

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 35

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									
2nd Supplemental Statement Primary - Original									
10. PERIOD COVERED									
		Beginning Date				Ending Date			
		07/15/2010		thru		07/21/2010			
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			07/22/2010			
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	\$91,346.00	
14. Contributions received from Individuals (Section A and B)	\$11,141.00	\$451,750.00
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)	\$11,141.00	\$481,800.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$102,487.00	\$481,800.00
20. Expenses Paid by Committee (Section N)	\$28,203.92	\$407,516.92
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$74,283.08	\$74,283.08
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$549.63
23. In-Kind Contributions Received (Section K)	\$0.00	\$473.04
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)	\$0.00	\$8,215.44
28. Expenses Incurred on Committee Credit Card (Section P)	\$206.83	\$206.83
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$4,500.00	

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 Sullivan	First Name Patrick	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 # 0788	Amount of Contribution
Residential Street Address 86 Bloomfield Ave	City Hartford	State CT	Zip Code 06105	Date Received 07/15/2010	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010K</u>		<input checked="" type="checkbox"/> Yes <input 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 O'Shea	First Name Andrew	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 # 0789	Amount of Contribution
Residential Street Address 104 Wren Dr .	City Suffield	State CT	Zip Code 06078	Date Received 07/15/2010	
Principal Occupation CFO	Name of Employer Miami Leasing, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010K</u>		<input checked="" type="checkbox"/> Yes <input 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 Hart	First Name Richard	MI A	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 # 0790	Amount of Contribution
Residential Street Address 11 Beacontree Heath Rd .	City North Granby	State CT	Zip Code 06060	Date Received 07/15/2010	
Principal Occupation Retired	Name of Employer NA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010K</u>		<input checked="" type="checkbox"/> Yes <input 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 Pompea	First Name Charles	MI E	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 # 0791	Amount of Contribution
Residential Street Address 520 Bald Eagle Dr .	City Jupiter	State FL	Zip Code 33477	Date Received 07/15/2010	
Principal Occupation Retired	Name of Employer NA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010K</u>		<input checked="" type="checkbox"/> Yes <input 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 \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Rousseau	First Name Mark	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 # 0792	Amount of Contribution
Residential Street Address 25 Portage Xing	City Farmington	State CT	Zip Code 06032	Date Received 07/15/2010	
Principal Occupation Financial Advisor	Name of Employer UBS Financial Services Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010K</u> <input checked="" type="checkbox"/> Yes <input 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 Howey	First Name Barbara	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 # 0786	Amount of Contribution
Residential Street Address 580 Shuttle Meadow Ave	City New Britain	State CT	Zip Code 06052	Date Received 07/15/2010	
Principal Occupation Homemaker	Name of Employer NA	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 \$3,500.00	\$3,500.00
Last Name Brown	First Name Peter	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 # 0799	Amount of Contribution
Residential Street Address 7 High Ledge Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 07/15/2010	
Principal Occupation Retired	Name of Employer NA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010K</u> <input checked="" type="checkbox"/> Yes <input 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 Lowry	First Name Becky	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 # 0800	Amount of Contribution
Residential Street Address 849 Matianuck Ave	City Windsor	State CT	Zip Code 06095	Date Received 07/15/2010	
Principal Occupation HR Business Partner	Name of Employer Webster 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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sylvester	First Name Craig	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 # 0801	Amount of Contribution
Residential Street Address 168 Four Mile Rd	City West Hartford	State CT	Zip Code 06107	Date Received 07/16/2010	
Principal Occupation Attorney	Name of Employer Reid and Riege, PC	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 \$1,000.00	\$1,000.00
Last Name Chase	First Name Cheryl	MI A	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 # 0793	Amount of Contribution
Residential Street Address 84 High Ridge Rd	City West Hartford	State CT	Zip Code 06117	Date Received 07/20/2010	
Principal Occupation Attorney	Name of Employer Chase Enterprises	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 \$1,000.00	\$1,000.00
Last Name Rosow	First Name Eric	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 # 0802	Amount of Contribution
Residential Street Address 5 White Oak Ln	City Avon	State CT	Zip Code 06001	Date Received 07/20/2010	
Principal Occupation General Manager	Name of Employer Eclipsys (formerly Premise)	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 Sanfilippo	First Name Arthur	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 # 0803	Amount of Contribution
Residential Street Address 32 White Oak Ln	City Simsbury	State CT	Zip Code 06070	Date Received 07/20/2010	
Principal Occupation self employed painter	Name of Employer Arthur Roberts Custom Painting	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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hernandez Jr.	First Name Louis	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 # 0804	Amount of Contribution
Residential Street Address 35 Paddock Ln	City South Glastonbury	State CT	Zip Code 06073	Date Received 07/20/2010	
Principal Occupation Chairman & CEO	Name of Employer Open Solutions	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 \$1,000.00	\$1,000.00
Last Name DeGange	First Name John	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 # 0794	Amount of Contribution
Residential Street Address 52 Farr Rd .	City Lebanon	State NH	Zip Code 03766	Date Received 07/20/2010	
Principal Occupation Retired	Name of Employer NA	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 Godfrey	First Name Edward	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 # 0795	Amount of Contribution
Residential Street Address 4 Gregory Pl	City Old Saybrook	State CT	Zip Code 06475	Date Received 07/20/2010	
Principal Occupation Retired	Name of Employer NA	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 \$30.00	\$30.00
Last Name Sullivan	First Name Arthur	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 # 0796	Amount of Contribution
Residential Street Address 23 Grennan Rd	City West Hartford	State CT	Zip Code 06107	Date Received 07/20/2010	
Principal Occupation Financial Planning	Name of Employer Savino, Sturrock & Sullivan	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 Goulet	First Name Normand	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 # 0797	Amount of Contribution
Residential Street Address 25 River Bluff Rd .	City Haddam	State CT	Zip Code 06438	Date Received 07/20/2010	
Principal Occupation Owner	Name of Employer United Centerless Grinding Co.	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 \$1,000.00	\$1,000.00
Last Name Aron	First Name Michael	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 # 0798	Amount of Contribution
Residential Street Address 35 Blue Ridge Dr .	City Weatogue	State CT	Zip Code 06089	Date Received 07/20/2010	
Principal Occupation Physician	Name of Employer Self	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 Curran	First Name Michael	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 # 0805	Amount of Contribution
Residential Street Address 39 Old Stone Xing	City West Simsbury	State CT	Zip Code 06092	Date Received 07/21/2010	
Principal Occupation Banker	Name of Employer Sovereign 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 Hoffman	First Name Jeffrey	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 # 0806	Amount of Contribution
Residential Street Address 149 Riverknolls	City Avon	State CT	Zip Code 06108	Date Received 07/21/2010	
Principal Occupation Co-Chairman	Name of Employer Hoffman Auto 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 \$500.00	\$500.00
Total of Section B					\$11,141.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)					\$11,141.00

