

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 48

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
Oz For Governor, Inc.					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Thomas	J	Filomeno						
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
31 Bonny View Rd				West Hartford	CT	06107			
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
11/02/2010			Governor						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	R. Nelson		Griebel						
9. TYPE OF REPORT									
4th Supplemental Statement Primary - Original									
10. PERIOD COVERED									
Beginning Date		thru		Ending Date					
07/29/2010				08/04/2010					
11. CERTIFICATION									
<input checked="" type="checkbox"/> 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			Thomas Filomeno			08/05/2010			
SIGNATURE			PRINT NAME OF THE SIGNER			DATE CERTIFIED			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Oz For Governor, Inc.		
	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	\$68,492.54	
14. Contributions received from Individuals (Section A and B)	\$6,476.00	\$463,622.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$0.00	\$30,050.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$6,476.00	\$493,672.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$74,968.54	\$493,672.00
20. Expenses Paid by Committee (Section N)	\$48,631.79	\$467,335.25
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$26,336.75	\$26,336.75
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$549.63
23. In-Kind Contributions Received (Section K)	\$0.00	\$485.17
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$30,050.00	\$30,050.00
26a. + Loans Received (Section D)	\$0.00	\$30,050.00
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	\$30,050.00	\$30,050.00
27. Campaign Expenses Paid By Candidate (Section O)	\$1,510.82	\$9,726.26
28. Expenses Incurred on Committee Credit Card (Section P)	\$565.68	\$1,048.68
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$2,076.50	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$4,559.50	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name McLaughlin	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0826	Amount of Contribution
Residential Street Address 210 Bradley Ave	City Hamden	State CT	Zip Code 06514	Date Received 07/29/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Cafiero	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0827	Amount of Contribution
Residential Street Address 100 Greenridge Rd	City Torrington	State CT	Zip Code 06790	Date Received 07/29/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Larson	First Name Margot	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0828	Amount of Contribution
Residential Street Address 8 Bronson St	City Niantic	State CT	Zip Code 06357	Date Received 07/29/2010	
Principal Occupation consultant	Name of Employer Kardas Larson LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Riemer	First Name Janice	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0825	Amount of Contribution
Residential Street Address 50 W District Rd	City Farmington	State CT	Zip Code 06085	Date Received 07/30/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Miyashiro	First Name Gary	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0824	Amount of Contribution
Residential Street Address 41 Sullivan Dr	City Redding	State CT	Zip Code 06896	Date Received 07/30/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Munson	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0849	Amount of Contribution
Residential Street Address 2224 Juanita Dr	City New Smyrna Beach	State FL	Zip Code 32168	Date Received 07/31/2010	
Principal Occupation retired fire inspector	Name of Employer n/a	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Slagle	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0850	Amount of Contribution
Residential Street Address 4125 Archway	City Irvine	State CA	Zip Code 92618	Date Received 07/31/2010	
Principal Occupation Admin Asst	Name of Employer Prallax Capital Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00
Last Name Laffin	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0851	Amount of Contribution
Residential Street Address 323 Ridgewood Rd	City West Hartford	State CT	Zip Code 06107	Date Received 07/31/2010	
Principal Occupation Consultant	Name of Employer HR Consulting	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Sheehan	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0853	Amount of Contribution
Residential Street Address 288 Beacon Hill Dr	City Cheshire	State CT	Zip Code 06410	Date Received 08/02/2010	
Principal Occupation Investment Manager	Name of Employer Stifel Nicolaus	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Quartiero	First Name Joseph	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0831	Amount of Contribution
Residential Street Address 134 Lexington Ave	City Torrington	State CT	Zip Code 06790	Date Received 08/02/2010	
Principal Occupation City Clerk	Name of Employer City of Torrington	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00
Last Name Surowiec Jr.	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0852	Amount of Contribution
Residential Street Address 163 Ashland Ave	City Newington	State CT	Zip Code 06111	Date Received 08/02/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00
Last Name Perkins	First Name Gilman	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0829	Amount of Contribution
Residential Street Address 375 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824	Date Received 08/02/2010	
Principal Occupation Princpal/CEO	Name of Employer Perkins Fund Marketing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Brow	First Name Diane	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0830	Amount of Contribution
Residential Street Address 2 David Dr	City Simsbury	State CT	Zip Code 06070	Date Received 08/02/2010	
Principal Occupation Administrative Asst	Name of Employer GenNx360 Capital Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$61.00	\$61.00
Last Name Duval	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0832	Amount of Contribution
Residential Street Address 267 Lake Rd	City Andover	State CT	Zip Code 06232	Date Received 08/02/2010	
Principal Occupation homemaker	Name of Employer n/a	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Nichols	First Name Sylvia	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0854	Amount of Contribution
Residential Street Address 100 Banytes Dr	City Cheshire	State CT	Zip Code 06410	Date Received 08/03/2010	
Principal Occupation Retail Manager	Name of Employer Cheshire Nursery	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dufresne	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0855	Amount of Contribution
Residential Street Address 228 S Juanta Ave # B	City Redondo Beach	State FL	Zip Code 90277	Date Received 08/04/2010	
