

**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 215

**SUMMARY PAGE**

|  |                  |                                  |                 |   |  |
|--|------------------|----------------------------------|-----------------|---|--|
| 1. NAME OF COMMITTEE   |                  |                                  |                 | 2. TYPE OF COMMITTEE  |  |
| <b>Oz For Governor, Inc.</b>   |                  |                                  |                 | <input checked="" type="checkbox"/> Candidate Committee<br><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>July 10 Filing - Original</b>   |                  |                                  |                 |   |  |
| 10. PERIOD COVERED   |                  |                                  |                 |   |  |
| Beginning Date   |                  | Ending Date                      |                 |   |  |
| <b>04/01/2010</b>  |                  | thru                             |                 | <b>06/30/2010</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>07/12/2010</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

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

| NAME OF COMMITTEE  | FILING DUE DATE         |                       |
|--|-------------------------|-----------------------|
| <b>Oz For Governor, Inc.</b>   | Original 07/12/2010     |                       |
|  | COLUMN A<br>This Period | COLUMN B<br>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>\$244,000.39</b>     |                       |
| 14. Contributions received from Individuals (Section A and B)                                | <b>\$151,490.00</b>     | <b>\$423,766.00</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>\$151,490.00</b>     | <b>\$453,816.00</b>   |
| 19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B) | <b>\$395,490.39</b>     | <b>\$453,816.00</b>   |
| 20. Expenses Paid by Committee (Section N)   | <b>\$296,171.78</b>     | <b>\$354,497.39</b>   |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)             | <b>\$99,318.61</b>      | <b>\$99,318.61</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>\$406.39</b>         | <b>\$473.04</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>\$0.00</b>           | <b>\$8,215.44</b>     |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                   | <b>\$0.00</b>           | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)               | <b>\$14,814.04</b>      |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)               | <b>\$14,814.04</b>      |                       |

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

|  |   |
|--|---|
| NAME OF COMMITTEE  | FILING DUE DATE                         |
| Oz For Governor, Inc.  | Original 07/12/2010                     |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><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<br>Lilliquist  | First Name<br>John                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0365           | Amount of Contribution |
| Residential Street Address<br>6 Caryn Ln   | City<br>Weatogue                    | State<br>CT  | Zip Code<br>06089  | Date Received<br>04/01/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Perkins   | First Name<br>Marc                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0353           | Amount of Contribution |
| Residential Street Address<br>34 Spruce Ln   | City<br>Oakdale                     | State<br>CT  | Zip Code<br>06370  | Date Received<br>04/02/2010         |                        |
| Principal Occupation<br>CEO  | Name of Employer<br>Gunther Int.    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Moon  | First Name<br>Lawrence              | MI<br>C  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0354           | Amount of Contribution |
| Residential Street Address<br>26 Woodlawn Ave  | City<br>Madison                     | State<br>CT  | Zip Code<br>06443-3247   | Date Received<br>04/02/2010         |                        |
| Principal Occupation<br>Owner & President  | Name of Employer<br>C. Cowles & Co. | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Thomson   | First Name<br>George                | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0355           | Amount of Contribution |
| Residential Street Address<br>8 Perrin Ln  | City<br>South Windsor               | State<br>CT  | Zip Code<br>06074  | Date Received<br>04/02/2010         |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>Filomeno & Co   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                        |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name<br>Truta   | First Name<br>Steven                          | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0356             | Amount of Contribution |
| Residential Street Address<br>13410 Palmetto Grove Dr  | City<br>Ft Myers                              | State<br>FL   | Zip Code<br>33905  | Date Received<br>04/02/2010           |                        |
| Principal Occupation<br>Equipment Sales  | Name of Employer<br>Northeast Graphics        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Larsen  | First Name<br>Christopher                     | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0358             | Amount of Contribution |
| Residential Street Address<br>41 Westwood Rd   | City<br>West Hartford                         | State<br>CT   | Zip Code<br>06117-2253   | Date Received<br>04/02/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Welte   | First Name<br>A. Theodore                     | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0359             | Amount of Contribution |
| Residential Street Address<br>12 Michael Rd  | City<br>Framingham                            | State<br>MA   | Zip Code<br>01701  | Date Received<br>04/02/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired                   | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>03232010C |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Broadley  | First Name<br>John                            | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0357             | Amount of Contribution |
| Residential Street Address<br>857 Plainville Ave   | City<br>Farmington                            | State<br>CT   | Zip Code<br>06032  | Date Received<br>04/02/2010           |                        |
| Principal Occupation<br>Lawn Care  | Name of Employer<br>Olde Farmington Lawn Care | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Platt   | First Name<br>S Phelps                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0366           | Amount of Contribution |
| Residential Street Address<br>219 Clark Hill Rd  | City<br>East Haddam                     | State<br>CT  | Zip Code<br>06423  | Date Received<br>04/04/2010         |                        |
| Principal Occupation<br>Executive  | Name of Employer<br>Sanson Inc.         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Gamache   | First Name<br>Marcel                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0360           | Amount of Contribution |
| Residential Street Address<br>5 Whitehall Pl   | City<br>Farmington                      | State<br>CT  | Zip Code<br>06032  | Date Received<br>04/05/2010         |                        |
| Principal Occupation<br>retired executive  | Name of Employer<br>retired             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Kreitler  | First Name<br>Robert                    | MI<br>P  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0361           | Amount of Contribution |
| Residential Street Address<br>229 Mile Cmn   | City<br>Fairfield                       | State<br>CT  | Zip Code<br>06612  | Date Received<br>04/07/2010         |                        |
| Principal Occupation<br>Financial Planner  | Name of Employer<br>Kreitler Associates | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Kaufman   | First Name<br>John                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0362           | Amount of Contribution |
| Residential Street Address<br>31 Hatheway Dr   | City<br>West Hartford                   | State<br>CT  | Zip Code<br>06107  | Date Received<br>04/07/2010         |                        |
| Principal Occupation<br>insurance agent  | Name of Employer<br>self                | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Ramey   | First Name<br>Joanne   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0363           | Amount of Contribution |
| Residential Street Address<br>20 Riverbend Dr  | City<br>Mystic   | State<br>CT  | Zip Code<br>06355  | Date Received<br>04/07/2010         |                        |
| Principal Occupation<br>Adm Assistant  | Name of Employer<br>Connecticut Children's Medical Center      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Lewis   | First Name<br>James  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0367           | Amount of Contribution |
| Residential Street Address<br>38 Long View Dr  | City<br>Simsbury   | State<br>CT  | Zip Code<br>06070  | Date Received<br>04/08/2010         |                        |
| Principal Occupation<br>Optician   | Name of Employer<br>Harvey & Lewis Opticians                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Adler   | First Name<br>Barbara  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0368           | Amount of Contribution |
| Residential Street Address<br>2109 Broadway # 12-77  | City<br>New York   | State<br>NY  | Zip Code<br>10023  | Date Received<br>04/08/2010         |                        |
| Principal Occupation<br>Executive Director   | Name of Employer<br>Columbus Ave Business Improvement District | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Quattrocchi   | First Name<br>Lisa   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0364           | Amount of Contribution |
| Residential Street Address<br>941 Park Ave   | City<br>New York   | State<br>NY  | Zip Code<br>10028  | Date Received<br>04/09/2010         |                        |
| Principal Occupation<br>Real Estate  | Name of Employer<br>Benenson Funding Corp                      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |

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

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Hanzalek  | First Name<br>Astrid                   | MI<br>T  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0370           | Amount of Contribution |
| Residential Street Address<br>31 Abraham Ter   | City<br>Suffield                       | State<br>CT  | Zip Code<br>06078  | Date Received<br>04/09/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Reich   | First Name<br>Thomas                   | MI<br>E  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0372           | Amount of Contribution |
| Residential Street Address<br>43 Ferncliff Dr  | City<br>West Hartford                  | State<br>CT  | Zip Code<br>06117  | Date Received<br>04/10/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Russell   | First Name<br>David                    | MI<br>W  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0373           | Amount of Contribution |
| Residential Street Address<br>33 Spring Glen Dr  | City<br>Granby                         | State<br>CT  | Zip Code<br>06035  | Date Received<br>04/10/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Milici Jr.  | First Name<br>Roger                    | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0374           | Amount of Contribution |
| Residential Street Address<br>45 Smith St  | City<br>Fairfield                      | State<br>CT  | Zip Code<br>06824  | Date Received<br>04/12/2010         |                        |
| Principal Occupation<br>University Administrator   | Name of Employer<br>Fordham University | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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| NAME OF COMMITTEE     | FILING DUE DATE     |
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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Glick   | First Name<br>Stephen                               | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0375           | Amount of Contribution |
| Residential Street Address<br>9 Evarts Pl  | City<br>Madison                                     | State<br>CT  | Zip Code<br>06443  | Date Received<br>04/12/2010         |                        |
| Principal Occupation<br>Administrator  | Name of Employer<br>GFSdbaChamber Insurance Trust   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Martin  | First Name<br>Pearl                                 | MI<br>I  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0371           | Amount of Contribution |
| Residential Street Address<br>49 Walnut Hill Ave   | City<br>Manchester                                  | State<br>CT  | Zip Code<br>03104  | Date Received<br>04/12/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Zachs   | First Name<br>Henry                                 | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0369           | Amount of Contribution |
| Residential Street Address<br>40 Woodland St   | City<br>Hartford                                    | State<br>CT  | Zip Code<br>06105  | Date Received<br>04/12/2010         |                        |
| Principal Occupation<br>Tower Site Mgt.  | Name of Employer<br>Self - Message Center Mgt. Inc. | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Healy   | First Name<br>Christopher                           | MI<br>C  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0376           | Amount of Contribution |
| Residential Street Address<br>27 Dorchester Rd   | City<br>Wethersfield                                | State<br>CT  | Zip Code<br>06109  | Date Received<br>04/15/2010         |                        |
| Principal Occupation<br>Chairman   | Name of Employer<br>Connecticut Republicans         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |



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

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**B. Itemized Contributions from Individuals**