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	If yes, list Event #
						No	
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	
Name of Cosigner/Guarantor				Candidate	No	
Street Address	City	State	Zip Code	Individual		
				Other Committee		
				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

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:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Primary	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	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 #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 07/15/2010	Letter K Breakfast Event	75 Riverside Dr	East Hartford	CT	06118

Was this fundraising event hosted at a personal residence? Yes No

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

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

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							

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? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section 11? 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
Southbury Republican Town Committee	07/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 315	City Southbury	State CT	Zip Code 06488
Purpose of Expenditure ATT *		1163 <input type="checkbox"/> Debit Card	
Description attendance at wine and cheese fundraiser		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	\$40.00
Complete Payroll Solutions	07/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address 1 Carando Dr	City Springfield	State MA	Zip Code 01104
Purpose of Expenditure BNK		dm <input type="checkbox"/> Debit Card	
Description payroll 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	\$64.03
American Express	07/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 53852	City Pheonix	State AZ	Zip Code 85072-3852
Purpose of Expenditure BNK		dm <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	\$33.84

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
Allison Marre					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> ach	
439 Farmington Ave Apt 302		Hartford	CT	06101	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
salary							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3,750.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gregory DeWitt					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> ach	
31 Hicock Dr		Southbury	CT	06488	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
salary							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Complete Payroll Solutions					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> ach	
1 Carando Dr		Springfield	MA	01104	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
payroll tax deposit							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,506.90	
<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
Ashley Maagero					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> ach	
11 Pleasant Vw Dri		Suffield	CT	06078	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
salary							
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							
						\$7,850.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Christopher Ford					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> ach	
85 Joseph Rd		Naugatuck	CT	06770	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
salary							
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							
						\$3,000.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Network and Software Solutions					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> 1166	
48 Perry Ave		White Plains	NY	10603	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Hosting Exchange - July							
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							
						\$175.00	

