcare

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: $340.00

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: 12/31/2025

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Khalid	Naeem		0001

Residential Street Address	City	State	Zip Code
77 Ely Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Self-Employed	Self-Employed

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: $340.00

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: 12/31/2025

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Farrukh~~	~~Danial~~		~~0020~~

Residential Street Address	City	State	Zip Code
~~299 Edlys Ln~~	~~North Brunswick~~	~~NJ~~	~~08902~~

Principal Occupation	Name of Employer
~~Staff Program Manager~~	~~ZT Systems~~

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: ~~$200.00~~

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
~~12/31/2025~~	~~$0.00~~

Last Name	First	MI	Contribution ID #
Siddiqui	Bilal		0019

Residential Street Address	City	State	Zip Code
1551 Windermere Way	Dallas	TX	75234

Principal Occupation	Name of Employer
Software Engineer	CTG

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: $200.00

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
12/31/2025	$200.00

Last Name	First	MI	Contribution ID #
Haq	Syed Arif		0018

Residential Street Address	City	State	Zip Code
15427 Sableton Crest Ln	Cypress	TX	77429

Principal Occupation	Name of Employer
Analyst	IBM

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: $100.00

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
12/31/2025	$300.00

Last Name	First	MI	Contribution ID #
Kiani	Muhammad		0017

Residential Street Address	City	State	Zip Code
31 Sandalwood Ave	Valley Stream	NY	11581

Principal Occupation	Name of Employer
Vice President	Citi

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: $20.00

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
12/31/2025	$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Sattar	Nadeem		0016

Residential Street Address	City	State	Zip Code
1 Erica Dr	Lincoln	RI	02865

Principal Occupation	Name of Employer
Self employed	United llc

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: $340.00

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: 12/31/2025

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Shaik	Saleem		0015

Residential Street Address	City	State	Zip Code
19226 Derby Run Ln	Tomball	TX	77377

Principal Occupation	Name of Employer
retired	retired

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: $340.00

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: 12/31/2025

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Mehmood	Athar		0013

Residential Street Address	City	State	Zip Code
3811 Ashlee Ln	Houston	TX	77014

Principal Occupation	Name of Employer
Assistant	HHRD

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: $50.00

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: 12/31/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Ahmad	Maqsood		0012

Residential Street Address	City	State	Zip Code
1311 Tara Blvd	Baton Rouge	LA	70806

Principal Occupation	Name of Employer
Executive	Islamic Circle of North America

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ghani	Syed		0011

Residential Street Address	City	State	Zip Code
18710 Flagstone Creek Rd	Houston	TX	77084

Principal Occupation	Name of Employer
Credit Manager	APM Inc

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: $50.00

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: 12/31/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
~~Pisharody~~	~~Anita~~		~~0010~~

Residential Street Address	City	State	Zip Code
~~345 Buckland Hills Dr~~	~~Manchester~~	~~CT~~	~~06042~~

Principal Occupation	Name of Employer
~~Application Specialist~~	~~Selective Insurance~~

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: ~~$20.00~~

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: ~~12/31/2025~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
Moquit	Waquas		0009

Residential Street Address	City	State	Zip Code
1622 Everett Dr	Garland	TX	75044

Principal Occupation	Name of Employer
Cloud engineer	Eci

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: $340.00

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: 12/31/2025

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
~~A FARUQUI~~	~~IQBAL~~		~~0008~~

Residential Street Address	City	State	Zip Code
~~20454 NE Finley Ave~~	~~Blountstown~~	~~FL~~	~~32424~~

Principal Occupation	Name of Employer
~~Physicians~~	~~FSH~~

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: ~~$100.00~~

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: ~~12/31/2025~~

Aggregate Contributions: ~~$0.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Shahid	Syed		0007

Residential Street Address	City	State	Zip Code
18510 Glenn Haven Estates Dr	Spring	TX	77379

Principal Occupation	Name of Employer
unemployed	unemployed

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: $10.00

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: 12/31/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Correa Brown	Linda		0048

Residential Street Address	City	State	Zip Code
11 Bank St	Manchester	CT	06040

Principal Occupation	Name of Employer
Vice President	BLM860

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: $5.00

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: 12/31/2025

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Keshawarz	Saleh		0047

Residential Street Address	City	State	Zip Code
232 Rollingbrook	Windsor	CT	06095

Principal Occupation	Name of Employer
Professor	University of Hasrtford

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Akbar	Muhammad		0046

Residential Street Address	City	State	Zip Code
9 Clydesdale Cir	Nashua	NH	03062

Principal Occupation	Name of Employer
Senior Support Engineer	Imprivata Inc.

