

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK

	File with: City on Town Clerk on Election Commission				
I in Reporting Period dates: Beginning Date: Apr 25, 2020 Ending Date: Jul 8, 2020					
	FOXBOROUGH, MA 020				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election				
Salina Chowdhury	Committee to Elect Salina Chowdhury				
Candidate Full Name (if applicable)	Committee Name				
School Committee	Anisul Chowdhury				
Office Sought and District	Name of Committee Treasurer				
442 South St. Foxboro, MA 02035  Residential Address	442 South St. Foxboro, MA 02035  Committee Mailing Address				
E-mail: chowdhuryy @gmail.com	E-mail: akcniazagmail.com				
Phone # (optional): (781) 975-6967	Phone # (optional): (508) 212-5605				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	934.07				
Line 2: Total receipts this period (page 3, line 11)	2,450				
Line 3: Subtotal (line 1 plus line 2)	3,384.07				
Line 4: Total expenditures this period (page 5, lin	e 14) 2,765.61				
Line 5: Ending Balance (line 3 minus line 4)	618.46				
Line 6: Total in-kind contributions this period (pa	ge 6)				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used:					
	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  Date: 07 08 2020  To only)  The best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period that are not otherwise disclosed in this report.  The best of my knowledge and belief, a true and complete statement of all campaign finance, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 7/8/2020				

#### 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.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
Date Received		Amount	(10) Contributions of \$200 of more)	
May 28, 2020	Mohammed Abdullah 287 Chauncy St. A202 Mansfield, MA 02048	100		
May 31, 2020	Masud Ahmed 9625 Stonily Lane, Las Vegus, NV 89178	100		
May 18, 2020	Andrew Ballantyne 51 Sherman St. Foxboro, MA 02035	250	Analyst and Supervisor Waters Corporation	
Jun 6, 2020	Azeddine Fadli 151 Eagle Rock Rd. Stoughton, MA 02072	100		
Apr 30, 2020	Foxboro Democratic Town Committee 4 Everett Lane, Foxboro, MA 02035	500	Political Organization	
May 28, 2020	Mohammed Habibullah 17 Evans Circle Mansfield, MA 02048	200	Professor, Northeastern University	
May 28, 2020	Sammy Islam 20 Jefferson Dr. Norwood, MA 02062	100		
Apr 30, 2020	Sayeeda Khatoon 27 Hampshire Ave. Sharon, MA 02067	500	Homemaker	
May 11, 2020	Muzammil Nazir 7 Lullaby Lane N Easton, MA 02356	150		
Line 9: Total Rece	ipts over \$50 (or listed above)	2,000		
Line 10: Total Receipts \$50 and under* (not listed above)		450		
Line 11: TOTAL RECEIPTS IN THE PERIOD 2,450			← Enter on page 1, line 2	

<sup>\*</sup> 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)
1	·		
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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.)

	oort all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
May 27, 2020	East Coast Printing	2 Keith Way, Unit 5 Hingham, MA 02043	Printing cost for postcards and lawn sign.	1,000	
Jun 8, 2020	Facebook	1 Hacker Way, Menlo Park, 94025	Facebook advertisement	75	
Jun 17, 2020	East Coast Printing	2 Keith Way, Unit 5 Hingham, MA 02043	Printing and mailing cost for postcards and lawn sign.	1,480.76	
Jun 30, 2020	Actblue	366 Summer St, Somerville, MA 02144	Card processing Fee	82.03	
		Triangle Triangle	## ## ## ## ## ## ## ## ## ## ## ## ##		
		Line 12: Total Expenditures ov Line 13: Total Expenditures \$5	0 and under* (not listed above)	2,637.79	
	Enter on page 1, line 4 →			2,765.61	
TC 1 '.	• •		should include only those expenditures		

<sup>\*</sup> 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)**

I	To Whom Paid	ULE B: EAFENDITURES (C	,	***************************************
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			Polytheria de la contraction d	Parameter 100 100 100 100 100 100 100 100 100 10
	Park Language and Gogge Management and Company of the Company of t			part and control of the control of t
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
f you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				

<sup>\*</sup> 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 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
A STATE OF THE PARTY OF T				
		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 CONTRIBUTIONS				

<sup>\*</sup> 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 OUTSTANI	LIABILITIES (ALL)	