Principal Occupation RN	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Kreitler	First Name John	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0856	Amount of Contribution
Residential Street Address 745 Verna Hill Rd	City Fairfield	State CT	Zip Code 06824	Date Received 08/04/2010	
Principal Occupation investor	Name of Employer self employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Tanner	First Name Rich	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0857	Amount of Contribution
Residential Street Address 28 Gem Dr	City Colchester	State CT	Zip Code 06415	Date Received 08/04/2010	
Principal Occupation owner	Name of Employer Colchester Communications LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Monteiro	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0859	Amount of Contribution
Residential Street Address 854 Countrybriar Ln	City Highlands Ranch	State CO	Zip Code 80129	Date Received 08/04/2010	
Principal Occupation CFO	Name of Employer MacDermid Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$350.00
Last Name Cordani	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0860	Amount of Contribution
Residential Street Address 26 Richard Ave	City Wolcott	State CT	Zip Code 06716	Date Received 08/04/2010	
Principal Occupation Attorney	Name of Employer MacDermid	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$350.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Walsh	First Name James	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0845	Amount of Contribution
Residential Street Address 85 Pratt St	City Fairfield	State CT	Zip Code 06824	Date Received 08/04/2010	
Principal Occupation Attorney	Name of Employer Miller, Garrell & Walsh	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Bliss	First Name Sherwood	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0842	Amount of Contribution
Residential Street Address 25 Grays Farm Rd	City Weston	State CT	Zip Code 06883	Date Received 08/04/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$150.00
Last Name Marziali	First Name Eric	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0833	Amount of Contribution
Residential Street Address 41 Chestnut Hill Rd	City Glastonbury	State CT	Zip Code 06033	Date Received 08/04/2010	
Principal Occupation CEO	Name of Employer United Abrasives Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Dobelle	First Name Edith	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0834	Amount of Contribution
Residential Street Address 1 Crofut St	City Pittsfield	State MA	Zip Code 01201	Date Received 08/04/2010	
Principal Occupation homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Dobelle	First Name Evan	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0835	Amount of Contribution
Residential Street Address 1 Crofut St	City Pittsfield	State MA	Zip Code 01201	Date Received 08/04/2010	
Principal Occupation Educator	Name of Employer Westfield State College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Baldwin	First Name Marion	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0837	Amount of Contribution
Residential Street Address 3200 Park Ave	City Bridgeport	State CT	Zip Code 06604	Date Received 08/04/2010	
Principal Occupation real estate	Name of Employer self employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Collins	First Name Garth	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0839	Amount of Contribution
Residential Street Address 52 Bioski Rd	City Middlebury	State CT	Zip Code 06762	Date Received 08/04/2010	
Principal Occupation Banker	Name of Employer People's Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name McAlpin III	First Name J. Roderick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0840	Amount of Contribution
Residential Street Address 46 Wolcott St	City Litchfield	State CT	Zip Code 06759	Date Received 08/04/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Steele	First Name Jeffrey	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0843	Amount of Contribution
Residential Street Address 499 Hollydale Rd	City Fairfield	State CT	Zip Code 06824	Date Received 08/04/2010	
Principal Occupation Sales	Name of Employer PIRA Energy Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name McKinney	First Name John	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0846	Amount of Contribution
Residential Street Address 986 S Pine Rd	City Fairfield	State CT	Zip Code 06824	Date Received 08/04/2010	
Principal Occupation State Senator	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name McKinney	First Name Lucie	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0848	Amount of Contribution
Residential Street Address 96 Green Farms	City Greens Farms	State CT	Zip Code 06838	Date Received 08/04/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Cheeseman	First Name Holly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0858	Amount of Contribution
Residential Street Address 16 Mitchell Dr	City Niantic	State CT	Zip Code 06357	Date Received 08/04/2010	
Principal Occupation Public Relations	Name of Employer LVA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$550.00	\$300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Takacs	First Name Donald	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0847	Amount of Contribution
Residential Street Address 17 Dorethy Rd	City Redding	State CT	Zip Code 06896	Date Received 08/04/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Goldman	First Name Ethan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0836	Amount of Contribution
Residential Street Address 9 Vardon Rd	City West Hartford	State CT	Zip Code 06117	Date Received 08/04/2010	
Principal Occupation Manufacturing	Name of Employer Flexcon, Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Kaiser	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0844	Amount of Contribution
Residential Street Address 73 Fairmount Ter	City Fairfield	State CT	Zip Code 06825	Date Received 08/04/2010	
Principal Occupation Attorney	Name of Employer Coles Baldwin Kaiser	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Iacono	First Name Pamela	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0838	Amount of Contribution
Residential Street Address 68 Phye Rd	City Fairfield	State CT	Zip Code 06824	Date Received 08/04/2010	
Principal Occupation homemaker	Name of Employer n/a	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Sansing	First Name Victoria	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0841	Amount of Contribution
Residential Street Address 102 South St	City Litchfield	State CT	Zip Code 06759	Date Received 08/04/2010		
Principal Occupation Nursing	Name of Employer Haven Health Care-spectrum		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00		\$40.00
Total of Section B						\$6,476.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS						\$6,476.00