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
A&A Office Systems					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1182</u>	
909 Middle St		Middletown	CT	06457	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
copier rental							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$159.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1180</u>	
PO Box 1577		Newark	NJ	07101-1577	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
cable, internet, digital voice							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$507.81	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1179</u>	
PO Box 1577		Newark	NJ	07101-1577	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
digital voice							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$400.41	
<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
Verizon Wireless					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1171</u>	
PO Box 15062		Albany	NY	12212-5062	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
cell phone fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$431.28	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Christopher Ford					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1169</u>	
85 Joseph Rd		Naugatuck	CT	06770	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
mileage, cell phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$490.51	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Ascot Catering					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1181</u>	
136 Main St		Wethersfield	CT	06109	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
06/14/10 reception							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$747.83	
<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 Commissioner of Revenue Services					Date of Payment 07/21/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 2931		City Hartford	State CT	Zip Code 06104	Purpose of Expenditure OVHD	<u>1176</u> <input type="checkbox"/> Debit Card	
Description sales and use tax for Q2						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			\$39.00
Name of Payee Response America, LLC					Date of Payment 07/21/2010	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	<u>1168</u> <input type="checkbox"/> Debit Card	
Description Palm Cards						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			\$3,303.50
Name of Payee Cain Associates LLC					Date of Payment 07/21/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 22 Kelly Dr		City Enfield	State CT	Zip Code 06082	Purpose of Expenditure CNSLT	<u>1167</u> <input type="checkbox"/> Debit Card	
Description Policy analysis and campaign 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			\$4,000.00

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					07/21/2010	<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		\$56.40	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Maelstrom Solutions					07/21/2010	<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		\$60.15	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Allison Marre					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1164</u>	
439 Farmington Ave Apt 302		Hartford	CT	06101	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
batteries, food for volunteers, cell phone bill							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$88.26	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$28,203.92	

IV. EXPENDITURES	
NAME OF COMMITTEE	FILING DUE DATE
Oz For Governor, Inc.	
O. Campaign Expenses Paid By Candidate	
Name of Payee	Date of Payment
Street Address	City
Purpose of Expenditure	Description
Total of Section O	

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 United States Postal Serv					Date of Transaction 07/16/2010		Amount	
Street Address 102 Lasalle Rd		City West Hartford		State CT	Zip Code 06107			
Purpose of Expenditure POST	Description postage					Event #		\$80.00
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 07/17/2010		Amount	
Street Address 1240 Farmington Ave		City West Hartford		State CT	Zip Code 06107			
Purpose of Expenditure OFFICE	Description supplies					Event #		\$27.21
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 Staples					Date of Transaction 07/17/2010		Amount	
Street Address 2550 Albany Ave		City West Hartford		State CT	Zip Code 06117			
Purpose of Expenditure OFFICE	Description supplies					Event #		\$99.62
Total of Section P								

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		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought			
Yes					
No					

Total of Section Q

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	07/21/2010	<input checked="" type="checkbox"/> Check # 1164		
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 1234 Farmington Ave	City West Hartford	State CT		Zip Code
Description food for volunteers				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$20.12	

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Allison Marre	07/21/2010	<input checked="" type="checkbox"/> Check # 1164		
Secondary Payee Stop & Shop	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address	City West Hartford	State CT		Zip Code
Description batteries for phones				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.40	

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	07/21/2010	<input checked="" type="checkbox"/> Check # 1164	
Secondary Payee Verizon wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address	City	State	
Description cell phone 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
			\$42.74
Christopher Ford	07/21/2010	<input checked="" type="checkbox"/> Check # 1169	
Secondary Payee AT&T Mobility	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 537104	City Atlanta	State GA	
Description cell phone 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
			\$162.70

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	07/21/2010	<input checked="" type="checkbox"/> Check # 1169	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$327.81
Total of Section R			\$578.77

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				