

Form CPF M 102: Campaign Finance Report

Municipal FormRECEIVED
Office of Campaign and Political Finance CLERK

of Massachusetts	2020 APR File With City of Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date: 02/20	/2020 Ending Date: 04/24/2020 FOXBOROUGH, MA 0203		
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution		
Salina Chowdhury Candidate Full Name (if applicable) School Committee, Foxborough Office Sought and District	Committee to Elect Salina Chowdhury Committee Name Anisul Chowdhury Name of Committee Treasurer		
Residential Address E-mail: Chowdhur yy @ Gmail. Com Phone # (optional): (781) 975-6967	442 South St. Foxboro, MA 02035 Committee Mailing Address E-mail: Akcnia2@gmail.com Phone # (optional): (508) 212-5605		
SUMMARY BALANC	E INFORMATION:		
Line 1: Ending Balance from previous report	0		
Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2)	950 950		
Line 4: Total expenditures this period (page 5, line			
Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page	934.07 ge 6)		
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used: Citizens Bank			
activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting process.	coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 04/24/2020 only) cost of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions.		
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the		
igned under the penalties of perjury:	Date: 04/24/2020		

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
04/13/2020	Shahnaz Amin 10 South Street. North Attleboro, MA 02760	100	
03/18/2020	Anisul K Chowdhury 442 South St. Foxboro, MA 02035	100	
04/15/2020	Jeanne Dyer 400 Foxboro Blvd. Foxboro, MA 02035	100	
03/24/2020	Irena Islam 2200 Sacramento Street 704, San Francisco, CA 94115	100	
04/12/2020	Rabi Islam 66 leonard street. Belmont, MA 02478	100	
04/14/2020	Dennis Naughton 4 Everett Lane. Foxboro, MA 02035	100	
03/20/2020	Edward Philips 3 Garden Street. Sharon, MA 02067	100	
03/21/2020	Ray Webb 131 Mechanic St. Foxboro, MA 02035		
Line 9: Total Receipts over \$50 (or listed above)		800	
Line 10: Total Receipts \$50 and under* (not listed above)		150	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	950	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)	800	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	150	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	950	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
04/03/2020	ZOOM	55 Almaden Blvd. San Jose, CA 95113	Video Conference Software	15.93
				Lating the state of the state o
				N. de a a lineau animina de la companio
				Annual de Maria de Caración de
L	<u>Leavenne</u>	Line 12: Total Expenditures ov	er \$50 (or listed above)	15.93
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	15.93

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

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized.				

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

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SCHEDULE D: LIABILITIES

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

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

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