(Sections A & B) (Total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE						FILING DUE DATE	
Oz For Governor, Inc.							
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1?			Yes No	If yes, list Event #
City		State	Zip Code	Date Received	Aggregate Contributions		Amount of Contribution
Total of Section C1							

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Oz For Governor, Inc.				
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE					FILING DUE DATE	
Oz For Governor, Inc.						
D. Loans Received this Period						
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes No	
				Candidate		
Name of Cosigner/Guarantor				Individual		
				Other Committee		
Street Address	City	State	Zip Code	Date Received		
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card

Total of Section E	
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I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Oz For Governor, Inc.					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Oz For Governor, Inc.				
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			FILING DUE DATE	
Oz For Governor, Inc.				
H. Public Grant Funds Received from the Citizen's Election Fund				
Purpose of Grant: Initial Primary	Supplemental/Independent Expenditure		Date Received	Amount
	General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure		Date Received	Amount
	Primary	General or Special Election		
Total of Section H				

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Oz For Governor, Inc.					
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. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Oz For Governor, Inc.	FILING DUE DATE
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J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence?	Yes	No
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Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?	Yes	No
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Was this fundraiser a tag sale, auction, or other sale of donated items?	Yes	No
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II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		

Total of Section J3					
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

K. In-Kind Contributions

Name				Date Received	Fair Market Value of this Contribution
Street Address	City	State	Zip Code		
Type of Contributor: Individual Committee	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		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	Aggregate contributions		
Total of Section K					

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

**M. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus, and Party Committee**

Name of Committee		Name of Treasurer				
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation		Purpose of Expenditure				
		A	B	C	D	E