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: $10.00

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: 12/31/2025

Aggregate Contributions: $10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jamal	Syed		0045

Residential Street Address	City	State	Zip Code
1537 Turnpike St	North Andover	MA	01845

Principal Occupation	Name of Employer
program coordinator	ICNA Relief

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: $100.00

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: 12/31/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
~~RAJA~~	~~Muhammad~~		~~0044~~

Residential Street Address	City	State	Zip Code
~~108 Benjamin Ct~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer
~~Business~~	~~Self-employed~~

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: ~~$100.00~~

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: ~~12/31/2025~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
Currey	Jeff		0043

Residential Street Address	City	State	Zip Code
50 McKee St	East Hartford	CT	06108

Principal Occupation	Name of Employer
Chief of Staff	State of CT

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: $50.00

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: 12/31/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Puttaswamy	Mamatha		0042

Residential Street Address	City	State	Zip Code
120 Foster Rd	South Windsor	CT	06074

Principal Occupation	Name of Employer
Teacher	CREC Diacovery Academy

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: $20.00

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: 12/31/2025

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Isaac	Lonnie		0041

Residential Street Address	City	State	Zip Code
21222 Wildcroft Dr	Katy	TX	77449

Principal Occupation	Name of Employer
retired	retired

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: $10.00

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: 12/31/2025

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Ali	Zafar		0040

Residential Street Address	City	State	Zip Code
608 Wellington Hill Rd	Manchester	NH	03104

Principal Occupation	Name of Employer
Engineer	FNST

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: $25.00

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: 12/31/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Muhammad	Siddiqui		0039

Residential Street Address	City	State	Zip Code
1265 Roseland Rd	Sebastian	FL	32958

Principal Occupation	Name of Employer
Physician	TCCH

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: $300.00

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: 12/31/2025

Aggregate Contributions: $300.00

Last Name	First	MI	Contribution ID #
DiCarlo	Vincent		0038

Residential Street Address	City	State	Zip Code
2 Murthas Way	Granby	CT	06035

Principal Occupation	Name of Employer
General Manager	Day Hill Dome

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: $5.00

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: 12/31/2025

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hasan	Muhammad		0037

Residential Street Address	City	State	Zip Code
15014 Hope Hills Ln	Cypress	TX	77433

Principal Occupation	Name of Employer
Lawyer	Skadden Arps

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: $200.00

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: 12/31/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Haider	Waqar		0036

Residential Street Address	City	State	Zip Code
9 Pleasant Ln	Boylston	MA	01505

Principal Occupation	Name of Employer
Manager	Olympus

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Abdali	Haseeb		0035

Residential Street Address	City	State	Zip Code
19015 Paso Fino Prairie Ln	Tomball	TX	77377

Principal Occupation	Name of Employer
retired	retired

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: $200.00

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: 12/31/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Hosain	Kamran		0034

Residential Street Address	City	State	Zip Code
4520 Redbridge Dr	Plano	TX	75074

Principal Occupation	Name of Employer
retired	retired

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: $200.00

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: 12/31/2025

Aggregate Contributions: $200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Baig	Naeem		0033

Residential Street Address	City	State	Zip Code
46184 Cecil Ter	Sterling	VA	20165

Principal Occupation	Name of Employer
Director	Dar al-Hijrah Islamic Center

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: $100.00

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: 12/31/2025

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Rashid	Affan		0032

Residential Street Address	City	State	Zip Code
3304 Cellars Dr .	Plano	TX	75074

Principal Occupation	Name of Employer
Clinical Advisor	LucyRx

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: $200.00

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: 12/31/2025

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Nizami	Saghir		0031

Residential Street Address	City	State	Zip Code
2015 Manor Vw	Cumming	GA	30041

Principal Occupation	Name of Employer
Agile Development Leader	Bastian Solutions

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: $50.00

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: 12/31/2025

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Mansoor	Mohamed		0030

Residential Street Address	City	State	Zip Code
141 Sea Green Dr	Berlin	CT	06037

Principal Occupation	Name of Employer
Physician	Starling Physicians

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: $340.00

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: 12/31/2025

Aggregate Contributions: $340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Ahmed~~	~~Abdul~~		~~0029~~

Residential Street Address	City	State	Zip Code
~~17602 Coventry Squire Dr~~	~~Houston~~	~~TX~~	~~77084~~

Principal Occupation	Name of Employer
~~Field and Marketing Coordinator~~	~~Helping hand~~

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: ~~$5.00~~

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
~~12/31/2025~~	~~$0.00~~

Last Name	First	MI	Contribution ID #
Seraj	Khurram		0028

Residential Street Address	City	State	Zip Code
916 Maynard Creek Ct	Cary	NC	27513