|  |                                      |   |  |                                       |                        |
|--|--------------------------------------|---|--|---------------------------------------|------------------------|
| Last Name<br>Carlson II  | First Name<br>Joseph                 | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0384             | Amount of Contribution |
| Residential Street Address<br>536 Hillside Ave   | City<br>Naugatuck                    | State<br>CT   | Zip Code<br>06770  | Date Received<br>04/16/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired          | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Page  | First Name<br>Donna                  | MI<br>F   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0377             | Amount of Contribution |
| Residential Street Address<br>74 Blue Ridge Dr .   | City<br>Simsbury                     | State<br>CT   | Zip Code<br>06070  | Date Received<br>04/16/2010           |                        |
| Principal Occupation<br>Tutor  | Name of Employer<br>Town of Simsbury | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$150.00   | \$150.00               |
| Last Name<br>Chaclas   | First Name<br>Angelo                 | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0378             | Amount of Contribution |
| Residential Street Address<br>471 Old Poverty Rd   | City<br>Southbury                    | State<br>CT   | Zip Code<br>06488  | Date Received<br>04/16/2010           |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Pitney Bowes Inc | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$150.00   | \$150.00               |
| Last Name<br>Cade  | First Name<br>Kathryn                | MI<br>E   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0379             | Amount of Contribution |
| Residential Street Address<br>120 Church St .  | City<br>Newton                       | State<br>MA   | Zip Code<br>02458  | Date Received<br>04/16/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired          | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                     |                        |
|--|--|---|--|-------------------------------------|------------------------|
| Last Name<br>Denver  | First Name<br>Russell                        | MI<br>F   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0380           | Amount of Contribution |
| Residential Street Address<br>2 Lester St  | City<br>East Longmeadow                      | State<br>MA   | Zip Code<br>01028  | Date Received<br>04/16/2010         |                        |
| Principal Occupation<br>Business Executive   | Name of Employer<br>EDC of Western Ma        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Turrisi   | First Name<br>Maria                          | MI<br>M   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0381           | Amount of Contribution |
| Residential Street Address<br>33 W Hartford Rd   | City<br>Newington                            | State<br>CT   | Zip Code<br>06111  | Date Received<br>04/16/2010         |                        |
| Principal Occupation<br>Teacher  | Name of Employer<br>Hebron Elementary School | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>03282010E</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Ripple IV   | First Name<br>Ezra                           | MI<br>H   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0385           | Amount of Contribution |
| Residential Street Address<br>30 White Pine Ln   | City<br>West Hartford                        | State<br>CT   | Zip Code<br>06107  | Date Received<br>04/16/2010         |                        |
| Principal Occupation<br>Insurance advisor  | Name of Employer<br>Lindberg & Ripple        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Fernandez   | First Name<br>Ernie                          | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0386           | Amount of Contribution |
| Residential Street Address<br>62 Blacksmith Ridge Rd   | City<br>Ridgefield                           | State<br>CT   | Zip Code<br>06877  | Date Received<br>04/20/2010         |                        |
| Principal Occupation<br>Management   | Name of Employer<br>IBM                      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Henes   | First Name<br>Jonathan                          | MI<br>S  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0387           | Amount of Contribution |
| Residential Street Address<br>165 E 66th St # 9F   | City<br>New York                                | State<br>NY  | Zip Code<br>10065  | Date Received<br>04/20/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Kirkland & Ellis LLP        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Marchese  | First Name<br>Monica                            | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0388           | Amount of Contribution |
| Residential Street Address<br>10 Uplands Dr  | City<br>West Hartford                           | State<br>CT  | Zip Code<br>06107  | Date Received<br>04/20/2010         |                        |
| Principal Occupation<br>HR Consultant  | Name of Employer<br>Marchese Consulting LLC     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Richmond  | First Name<br>Carolyn                           | MI<br>D  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0383           | Amount of Contribution |
| Residential Street Address<br>201 E 87th St # 21H  | City<br>New York                                | State<br>NY  | Zip Code<br>10128  | Date Received<br>04/21/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Fox Rothschild LLP          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Provenz   | First Name<br>Michael                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0390           | Amount of Contribution |
| Residential Street Address<br>123 Redbrook Ct  | City<br>Melville                                | State<br>NY  | Zip Code<br>11747  | Date Received<br>04/21/2010         |                        |
| Principal Occupation<br>Wealth Management  | Name of Employer<br>Morgan Stanley Smith Barney | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Austin  | First Name<br>Sally                         | MI<br>C  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0382           | Amount of Contribution |
| Residential Street Address<br>252 Silver St  | City<br>North Granby                        | State<br>CT  | Zip Code<br>06060  | Date Received<br>04/21/2010         |                        |
| Principal Occupation<br>Event Planner  | Name of Employer<br>Metro Hartford Alliance | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Starr   | First Name<br>James                         | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0389           | Amount of Contribution |
| Residential Street Address<br>2 Stockbridge Ln   | City<br>Avon                                | State<br>CT  | Zip Code<br>06001  | Date Received<br>04/22/2010         |                        |
| Principal Occupation<br>Executive Director   | Name of Employer<br>Achieve Hartford!       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Belding   | First Name<br>Richard                       | MI<br>W  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0391           | Amount of Contribution |
| Residential Street Address<br>376 Cherry Brook Rd  | City<br>Canton                              | State<br>CT  | Zip Code<br>06019  | Date Received<br>04/27/2010         |                        |
| Principal Occupation<br>Financial  | Name of Employer<br>Benistar Ltd            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>McClane   | First Name<br>Dianne                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0392           | Amount of Contribution |
| Residential Street Address<br>13 Matthew Dr  | City<br>Easthampton                         | State<br>MA  | Zip Code<br>01027  | Date Received<br>04/27/2010         |                        |
| Principal Occupation<br>Administrator  | Name of Employer<br>MetroHartford Alliance  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Pomerleau   | First Name<br>Ernest                        | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0393             | Amount of Contribution |
| Residential Street Address<br>69 College St  | City<br>Burlington                          | State<br>VT  | Zip Code<br>05401  | Date Received<br>04/27/2010           |                        |
| Principal Occupation<br>Owner/President  | Name of Employer<br>Pomerleau Real Estate   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Cheeseman   | First Name<br>Holly                         | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0394             | Amount of Contribution |
| Residential Street Address<br>16 Mitchell Dr   | City<br>Niantic                             | State<br>CT  | Zip Code<br>06357  | Date Received<br>04/27/2010           |                        |
| Principal Occupation<br>Public Relations   | Name of Employer<br>LVA Corp Communications | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Lunenburg   | First Name<br>Tracey                        | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0395             | Amount of Contribution |
| Residential Street Address<br>3 Brighton Way   | City<br>Farmington                          | State<br>CT  | Zip Code<br>06032  | Date Received<br>04/28/2010           |                        |
| Principal Occupation<br>housewife  | Name of Employer<br>self                    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Mitsch  | First Name<br>James                         | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0396             | Amount of Contribution |
| Residential Street Address<br>7 Buttonwood Dr  | City<br>Simsbury                            | State<br>CT  | Zip Code<br>06070  | Date Received<br>04/30/2010           |                        |
| Principal Occupation<br>Engineering/Operations   | Name of Employer<br>EB Sciences             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00   | \$200.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Soll-Broxterman   | First Name<br>Laura                               | MI<br>R  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0397           | Amount of Contribution |
| Residential Street Address<br>29 Box Turtle Ln   | City<br>Windsor                                   | State<br>CT  | Zip Code<br>06095  | Date Received<br>04/30/2010         |                        |
| Principal Occupation<br>public relations   | Name of Employer<br>self                          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Buchman   | First Name<br>Arnold                              | MI<br>E  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0404           | Amount of Contribution |
| Residential Street Address<br>27 Shoreline Dr  | City<br>Florence                                  | State<br>OR  | Zip Code<br>97439  | Date Received<br>05/01/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Fleming   | First Name<br>William                             | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0405           | Amount of Contribution |
| Residential Street Address<br>6 Highland   | City<br>West Hartford                             | State<br>CT  | Zip Code<br>06119  | Date Received<br>05/03/2010         |                        |
| Principal Occupation<br>banker   | Name of Employer<br>self                          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>McGuire   | First Name<br>Edward                              | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0398           | Amount of Contribution |
| Residential Street Address<br>17 Charney Rd  | City<br>Enfield                                   | State<br>CT  | Zip Code<br>06082  | Date Received<br>05/03/2010         |                        |
| Principal Occupation<br>Forester   | Name of Employer<br>State of CT, Dept of Forestry | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                        |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name<br>W. Ross   | First Name<br>Hatch                           | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0399             | Amount of Contribution |
| Residential Street Address<br>71 Soby Dr   | City<br>West Hartford                         | State<br>CT   | Zip Code<br>06107  | Date Received<br>05/03/2010           |                        |
| Principal Occupation<br>Insurance Broker   | Name of Employer<br>RC Knox &Co, Inc.         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$150.00   | \$150.00               |
| Last Name<br>Dowling   | First Name<br>Kara                            | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0406             | Amount of Contribution |
| Residential Street Address<br>PO Box 357   | City<br>Goshen                                | State<br>CT   | Zip Code<br>06756  | Date Received<br>05/04/2010           |                        |
| Principal Occupation<br>Money Management   | Name of Employer<br>Bradley, Foster & Sargent | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Trachsel  | First Name<br>Bill                            | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0407             | Amount of Contribution |
| Residential Street Address<br>187 Seapine Rd   | City<br>N Chatham                             | State<br>MA   | Zip Code<br>02650  | Date Received<br>05/05/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Sargent   | First Name<br>Tom                             | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0408             | Amount of Contribution |
| Residential Street Address<br>14 Stonebridge Ln  | City<br>West Hartford                         | State<br>CT   | Zip Code<br>06107  | Date Received<br>05/06/2010           |                        |
| Principal Occupation<br>Investment Mgt   | Name of Employer<br>Bradley Foster &Sargent   | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Boudreau  | First Name<br>Paul                      | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0400           | Amount of Contribution |
| Residential Street Address<br>100 Sunset Farm Rd   | City<br>West Hartford                   | State<br>CT  | Zip Code<br>06107  | Date Received<br>05/06/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Cummings & Lockwood | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Macchi  | First Name<br>Theodore                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0401           | Amount of Contribution |
| Residential Street Address<br>11 Ciccio Rd   | City<br>Southington                     | State<br>CT  | Zip Code<br>06489  | Date Received<br>05/06/2010         |                        |
| Principal Occupation<br>Sales  | Name of Employer<br>Michaels Jewelers   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Foster  | First Name<br>Kimberly                  | MI<br>K  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0402           | Amount of Contribution |
| Residential Street Address<br>203 Farms Village Rd   | City<br>West Simsbury                   | State<br>CT  | Zip Code<br>06092  | Date Received<br>05/06/2010         |                        |
| Principal Occupation<br>restaurant/catering  | Name of Employer<br>Harvest Cafe        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Leone   | First Name<br>Sandra                    | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0403           | Amount of Contribution |
| Residential Street Address<br>60 Maureen Dr  | City<br>Bristol                         | State<br>CT  | Zip Code<br>06010  | Date Received<br>05/06/2010         |                        |
| Principal Occupation<br>housewife  | Name of Employer<br>retired             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |



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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Johnson   | First Name<br>Nancy   | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0411             | Amount of Contribution |
| Residential Street Address<br>141 S Mountain Dr  | City<br>New Britain   | State<br>CT  | Zip Code<br>06052  | Date Received<br>05/06/2010           |                        |
| Principal Occupation<br>Senior Policy Advisor  | Name of Employer<br>Baker Donelson Bearman Caldwell & Berkowitz | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Prete   | First Name<br>Paul  | MI<br>R  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0421             | Amount of Contribution |
| Residential Street Address<br>97 Brentwood Dr  | City<br>Glastonbury   | State<br>CT  | Zip Code<br>06033  | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>Sr. Management   | Name of Employer<br>First Investors Corp                        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00   | \$200.00               |
| Last Name<br>Bonee   | First Name<br>Phil  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0422             | Amount of Contribution |
| Residential Street Address<br>11 Cornell Rd  | City<br>West Hartford   | State<br>CT  | Zip Code<br>06107  | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>Ins  | Name of Employer<br>May, Bonee & Walsh                          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00   | \$200.00               |
| Last Name<br>Fitzpatrick   | First Name<br>Paul  | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0419             | Amount of Contribution |
| Residential Street Address<br>22 Main Street Ext # A-6   | City<br>Simsbury  | State<br>CT  | Zip Code<br>06081  | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>Teacher  | Name of Employer<br>Archdiocese of Hartford                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                        |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name<br>Walsh   | First Name<br>Patricia  | MI<br>L   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0409             | Amount of Contribution |
| Residential Street Address<br>272 Stratton Brook Rd  | City<br>West Simsbury   | State<br>CT   | Zip Code<br>06092  | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>Director of Advancement  | Name of Employer<br>Northwest Catholic High School                | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05052010F</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$125.00   | \$125.00               |
| Last Name<br>Walsh Jr.   | First Name<br>William   | MI<br>J   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0410             | Amount of Contribution |
| Residential Street Address<br>272 Stratton Brook Rd  | City<br>West Simsbury   | State<br>CT   | Zip Code<br>06092  | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>Social Worker  | Name of Employer<br>The Passionists, St. Paul's Ben, Ed, Miss Int | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05052010F</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$125.00   | \$125.00               |
| Last Name<br>Critelli  | First Name<br>Michael   | MI<br>J   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0478             | Amount of Contribution |
| Residential Street Address<br>39 Shields Rd  | City<br>Darien  | State<br>CT   | Zip Code<br>06820  | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                                       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Eagan   | First Name<br>Michael   | MI<br>O   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0416             | Amount of Contribution |
| Residential Street Address<br>17 Cumberland Rd   | City<br>West Hartford   | State<br>CT   | Zip Code<br>06119-1121   | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>Self   | Name of Employer<br>Self  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |

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

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Hansen  | First Name<br>Stephen                    | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0417           | Amount of Contribution |
| Residential Street Address<br>404 France St  | City<br>Rocky Hill                       | State<br>CT  | Zip Code<br>06067  | Date Received<br>05/07/2010         |                        |
| Principal Occupation<br>Employee Benefits Administration   | Name of Employer<br>USI Consulting Group | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Murphy  | First Name<br>Kathleen                   | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0418           | Amount of Contribution |
| Residential Street Address<br>515 Mountain Rd  | City<br>West Hartford                    | State<br>CT  | Zip Code<br>06117-1820   | Date Received<br>05/07/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>State of CT          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Kent  | First Name<br>Jerry                      | MI<br>R  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0420           | Amount of Contribution |
| Residential Street Address<br>6 Queens Peak Rd   | City<br>Canton                           | State<br>CT  | Zip Code<br>06019  | Date Received<br>05/07/2010         |                        |
| Principal Occupation<br>Operations   | Name of Employer<br>unemployed           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$300.00 | \$300.00               |
| Last Name<br>Scurlock  | First Name<br>George                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0423           | Amount of Contribution |
| Residential Street Address<br>80 Longlane Rd   | City<br>West Hartford                    | State<br>CT  | Zip Code<br>06117  | Date Received<br>05/07/2010         |                        |
| Principal Occupation<br>Mgmt Consultant  | Name of Employer<br>MDC                  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |                                   |  |  |                                       |                        |
|--|-----------------------------------|--|--|---------------------------------------|------------------------|
| Last Name<br>Hughes  | First Name<br>Gail                | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0476             | Amount of Contribution |
| Residential Street Address<br>45 Bluebird Ln   | City<br>Hebron                    | State<br>CT  | Zip Code<br>06248  | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>homemaker  | Name of Employer<br>none          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,500.00 | \$1,500.00             |
| Last Name<br>Devnew  | First Name<br>Doug                | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0477             | Amount of Contribution |
| Residential Street Address<br>163 Sims Rd  | City<br>Bristol                   | State<br>CT  | Zip Code<br>06010  | Date Received<br>05/07/2010           |                        |
| Principal Occupation<br>Finance  | Name of Employer<br>Trumpf        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00   | \$150.00               |
| Last Name<br>Thomas  | First Name<br>William             | MI<br>R  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0479             | Amount of Contribution |
| Residential Street Address<br>28 Pond Brook Rd   | City<br>Newtown                   | State<br>CT  | Zip Code<br>06470  | Date Received<br>05/08/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Kim   | First Name<br>John                | MI<br>Y  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0480             | Amount of Contribution |
| Residential Street Address<br>225 Fifth Ave Apt Ph-1   | City<br>New York                  | State<br>NY  | Zip Code<br>10010  | Date Received<br>05/08/2010           |                        |
| Principal Occupation<br>Executive  | Name of Employer<br>New York Life | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Holland   | First Name<br>Peter                                  | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0481           | Amount of Contribution |
| Residential Street Address<br>34 Musket Trl  | City<br>Simsbury                                     | State<br>CT  | Zip Code<br>06070  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>Consultant   | Name of Employer<br>Bartram & Cochran                | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Kennedy   | First Name<br>Kelly                                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0482           | Amount of Contribution |
| Residential Street Address<br>38 Castlewood Rd   | City<br>West Hartford                                | State<br>CT  | Zip Code<br>06107  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>Communications   | Name of Employer<br>CT League of Conservation Voters | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$25.00  | \$25.00                |
| Last Name<br>Willard   | First Name<br>Sherwood                               | MI<br>S  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0452           | Amount of Contribution |
| Residential Street Address<br>21 Schuyler Ln   | City<br>Bloomfield                                   | State<br>CT  | Zip Code<br>06002  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>Retired                          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Batch   | First Name<br>Robert                                 | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0424           | Amount of Contribution |
| Residential Street Address<br>171 Hunter Dr  | City<br>West Hartford                                | State<br>CT  | Zip Code<br>06107  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |

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

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**B. Itemized Contributions from Individuals**

