

Name of Person Reporting: Kay Khan
 Address: **Information Redacted**
 Office Phone: **Information Redacted**
 Fax Number: **Information Redacted**
 Email: **Information Redacted**
 Name of spouse residing in household: **Information Redacted**
 Name of child(ren) residing in household: **Information Redacted**

2. Filer is a Candidate for the office of State Representative.

3: Positions Held

If you are a designated public employee, an elected official or recently appointed to a major policy making position, you must complete Question 3. This question indicates the reason you are required to file a Statement of Financial Interests. Identify each position you held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and report AMOUNT of INCOME derived from each position in 2008. If you did not earn any INCOME in 2008, complete the question and select N/A for AMOUNT of INCOME.

	Agency in which you serve(d)	Position Held	Dates of Employment	Income
1.	House of Representatives	State Representative	1/1/1995 - Present	\$40,001 to 60,000

4: Other Government Position(s)

Identify any other government position(s) held by you or an IMMEDIATE FAMILY MEMBER (spouse or dependent child) in any federal, state, county, district or municipal agency, compensated or uncompensated, full or part-time in 2008.

FILER reported no other government positions.

5: Employment and Other Associations with Businesses and Non-Governmental Entities (Including Non-Profit Organizations)

Identify each BUSINESS with which you or an IMMEDIATE FAMILY MEMBER (spouse or dependent child) were associated in 2008 as an employee, or as a partner, proprietor, officer, director, or in any similar managerial capacity, full or part-time, compensated or uncompensated.

	Name and Address of Business	Position Held	Filer or Immediate Family Member	Gross Income (Filer Only)
1.	Bournewood Hospital 300 South St. Brookline MA 02446	Director	Spouse	N/A
2.	Khan Clinical Associates	Proprietor	Spouse	N/A

	2000 Washington Street Newton MA 02462			
3.	Khan Clinical Associates 2000 Washington Street Newton MA 02462	Psychiatric Nurse Clinical Specialist	Filer	\$10,001 to 20,000

6: Business Ownership/Equity

Identify any BUSINESS, the EQUITY of which you and/or an IMMEDIATE FAMILY MEMBER(S) owned more than 1% during 2008.

	Name of Business	Address of Business	Percent Owned (Filer Only)
1.	First Psychiatric Planners, Inc.	300 South St. Brookline MA 02467	0
2.	Bournewood Clinical Associates, Inc.	300 South St. Brookline MA 02467	0
3.	Bournewood Management Co., Inc.	300 South St. Brookline MA 02467	0

7: Transfer of Ownership/Equity Interests

Identify any EQUITY in a BUSINESS (reported in Question 5 or 6) with which you are associated which you transferred to any IMMEDIATE FAMILY MEMBERS during 2008.

FILER reported no transfers of business ownership/equity interests.

8: Leaves of Absence

Identify any BUSINESS with which you (not an IMMEDIATE FAMILY MEMBER) were previously associated and with which you had an understanding in 2008 with regard to employment at any time in the future.

FILER reported no leaves of absence.

9: Gifts

Identify any GIFTS received by you or an IMMEDIATE FAMILY MEMBER during 2008.

FILER reported no gifts.

10: Honoraria

Identify any honoraria received by you or an IMMEDIATE FAMILY MEMBER during 2008.

FILER reported no honoraria.

11: Reimbursements

Identify any reimbursements received by you or an IMMEDIATE FAMILY MEMBER during 2008.

FILER reported no reimbursements.

12: State or Local Government Securities

Identify each security, with a fair market value in excess of \$1,000, issued by the Commonwealth, any public agency or municipality located in the Commonwealth owned by you or an IMMEDIATE FAMILY MEMBER and report any INCOME received by you in 2008 in excess of \$1,000. Please be aware that state employees who own state bonds and county employees who own county bonds may need to file a disclosure with the Commission, in addition to disclosure of such ownership here. See Instructions for more information.

	Name of Issuer	Description of Security	Income (Filer Only)
1.	MWRA	Bond	N/A
2.	Comm. of MA General Obligation	Bond	N/A
3.	Massport Authority	Bond	N/A

13: Securities and Investments

Identify each security, including the Commonwealth's U-Fund, with a fair market value in excess of \$1,000 beneficially owned by you and/or IMMEDIATE FAMILY MEMBERS on any part of December 31, 2008. To report securities and investments held in trust, see Questions 14, 15 and 16. Any INCOME received by you in 2008 in excess of \$1,000 from securities issued by the Commonwealth or public agency or municipality located in the Commonwealth should be reported in Question 12.

	Name of Issuer	Description of Security	Principal Place of Business or State of Incorporation	Owner (Filer or Immediate Family Member)
1.	Putnam Growth and Income A	Mutual Fund	Massachusetts	Filer

14: Creation of Business and Charitable Trusts

Each of the following Questions (14-21) is concerned with a specific aspect of the interests held by you or an IMMEDIATE FAMILY MEMBER in a trust as of December 31, 2008. Please respond to each Question, including those which do not apply (by checking not applicable). Please review the Instructions which detail what should be disclosed.

FILER reported no business or charitable trusts.

15: Business and Charitable Trust Holdings

Respond to this question only if you or an IMMEDIATE FAMILY MEMBER has a beneficial interest.

FILER reported no business or charitable trust holdings.

16: Family Trusts

Report all securities and other investments with a fair market value in excess of \$1,000 held in the trust(s) and beneficially owned by you and/or IMMEDIATE FAMILY MEMBERS on any part of December 31, 2008.

FILER reported no family trusts.