Total of Section M

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Maelstrom Solutions	07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address 200 S Executive Dr Ste 101	City Brookfield	State WI	Zip Code 53005
Purpose of Expenditure BNK		<input type="checkbox"/> Debit Card	
Description credit card processing fees		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$9.30	
Udolf Investmensts, LLC	08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address 2475 Albany Ave Ste 205	City West Hartford	State CT	Zip Code 06117
Purpose of Expenditure OVHD		<input type="checkbox"/> Debit Card	
Description monthly rent for headquarters		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$2,100.00	
Datamail	08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address 597 N Mountain Rd	City Newington	State CT	Zip Code 06111-2054
Purpose of Expenditure A-DM		<input type="checkbox"/> Debit Card	
Description advertising		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$6,483.50	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Oz For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee Response America, LLC					Date of Payment 08/03/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 2800 Shirlington Rd		City Arlington	State VA	Zip Code 22206	Purpose of Expenditure A-OTH	<input checked="" type="checkbox"/> <u>wire</u> <input type="checkbox"/> Debit Card	
Description advertising					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$7,000.00
Name of Payee Webster Bank					Date of Payment 08/03/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 65 Lasalle Rd		City West Hartford	State CT	Zip Code 06127	Purpose of Expenditure BNK	<input type="checkbox"/> <u>ach</u> <input type="checkbox"/> Debit Card	
Description wire transfer fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$30.00
Name of Payee Webster Bank					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 65 Lasalle Rd		City West Hartford	State CT	Zip Code 06127	Purpose of Expenditure BNK	<input type="checkbox"/> <u>wire</u> <input type="checkbox"/> Debit Card	
Description wire transfer fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$60.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Oz For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee Filomeno & Company, P.C.					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 80 S Main		City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure CNSLT	<u>1191</u> <input type="checkbox"/> Debit Card	
Description accounting and consulting services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$1,625.00
Name of Payee Capital Bankcard Group					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 58C Alna Ln		City East Hartford	State CT	Zip Code 06107	Purpose of Expenditure BNK	<u>eft</u> <input type="checkbox"/> Debit Card	
Description credit card processing fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$70.08
Name of Payee Maelstrom Solutions					Date of Payment 08/04/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 200 S Executive Dr Ste 101		City Brookfield	State WI	Zip Code 53005	Purpose of Expenditure BNK	<u>dm</u> <input type="checkbox"/> Debit Card	
Description credit card processing fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$47.15

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Network and Software Solutions	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 48 Perry Ave	City White Plains	State NY		Zip Code 10603
Purpose of Expenditure OVHD		<u>1194</u>		<input type="checkbox"/> Debit Card
Description hosting of exchange for 7 mailboxes		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$175.00
SIGNSplus, INC	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 3K Turkey Hills Rd	City East Granby	State CT		Zip Code 06026
Purpose of Expenditure A-OTH		<u>1192</u>		<input type="checkbox"/> Debit Card
Description T Shirts and printing		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$424.00
SIGNSplus, INC	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 3K Turkey Hills Rd	City East Granby	State CT		Zip Code 06026
Purpose of Expenditure A-OTH		<u>1195</u>		<input type="checkbox"/> Debit Card
Description advertising materials		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$203.52

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Oz For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Christopher Ford					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1196	
85 Joseph Rd		Naugatuck	CT	06770	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
camera, memory card, mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$333.50	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Response America, LLC					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	wire	
2800 Shirlington Rd		Arlington	VA	22206	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$7,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gregory DeWitt					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1190	
31 Hicock Dr		Southbury	CT	06488	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$145.25	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Oz For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Strategic Media Services					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>wire</u>	
3299 K St NW Ste 200		Washington	DC	20007	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
media buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$15,155.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Datamail					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1189</u>	
597 N Mountain Rd		Newington	CT	06111-2054	A-DM	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$6,483.50	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Allison Marre					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1197</u>	
439 Farmington Ave Apt 302		Hartford	CT	06101	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
cell phone, mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$221.14	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Oz For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
ConnectiCare, Inc					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1193</u>	
PO Box 30726		Hartford	CT	06150	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
healthcare coverage for month							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,010.55	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Maelstrom Solutions					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>dm</u>	
200 S Executive Dr Ste 101		Brookfield	WI	53005	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
credit card processing fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$55.30	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$48,631.79	