|  |                                |  |  |                                     |                        |
|--|--------------------------------|--|--|-------------------------------------|------------------------|
| Last Name<br>Tortoledo   | First Name<br>Maria Adriana    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0425           | Amount of Contribution |
| Residential Street Address<br>225 W 83rd St Apt 15F  | City<br>New York               | State<br>NY  | Zip Code<br>10024  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>home   | Name of Employer<br>unemployed | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Carey   | First Name<br>Peter            | MI<br>G  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0413           | Amount of Contribution |
| Residential Street Address<br>4 Powers Ct  | City<br>Simsbury               | State<br>CT  | Zip Code<br>06070  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Barrett   | First Name<br>Frank            | MI<br>W  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0414           | Amount of Contribution |
| Residential Street Address<br>33 Colony Rd   | City<br>West Hartford          | State<br>CT  | Zip Code<br>06117  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Stahl   | First Name<br>William          | MI<br>K  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0415           | Amount of Contribution |
| Residential Street Address<br>267 Talcott Notch Rd   | City<br>Farmington             | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |                                     |  |  |                                     |                        |
|--|-------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name<br>Teveris   | First Name<br>April                 | MI<br>C  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0412           | Amount of Contribution |
| Residential Street Address<br>229 Slater Rd  | City<br>Tolland                     | State<br>CT  | Zip Code<br>06084  | Date Received<br>05/11/2010         |                        |
| Principal Occupation<br>attorney   | Name of Employer<br>Self            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Meehan  | First Name<br>John                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0483           | Amount of Contribution |
| Residential Street Address<br>109 Audubon Blvd   | City<br>Naples                      | State<br>FL  | Zip Code<br>34110  | Date Received<br>05/12/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Humphrey  | First Name<br>Steven                | MI<br>R  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0453           | Amount of Contribution |
| Residential Street Address<br>16 Wyndcliffe Park   | City<br>Bloomfield                  | State<br>CT  | Zip Code<br>06002-2142   | Date Received<br>05/13/2010         |                        |
| Principal Occupation<br>attorney   | Name of Employer<br>Robinson & Cole | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Wallace   | First Name<br>Lisa                  | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0484           | Amount of Contribution |
| Residential Street Address<br>11 Herrick St  | City<br>Winchester                  | State<br>MA  | Zip Code<br>01890  | Date Received<br>05/13/2010         |                        |
| Principal Occupation<br>lawyer   | Name of Employer<br>self            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                     |                        |
|--|--|---|--|-------------------------------------|------------------------|
| Last Name<br>Gent  | First Name<br>Christopher                            | MI<br>G   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0494           | Amount of Contribution |
| Residential Street Address<br>1040 Prospect Ave  | City<br>Hartford                                     | State<br>CT   | Zip Code<br>06107-0610   | Date Received<br>05/13/2010         |                        |
| Principal Occupation<br>insurance/investments  | Name of Employer<br>self                             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Spratt  | First Name<br>John                                   | MI<br>C   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0497           | Amount of Contribution |
| Residential Street Address<br>56 Grassy Hill Rd  | City<br>Old Lyme                                     | State<br>CT   | Zip Code<br>06371  | Date Received<br>05/13/2010         |                        |
| Principal Occupation<br>CEO  | Name of Employer<br>Orthopedic Health Services       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Berman  | First Name<br>John                                   | MI<br>A   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0435           | Amount of Contribution |
| Residential Street Address<br>293 Oxford St  | City<br>Hartford                                     | State<br>CT   | Zip Code<br>06105  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Berman Bournes Aaron & Dembo LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>05132010G |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Marandino   | First Name<br>Peter                                  | MI<br>A   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0436           | Amount of Contribution |
| Residential Street Address<br>5 Strawberry Flds  | City<br>Granby                                       | State<br>CT   | Zip Code<br>06035  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>owners Contours Spa  | Name of Employer<br>Self employed                    | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>05052010F |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00 | \$500.00               |



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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                     |                        |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name<br>Crowell   | First Name<br>William                           | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0437           | Amount of Contribution |
| Residential Street Address<br>466 Main St .  | City<br>Harwich Port                            | State<br>MA   | Zip Code<br>02646-0185   | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Self                        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Kunisch   | First Name<br>judith                            | MI<br>R   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0426           | Amount of Contribution |
| Residential Street Address<br>184 Sedgwick Rd  | City<br>West Hartford                           | State<br>CT   | Zip Code<br>06107  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Health care  | Name of Employer<br>Yale University             | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Tilney  | First Name<br>Margaret                          | MI<br>H   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0427           | Amount of Contribution |
| Residential Street Address<br>21 Gibraltar Ln  | City<br>Avon                                    | State<br>CT   | Zip Code<br>06001  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Realtor  | Name of Employer<br>Self employed               | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Tillinghast   | First Name<br>George                            | MI<br>L   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0431           | Amount of Contribution |
| Residential Street Address<br>192 Brace Rd   | City<br>West Hartford                           | State<br>CT   | Zip Code<br>06107  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Investment Advisor   | Name of Employer<br>U.S. Trust, Bank of America | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                     |                        |
|--|--|---|--|-------------------------------------|------------------------|
| Last Name<br>Pease   | First Name<br>Robert                       | MI<br>W   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0432           | Amount of Contribution |
| Residential Street Address<br>5 Juniper Rd   | City<br>Bloomfield                         | State<br>CT   | Zip Code<br>06002  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Financial Advisor  | Name of Employer<br>Merrill Lynch          | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Merseau   | First Name<br>Paul                         | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0433           | Amount of Contribution |
| Residential Street Address<br>13 Morgan Pl   | City<br>Avon                               | State<br>CT   | Zip Code<br>06001  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Drew & Mersereau       | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Wheeler   | First Name<br>Nancy                        | MI<br>J   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0434           | Amount of Contribution |
| Residential Street Address<br>39 Massasoit St  | City<br>Northampton                        | State<br>MA   | Zip Code<br>01060  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Investor Relations   | Name of Employer<br>MetroHartford Alliance | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Sargent   | First Name<br>Mary                         | MI<br>T   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0428           | Amount of Contribution |
| Residential Street Address<br>25 Colony Rd   | City<br>West Hartford                      | State<br>CT   | Zip Code<br>06117  | Date Received<br>05/14/2010         |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired                | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |                                   |   |  |                                       |                        |
|--|-----------------------------------|---|--|---------------------------------------|------------------------|
| Last Name<br>Sargetn   | First Name<br>Mary                | MI<br>T   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0429             | Amount of Contribution |
| Residential Street Address<br>25 Colony Rd   | City<br>West Hartford             | State<br>CT   | Zip Code<br>06117  | Date Received<br>05/14/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired       | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Wilson  | First Name<br>Bruce               | MI<br>A   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0430             | Amount of Contribution |
| Residential Street Address<br>1 Windsor Ct   | City<br>Farmington                | State<br>CT   | Zip Code<br>06032  | Date Received<br>05/14/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired       | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05132010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Hires   | First Name<br>Donna               | MI<br>F   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0454             | Amount of Contribution |
| Residential Street Address<br>15 Greenridge Ln   | City<br>West Hartford             | State<br>CT   | Zip Code<br>06107  | Date Received<br>05/16/2010           |                        |
| Principal Occupation<br>Homemaker  | Name of Employer<br>NA            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Hires   | First Name<br>Jeffrey             | MI<br>B   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0451             | Amount of Contribution |
| Residential Street Address<br>15 Greenridge Ln   | City<br>West Hartford             | State<br>CT   | Zip Code<br>06107  | Date Received<br>05/16/2010           |                        |
| Principal Occupation<br>President  | Name of Employer<br>Tech Atlantic | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