17: Creation of Realty Trusts

If you or an IMMEDIATE FAMILY MEMBER have a beneficial ownership interest or serve as a trustee in a realty trust, you need to answer this question.

	Name, Date and Address of Trust	Name of Grantor(s)	Name of Trustee(s)	Beneficiaries	Percent of Equity Owned (Filer Only)
1.	First Psychiatric Trust Date: 1/ 1/ 1984 300 South St. Brookline 22 02467	Solomon Gagnon Family Trust	Nasir Khan, Malcom Rosenblatt	Spouse	0

18: Realty Trust: Real Property Holdings

Report realty trust property holdings as of December 31, 2008 if you have a beneficial ownership interest in the trust.

FILER reported no realty trust property holdings.

19: Realty Trust: Mortgage Obligations

Report realty trust mortgage obligations, including second mortgage loans, home equity and reverse mortgage loans as of December 31, 2008. If your primary residence is held in trust, report only the address of the property, the name and address of creditor, the terms of repayment and the year the mortgage is due.

FILER reported no realty trust mortgage obligations.

20: Trusts: Purchases/Transfers of Property (In Massachusetts Only)

Report all purchases/transfers of trust property which occurred during 2008.

FILER reported no purchase/transfers of realty trust property in Massachusetts.

21: Trusts: Sales/Transfers of Property (In Massachusetts Only)

Report all sales/transfers of trust property which occurred during 2008.

FILER reported no sale/transfers of realty trust property in Massachusetts.

22: Real Property Owned In Massachusetts

Identify any real property in Massachusetts with an assessed value in excess of \$1,000 in which you and/or an IMMEDIATE FAMILY MEMBER held an interest as of December 31, 2008. Exclude out-of-state primary residence, and properties held for investment or rental purposes. Property held in a realty trust should be reported in Question 18.

	Address of Property	Description of Property	Person Holding Interest Record Owner(s)	Assessed Value (Filer Only)
1.	Information Redacted	Primary Residence	Filer	\$100,000 or more
2.	434 Seacoast Blvd. Falmouth MA 02536	Residential	Filer and Spouse	\$100,000 or more

23: Investment and Rental Properties

Identify any real property in Massachusetts or out-of-state including time-sharing arrangements, with an assessed value in excess of \$1,000, held for investment or rental purposes, in which you and/or an IMMEDIATE FAMILY MEMBER had a direct or indirect financial interest as of December 31, 2008. Properties held in a realty trust should be reported in Question 18. Exclude: properties held chiefly for enjoyment.

FILER reported no investment or rental properties.

24: Real Property Purchases

Identify any real properties in Massachusetts which were purchased or otherwise transferred to you/or an IMMEDIATE FAMILY MEMBER at any time during 2008.

FILER reported no real property purchases.

25: Real Property Sales

Identify any real properties in Massachusetts which were sold or otherwise transferred from you and/or an IMMEDIATE FAMILY MEMBER at any time during 2008.

FILER reported no real property sales.

26: Mortgage Loan Information

Identify each mortgage loan including second mortgage loans, home equity and reverse

mortgage loans in excess of \$1,000 outstanding on December 31, 2008 for which you or any IMMEDIATE FAMILY MEMBER were obligated. For your primary residence, exclude the original AMOUNT borrowed or owed. If your primary residence is located outside of Massachusetts, report the mortgage loan(s) in Question 28.

FILER reported no mortgage or home equity loans.

27: Mortgage Receivable Information

Identify each parcel of real estate located in Massachusetts on which you and/or an IMMEDIATE FAMILY MEMBER hold a mortgage. Also identify each parcel of real estate located out-of-state which is held for investment or rental purposes on which you and/or an IMMEDIATE FAMILY MEMBER hold a mortgage. Furnish the name and address of the issuer of the mortgage, that is, the person obligated under the mortgage and the assessed value by category. If the mortgage is held only by an IMMEDIATE FAMILY MEMBER, exclude the assessed value of the property. Exclude: mortgages on out-of-state properties if the property is held chiefly for enjoyment.

FILER reported no mortgage receivables.

28: Other Creditor Information

Identify each debt, loan or other liability including mortgage(s), home equity and reverse mortgage loans on property(ies) located out-of-state, in excess of \$1,000 owed by you and/or any IMMEDIATE FAMILY MEMBER on December 31, 2008. You must report the loan collateral, which is the property (including insurance policies used to guarantee a loan) assigned to guarantee payment of funds. If your primary residence is located outside of Massachusetts, report the mortgage loan(s) in this question. Certain personal and business loans are excluded. Exclude: Any liability of \$1,000 or less; installment loans (cars, household effects, etc.); educational loans; medical and dental debts; credit card purchases (other than cash advances); support or alimony obligations; debts owed to spouse or close relative or debts incurred in the ordinary course of a BUSINESS.

FILER reported no other creditor information.

29: Debts Forgiven

Identify each creditor who during 2008 forgave an indebtedness in excess of \$1,000 owed by you or an IMMEDIATE FAMILY MEMBER. Certain loans are excluded. Exclude: Any forgiven indebtedness less than \$1,000; debts forgiven by a spouse, a close relative, or the spouse of a close relative.

FILER reported no debts forgiven.

1: I Kay Khan certify that:

- I made a reasonably diligent effort to obtain reportable information concerning myself and IMMEDIATE FAMILY MEMBER(S); and
- The information contained on this form is true and complete, to the best of my knowledge.

Submitted under the pains and penalties of perjury.(5/ 25/ 2009)

**The Following Immediate Family Members declined to disclose information:
The Following are the specific Question(s) for which answers were declined by each
Immediate Family Member:**