IV. EXPENDITURES

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Oz For Governor, Inc.						
O. Campaign Expenses Paid By Candidate						
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Oz Griebel				07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
7 Caryn Ln		Weatogue	CT			
Purpose of Expenditure	Description			Event #		
TRVL	mileage expense July				\$1,271.52	
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
New Britain Rock Cats				07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
230 John Karbonic Way		New Britain	CT	06051-4015		
Purpose of Expenditure	Description			Event #		
TRVL	parking at event				\$5.00	
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Bethel Republican Town Co				07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
PO Box 203		Bethel	CT	06801		
Purpose of Expenditure	Description			Event #		
ATT *	Bethel Republican Town Committee Meeting				\$40.00	
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Water Street Garage				07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code		
160 Water St		New London	CT	06320		
Purpose of Expenditure	Description			Event #		
TRVL	parking				\$2.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
Brookfield Republican Tow	07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$40.00	
Street Address 100 Pocono Rd	City Brookfield	State CT		Zip Code 06804
Purpose of Expenditure ATT *	Description Brookfield RTC Meeting			Event #
Norwalk Republican Town C	07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$80.00	
Street Address 2 Acacia St	City Norwalk	State CT		Zip Code 06855
Purpose of Expenditure ATT *	Description Norwalk Republican Town Committee meeting			Event #
Rotary Club of Farmington	07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$15.00	
Street Address PO Box 3	City Farmington	State CT		Zip Code 06034
Purpose of Expenditure ATT *	Description fee for Greg DeWitt - luncheon			Event #
Prudential Center Garage	07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$35.00	
Street Address 800 Boylston St	City Boston	State MA		Zip Code 02199
Purpose of Expenditure TRVL	Description parking			Event #

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Oz For Governor, Inc.								
O. Campaign Expenses Paid By Candidate								
Name of Payee Massachusetts Turnpike					Date of Payment 07/31/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address Massachusetts Turnpike			City Massachusetts		State MA	Zip Code		
Purpose of Expenditure TRVL	Description tolls					Event #		\$8.30
Name of Payee Laz Parking LTD					Date of Payment 07/31/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 175 Church St			City New Haven		State CT	Zip Code		
Purpose of Expenditure TRVL	Description parking					Event #		\$4.00
Name of Payee Barnum Museum					Date of Payment 07/31/2010		Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Street Address 820 Main St			City Bridgeport		State CT	Zip Code 06604-4912		
Purpose of Expenditure ATT *	Description PT Barnum Bash					Event #		\$10.00
Total of Section O								\$1,510.82

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Capital One				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Super Cellar				Date of Transaction 08/03/2010		Amount	
Street Address 332 W Main St		City Avon		State CT	Zip Code		
Purpose of Expenditure FOOD	Description				Event #		\$73.20
Name of Issuing Institution Capital One				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Big Y				Date of Transaction 08/03/2010		Amount	
Street Address 255 W Main St		City Avon		State CT	Zip Code		
Purpose of Expenditure Misc *	Description				Event #		\$54.07
Name of Issuing Institution Capital One				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Pak Mail				Date of Transaction 08/03/2010		Amount	
Street Address 1245 Farmington Ave		City West Hartford		State CT	Zip Code 06107		
Purpose of Expenditure POST	Description postage				Event #		\$94.08

