

**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	
<b>Oz For Governor, Inc.</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	<b>Thomas</b>	<b>J</b>	<b>Filomeno</b>		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
<b>31 Bonny View Rd</b>		<b>West Hartford</b>	<b>CT</b>	<b>06107</b>	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
<b>11/02/2010</b>		<b>Governor</b>			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	<b>R. Nelson</b>		<b>Griebel</b>		
9. TYPE OF REPORT					
<b>4th Supplemental Statement Primary - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>07/29/2010</b>		thru		<b>08/04/2010</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>		<b>Thomas Filomeno</b>		<b>08/05/2010</b>	
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

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**SUMMARY PAGE  
TOTALS**

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

**I. MONETARY RECEIPTS (Section A-I)**

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

**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 <b>Brow</b>	First Name <b>Diane</b>	MI <b>T</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 # <b>0830</b>	Amount of Contribution
Residential Street Address <b>2 David Dr</b>	City <b>Simsbury</b>	State <b>CT</b>	Zip Code <b>06070</b>	Date Received <b>08/02/2010</b>	
Principal Occupation <b>Administrative Asst</b>	Name of Employer <b>GenNx360 Capital Partners</b>	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 <b>\$61.00</b>	<b>\$61.00</b>
Last Name <b>Duval</b>	First Name <b>Mary</b>	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 # <b>0832</b>	Amount of Contribution
Residential Street Address <b>267 Lake Rd</b>	City <b>Andover</b>	State <b>CT</b>	Zip Code <b>06232</b>	Date Received <b>08/02/2010</b>	
Principal Occupation <b>homemaker</b>	Name of Employer <b>n/a</b>	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 <b>\$10.00</b>	<b>\$10.00</b>
Last Name <b>Nichols</b>	First Name <b>Sylvia</b>	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 # <b>0854</b>	Amount of Contribution
Residential Street Address <b>100 Banytes Dr</b>	City <b>Cheshire</b>	State <b>CT</b>	Zip Code <b>06410</b>	Date Received <b>08/03/2010</b>	
Principal Occupation <b>Retail Manager</b>	Name of Employer <b>Cheshire Nursery</b>	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 <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Dufresne</b>	First Name <b>Mary</b>	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 # <b>0855</b>	Amount of Contribution
Residential Street Address <b>228 S Juanta Ave # B</b>	City <b>Redondo Beach</b>	State <b>FL</b>	Zip Code <b>90277</b>	Date Received <b>08/04/2010</b>	
Principal Occupation <b>RN</b>	Name of Employer <b>Volunteer</b>	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 <b>\$200.00</b>	<b>\$200.00</b>

**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"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00
						<b>\$40.00</b>
<b>Total of Section B</b>						<b>\$6,476.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						<b>\$6,476.00</b>

**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
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Address	Is this contribution associated with a fundraising event listed in Section J1?	Yes No	If yes, list Event # Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions

**Total of Section C1**

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Oz For Governor, Inc.				
<b>C2. Reimbursements or Payments from other Committees</b>				
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	
<b>Total of Section C2</b>				

**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**



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

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

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			FILING DUE DATE	
Oz For Governor, Inc.				
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>				
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		
<b>Total of Section H</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>					
NAME OF COMMITTEE				FILING DUE DATE	
Oz For Governor, Inc.					
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

**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: Cash      Personal Check      Credit/Debit Card				Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							

**Total of Section J2**

<b>II. FUNDRAISING EVENT ACTIVITY</b>							
NAME OF COMMITTEE					FILING DUE DATE		
Oz For Governor, Inc.							
<b>J3. In-Kind Donations Not Considered Contributions</b>							
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 #	
<b>Total of Section J3</b>							

**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		
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 J1? If yes, list Event#		Yes No	Description of In-Kind Contribution	Aggregate contributions	
<b>Total of Section K</b>					



**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		
<b>Total of Section L</b>					

**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		Method of Payment <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		Method of Payment <u>1188</u> <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		Method of Payment <u>1187</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	
		\$6,483.50	

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
Response America, LLC					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>wire</u>	
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
Webster Bank					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>ach</u>	
65 Lasalle Rd		West Hartford	CT	06127	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
wire transfer fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Webster Bank					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>wire</u>	
65 Lasalle Rd		West Hartford	CT	06127	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
wire transfer fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$60.00	
<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
Filomeno & Company, P.C.					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1191</u>	
80 S Main		West Hartford	CT	06107	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
accounting and consulting services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,625.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Capital Bankcard Group					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>eft</u>	
58C Alna Ln		East Hartford	CT	06107	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		\$70.08	
<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		\$47.15	
<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	
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 85 Joseph Rd	City Naugatuck	State CT		Zip Code 06770
Purpose of Expenditure RCW				Method of Payment <u>1196</u> <input type="checkbox"/> Debit Card
Description camera, memory card, mileage				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		
			\$333.50	
Response America, LLC	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 2800 Shirlington Rd	City Arlington	State VA		Zip Code 22206
Purpose of Expenditure A-OTH				Method of Payment <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		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		
			\$7,000.00	
Gregory DeWitt	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 31 Hicock Dr	City Southbury	State CT		Zip Code 06488
Purpose of Expenditure RCW				Method of Payment <u>1190</u> <input type="checkbox"/> Debit Card
Description mileage				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		
			\$145.25	

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							
<b>Total of Section N</b>						<b>\$48,631.79</b>	

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

### 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	
Massachusetts Turnpike	07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.30	
Street Address Massachusetts Turnpike	City Massachusetts	State MA		Zip Code
Purpose of Expenditure TRVL	Description tolls	Event #		
Laz Parking LTD	07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$4.00	
Street Address 175 Church St	City New Haven	State CT		Zip Code
Purpose of Expenditure TRVL	Description parking	Event #		
Barnum Museum	07/31/2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$10.00	
Street Address 820 Main St	City Bridgeport	State CT		Zip Code 06604-4912
Purpose of Expenditure ATT *	Description PT Barnum Bash	Event #		
<b>Total of Section O</b>			<b>\$1,510.82</b>	

### 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.								
<b>P. Expenses Incurred on Committee Credit Card</b>								
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
<b>Total of Section P</b>							<b>\$565.68</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Oz For Governor, Inc.									
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
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.									
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
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.									
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
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.									
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>									
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 #		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 CVS - 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		\$19.48

<b>Total of Section Q</b>	<b>\$2,076.50</b>
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### 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		
Secondary Payee Gregory DeWitt	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 31 Hicock Dr	City Southbury	State CT		Zip Code 06488
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	
			\$145.25	
Christopher Ford	08/04/2010	<input checked="" type="checkbox"/> Check # 1196		
Secondary Payee CVS Pharmacy	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card		
Street Address 1240 Farmington Ave	City West Hartford	State CT		Zip Code 06107
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	
			\$127.18	

### 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	
Street Address	City	State	
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			\$206.32
Allison Marre	08/04/2010	<input checked="" type="checkbox"/> Check # 1197	
Secondary Payee	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Street Address	City	State	
Description cell phone - monthly		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			\$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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$178.43
<b>Total of Section R</b>			<b>\$699.89</b>

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