Principal Occupation	Name of Employer
Senior Manager Platform	Cisco

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: $100.00

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
12/31/2025	$100.00

Last Name	First	MI	Contribution ID #
~~Jaffery~~	~~Faiz~~		~~0027~~

Residential Street Address	City	State	Zip Code
~~6504 Bakersfield St~~	~~Plano~~	~~TX~~	~~75074~~

Principal Occupation	Name of Employer
~~Director Digital Development~~	~~American Heart association~~

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: ~~$20.00~~

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
~~12/31/2025~~	~~$0.00~~

Last Name	First	MI	Contribution ID #
Pervez	Farhan		0026

Residential Street Address	City	State	Zip Code
8 Frieda Ln	Kendall Park	NJ	08824

Principal Occupation	Name of Employer
Director of Apps	Indus

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: $100.00

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
12/31/2025	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Khan 2026

TYPE OF REPORT: January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Farrukh	Bilal		0025

Residential Street Address	City	State	Zip Code
299 Edlys Ln	North Brunswick	NJ	08902

Principal Occupation	Name of Employer
homemaker	homemaker

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: $200.00

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
12/31/2025	$200.00

Last Name	First	MI	Contribution ID #
Hasan	Muhammad A.		0024

Residential Street Address	City	State	Zip Code
15014 Hope Hills Ln	Cypress	TX	77433

Principal Occupation	Name of Employer
Accountant	20th RE Management Inc

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: $25.00

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
12/31/2025	$50.00

Last Name	First	MI	Contribution ID #
Khan	Masood		0023

Residential Street Address	City	State	Zip Code
462 Fairhaven Ct	Lawrenceville	GA	30044

Principal Occupation	Name of Employer
Deputy Area Manager	Helping Hand

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: $50.00

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
12/31/2025	$50.00

Last Name	First	MI	Contribution ID #
Hasan	Muhammad A.		0022

Residential Street Address	City	State	Zip Code
15014 Hope Hills Ln	Cypress	TX	77433

Principal Occupation	Name of Employer
Accountant	20th RE Management Inc

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: $25.00

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
12/31/2025	$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan 2026	January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Kureshi~~	~~Inam~~		~~0021~~
Residential Street Address	**City**	**State**	**Zip Code**
~~128 Paxton Way~~	~~Glastonbury~~	~~CT~~	~~06033~~

Principal Occupation	Name of Employer
~~Neurosurgeon~~	~~Hartford Healthcare~~

Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Amount of Contribution
☐ Yes ☒ No	☐ Yes ☒ No	
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions	
☐ Yes ☒ No	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	~~12/31/2025~~	~~$0.00~~	~~$340.00~~
If yes, list Event #				

Total of Section B	**$19,452.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$19,452.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan 2026	January 10 Filing - Amendment

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	Amount of Contribution
	If yes, list Event #	

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 2026	January 10 Filing - Amendment

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 2026	January 10 Filing - Amendment

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other		Date of Receipt
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 2026	January 10 Filing - Amendment

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 2026	January 10 Filing - Amendment

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 2026	January 10 Filing - Amendment

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 2026	January 10 Filing - Amendment

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 2026	January 10 Filing - Amendment

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 / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
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 / No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
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 / No	(If yes, enter Total Receipts here.)
Total of Section J1		

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan 2026	January 10 Filing - Amendment

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	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan 2026	January 10 Filing - Amendment

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 2026	January 10 Filing - Amendment

K. In-Kind Contributions

Name

Street Address | City | State | Zip Code

Is this contribution associated with an event reported in Section J1? Yes / No

If yes, list Event#

Description of In-Kind Contribution

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 2026	January 10 Filing - Amendment

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 2026	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	12/18/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expendit	Description	Amount
WEB	Fundraising Fees	$1.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	12/20/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expendit	Description	Amount
WEB	Fundraising Fees	$4.60

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	12/22/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expendit	Description	Amount
WEB	Fundraising Fees	$38.18

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No 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 2026	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	12/24/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expendit	Description	Amount
WEB	Fundraising Fees	$29.80

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	12/26/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expendit	Description	Amount
WEB	Fundraising Fees	$66.50

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	12/28/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expendit	Description	Amount
WEB	Fundraising Fees	$66.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No 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 2026	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	12/30/2025	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expendit	Description	Amount
WEB	Fundraising Fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$81.10

Total of Section N	$287.48

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	January 10 Filing - Amendment

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 2026	January 10 Filing - Amendment

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 If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan 2026	January 10 Filing - Amendment

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)	Event #

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan 2026	January 10 Filing - Amendment

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 If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Khan 2026	January 10 Filing - Amendment

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