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Capital One				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor CVS Pharmacy				Date of Transaction 08/04/2010		Amount	
Street Address 1240 Farmington Ave		City West Hartford		State CT	Zip Code 06107		
Purpose of Expenditure Misc *	Description misc				Event #		\$19.48
Name of Issuing Institution Capital One				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor ExxonMobil				Date of Transaction 08/04/2010		Amount	
Street Address Merritt Parkway S		City Fairfield		State CT	Zip Code 06824		
Purpose of Expenditure Misc *	Description				Event #		\$7.96
Name of Issuing Institution Capital One				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Garden Catering				Date of Transaction 08/04/2010		Amount	
Street Address 2074 Black Rock Tpke		City Fairfield		State CT	Zip Code 06824		
Purpose of Expenditure FOOD	Description				Event #		\$289.35

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Oz For Governor, Inc.					
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution Capital One			Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other		
Name of Vendor Office Depot				Date of Transaction 08/04/2010	Amount
Street Address 1451 New Britain Ave		City West Hartford	State CT	Zip Code 06107	
Purpose of Expenditure OFFICE	Description supplies			Event #	\$27.54
Total of Section P					\$565.68

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Oz For Governor, Inc.									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Oz Griebel					Date Incurred 07/31/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 7 Caryn Ln				City Weatogue			State CT	Zip Code 06089	
Purpose of Expenditure RCW	Description								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$1,510.82
Name of Creditor Capital One					Date Incurred 08/03/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 30285				City Salt Lake City			State UT	Zip Code 84130-0285	
Purpose of Expenditure CCP	Description beverages								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$73.20

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Oz For Governor, Inc.									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Capital One					Date Incurred 08/03/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 30285				City Salt Lake City			State UT	Zip Code 84130-0285	
Purpose of Expenditure CCP	Description misc								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$54.07
Name of Creditor Capital One					Date Incurred 08/03/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 30285				City Salt Lake City			State UT	Zip Code 84130-0285	
Purpose of Expenditure CCP	Description postage								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$8.80

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Oz For Governor, Inc.									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Capital One					Date Incurred 08/03/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 30285				City Salt Lake City			State UT	Zip Code 84130-0285	
Purpose of Expenditure CCP	Description postage								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$85.28
Name of Creditor Capital One					Date Incurred 08/04/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 30285				City Salt Lake City			State UT	Zip Code 84130-0285	
Purpose of Expenditure CCP	Description misc								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$7.96

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Oz For Governor, Inc.									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Capital One					Date Incurred 08/04/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 30285				City Salt Lake City			State UT	Zip Code 84130-0285	
Purpose of Expenditure CCP	Description garden catering								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$289.35
Name of Creditor Capital One					Date Incurred 08/04/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 30285				City Salt Lake City			State UT	Zip Code 84130-0285	
Purpose of Expenditure CCP	Description Office Depot - supplies								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$27.54

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Oz For Governor, Inc.					
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor Capital One			Date Incurred 08/04/2010	Event #	
Street Address PO Box 30285		City Salt Lake City		State UT	Zip Code 84130-0285
Purpose of Expenditure CCP	Description CVS - supplies				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
					\$19.48
Total of Section Q					\$2,076.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Gregory DeWitt	08/04/2010	<input checked="" type="checkbox"/> Check # 1190	\$145.25
Secondary Payee Gregory DeWitt	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 31 Hicock Dr	City Southbury	State CT	
Description mileage		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
Christopher Ford	08/04/2010	<input checked="" type="checkbox"/> Check # 1196	\$127.18
Secondary Payee CVS Pharmacy	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card	
Street Address 1240 Farmington Ave	City West Hartford	State CT	
Description camera and memory card		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Christopher Ford	08/04/2010	<input checked="" type="checkbox"/> Check # 1196	
Secondary Payee	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
TRVL			
Street Address	City	State	
Description mileage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$206.32
Allison Marre	08/04/2010	<input checked="" type="checkbox"/> Check # 1197	
Secondary Payee	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Verizon Wireless	OVHD		
Street Address	City	State	
PO Box 15062	Albany	NY	12212-5062
Description cell phone - monthly			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$42.71

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Allison Marre	08/04/2010	<input checked="" type="checkbox"/> Check # 1197	
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Description mileage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$178.43
Total of Section R			\$699.89

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Oz For Governor, Inc.				
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				