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

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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                       |                        |
|--|--|---|--|---------------------------------------|------------------------|
| Last Name<br>DeLuzio   | First Name<br>Mark                               | MI<br>C   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0491             | Amount of Contribution |
| Residential Street Address<br>79 Kingswood Dr  | City<br>South Glastonbury                        | State<br>CT   | Zip Code<br>06073  | Date Received<br>05/16/2010           |                        |
| Principal Occupation<br>CEO  | Name of Employer<br>Lean Horizons Consulting LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Lips  | First Name<br>Thomas                             | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0450             | Amount of Contribution |
| Residential Street Address<br>105 Foote Rd .   | City<br>Glastonbury                              | State<br>CT   | Zip Code<br>06073  | Date Received<br>05/16/2010           |                        |
| Principal Occupation<br>Financial Advisor  | Name of Employer<br>UBS Financial Services       | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$2,000.00 | \$2,000.00             |
| Last Name<br>Aldina  | First Name<br>Suellen                            | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0490             | Amount of Contribution |
| Residential Street Address<br>53 Loomis Dr Apt A1  | City<br>West Hartford                            | State<br>CT   | Zip Code<br>06107  | Date Received<br>05/17/2010           |                        |
| Principal Occupation<br>SVP  | Name of Employer<br>FM Facility Maintenance      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Michigami   | First Name<br>Michael                            | MI<br>M   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0455             | Amount of Contribution |
| Residential Street Address<br>2 Langley Park   | City<br>Farmington                               | State<br>CT   | Zip Code<br>06032-1541   | Date Received<br>05/17/2010           |                        |
| Principal Occupation<br>retired executive  | Name of Employer<br>self                         | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00   | \$200.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Holden  | First Name<br>Jean                              | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0439           | Amount of Contribution |
| Residential Street Address<br>24 Coleman Rd  | City<br>Glastonbury                             | State<br>CT  | Zip Code<br>06033  | Date Received<br>05/17/2010         |                        |
| Principal Occupation<br>homemaker  | Name of Employer<br>homemaker                   | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Jannuzzi  | First Name<br>Kathleen                          | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0442           | Amount of Contribution |
| Residential Street Address<br>72 Garden St   | City<br>Farmington                              | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/17/2010         |                        |
| Principal Occupation<br>housewife  | Name of Employer<br>N/A                         | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Pasquale  | First Name<br>Debra                             | MI<br>K  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0444           | Amount of Contribution |
| Residential Street Address<br>24 Colonial Dr N   | City<br>Bloomfield                              | State<br>CT  | Zip Code<br>06002  | Date Received<br>05/17/2010         |                        |
| Principal Occupation<br>consultant   | Name of Employer<br>DKP Transition Services LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Sichler   | First Name<br>Nancy                             | MI<br>K  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0445           | Amount of Contribution |
| Residential Street Address<br>125 Mountain Spring Rd   | City<br>Farmington                              | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/17/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$50.00  | \$50.00                |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                        |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name<br>Bliss   | First Name<br>Margaret                      | MI<br>M   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0446             | Amount of Contribution |
| Residential Street Address<br>28 Reservoir Rd  | City<br>Farmington                          | State<br>CT   | Zip Code<br>06032  | Date Received<br>05/17/2010           |                        |
| Principal Occupation<br>media specialist   | Name of Employer<br>retired                 | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$50.00    | \$50.00                |
| Last Name<br>Leonhardt   | First Name<br>Mary Alice                    | MI<br>M   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0447             | Amount of Contribution |
| Residential Street Address<br>198 Talcott Notch Rd   | City<br>Farmington                          | State<br>CT   | Zip Code<br>06032  | Date Received<br>05/17/2010           |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Moore Leonhardt & Assoc | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Grunberg  | First Name<br>Michael                       | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0449             | Amount of Contribution |
| Residential Street Address<br>1 Juniper Hill Rd  | City<br>Greenwich                           | State<br>CT   | Zip Code<br>06830  | Date Received<br>05/17/2010           |                        |
| Principal Occupation<br>Investor   | Name of Employer<br>Grunberg Management     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Cheshire  | First Name<br>Michael                       | MI<br>J   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0438             | Amount of Contribution |
| Residential Street Address<br>22 Mountain Rd   | City<br>Farmington                          | State<br>CT   | Zip Code<br>06032  | Date Received<br>05/17/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>Retired                 | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00   | \$200.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                     |                        |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name<br>Howard  | First Name<br>Joseph                          | MI<br>G   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0440           | Amount of Contribution |
| Residential Street Address<br>24 Mountain Rd   | City<br>Farmington                            | State<br>CT   | Zip Code<br>06032  | Date Received<br>05/17/2010         |                        |
| Principal Occupation<br>hospitality  | Name of Employer<br>self                      | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Sargent   | First Name<br>Joseph                          | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0443           | Amount of Contribution |
| Residential Street Address<br>25 Colony Rd   | City<br>West Hartford                         | State<br>CT   | Zip Code<br>06117  | Date Received<br>05/17/2010         |                        |
| Principal Occupation<br>money manager  | Name of Employer<br>Bradley, Foster & Sargent | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Bliss   | First Name<br>Sherwood                        | MI<br>B   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0448           | Amount of Contribution |
| Residential Street Address<br>25 Grays Farm Rd   | City<br>Weston                                | State<br>CT   | Zip Code<br>06883  | Date Received<br>05/17/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Petit Jr.   | First Name<br>William                         | MI<br>A   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0441           | Amount of Contribution |
| Residential Street Address<br>132 Redstone HI  | City<br>Plainville                            | State<br>CT   | Zip Code<br>06062  | Date Received<br>05/17/2010         |                        |
| Principal Occupation<br>M.D.   | Name of Employer<br>self                      | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>05162010G</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>V. James  | First Name<br>Seichter                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0489           | Amount of Contribution |
| Residential Street Address<br>PO Box 291   | City<br>Wallingford                             | State<br>CT  | Zip Code<br>06492  | Date Received<br>05/18/2010         |                        |
| Principal Occupation<br>Special Assets Mngr  | Name of Employer<br>UPS Captial Business Credit | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Sussler   | First Name<br>Robert                            | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0512           | Amount of Contribution |
| Residential Street Address<br>81 Ferncliff Dr  | City<br>West Hartford                           | State<br>CT  | Zip Code<br>06117  | Date Received<br>05/18/2010         |                        |
| Principal Occupation<br>General Manager  | Name of Employer<br>Brescome Barton             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Wall  | First Name<br>Nancy                             | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0492           | Amount of Contribution |
| Residential Street Address<br>4 Francis Way # 103  | City<br>Bloomfield                              | State<br>CT  | Zip Code<br>06002  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>Teacher  | Name of Employer<br>Avon Board of Ed            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$25.00  | \$25.00                |
| Last Name<br>Sambor  | First Name<br>Frank                             | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0460           | Amount of Contribution |
| Residential Street Address<br>89 Plantaion Dr  | City<br>Suffield                                | State<br>CT  | Zip Code<br>06078  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>JH Cohn, LLP                | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |



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

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**B. Itemized Contributions from Individuals**

|  |                                  |  |  |                                     |                        |
|--|----------------------------------|--|--|-------------------------------------|------------------------|
| Last Name<br>Kask  | First Name<br>James              | MI<br>F  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0461           | Amount of Contribution |
| Residential Street Address<br>11 Cardinal Dr   | City<br>Glastonbury              | State<br>CT  | Zip Code<br>06033  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>JH Cohn, LLP | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Jackson   | First Name<br>Stephen            | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0462           | Amount of Contribution |
| Residential Street Address<br>76 Botterseet Ln   | City<br>South Glastonbury        | State<br>CT  | Zip Code<br>06073-2400   | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>JH Cohn LLP  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Duffany   | First Name<br>Patrick            | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0463           | Amount of Contribution |
| Residential Street Address<br>540 Richard Dr   | City<br>Cheshire                 | State<br>CT  | Zip Code<br>06410  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>Partner  | Name of Employer<br>JH Cohn LLP  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Swiatkiewicz  | First Name<br>Rosemarie          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0467           | Amount of Contribution |
| Residential Street Address<br>63 Baileys Ln  | City<br>Wethersfield             | State<br>CT  | Zip Code<br>06109  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>Marketing Director   | Name of Employer<br>JH Cohn LLP  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Russell   | First Name<br>Augusto                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0468           | Amount of Contribution |
| Residential Street Address<br>36 Maple Ridge Dr  | City<br>Farmington                     | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>Ins/Fin Serv   | Name of Employer<br>May, Boone & Walsh | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Stevens   | First Name<br>Donald                   | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0456           | Amount of Contribution |
| Residential Street Address<br>41 Olander Ln  | City<br>Middletown                     | State<br>CT  | Zip Code<br>06457  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>JH Cohn, LLP       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>DeMartino   | First Name<br>Darren                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0488           | Amount of Contribution |
| Residential Street Address<br>36 Judge   | City<br>South Windsor                  | State<br>CT  | Zip Code<br>06074  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>Owner  | Name of Employer<br>ATC, Inc           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Bonee   | First Name<br>Philip                   | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0457           | Amount of Contribution |
| Residential Street Address<br>11 Cornell Rd  | City<br>West Hartford                  | State<br>CT  | Zip Code<br>06107  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>financial planner  | Name of Employer<br>May, Bonee & Walsh | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Diachenko   | First Name<br>Margaret                      | MI<br>C  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0469           | Amount of Contribution |
| Residential Street Address<br>28 Lincoln Ln  | City<br>Weatogue                            | State<br>CT  | Zip Code<br>06089-9780   | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>Register of Voters   | Name of Employer<br>SOTS-Town of Simsbury   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Cantone   | First Name<br>Lisa                          | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0466           | Amount of Contribution |
| Residential Street Address<br>72 Tamarac Dr  | City<br>Glastonbury                         | State<br>CT  | Zip Code<br>06033-1940   | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>accountant   | Name of Employer<br>JH Cohn LLP             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Haggett   | First Name<br>Robert                        | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0459           | Amount of Contribution |
| Residential Street Address<br>91 Sturgeon River Rd   | City<br>Glastonbury                         | State<br>CT  | Zip Code<br>06033  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>Newman'd Own Foundation | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>O'Connor  | First Name<br>Timothy                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0464           | Amount of Contribution |
| Residential Street Address<br>21 Louise Ln   | City<br>Manchester                          | State<br>CT  | Zip Code<br>06040  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>Accountant   | Name of Employer<br>JH Cohn, LLP            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Wohler  | First Name<br>John                       | MI<br>C  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0458           | Amount of Contribution |
| Residential Street Address<br>93 Chapman Dr  | City<br>Glastonbury                      | State<br>CT  | Zip Code<br>06033  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>JH Cohn. LLP         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$125.00 | \$125.00               |
| Last Name<br>Wohler  | First Name<br>Pandora                    | MI<br>D  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0465           | Amount of Contribution |
| Residential Street Address<br>93 Chapman Dr  | City<br>Glastonbury                      | State<br>CT  | Zip Code<br>06033  | Date Received<br>05/19/2010         |                        |
| Principal Occupation<br>homemaker  | Name of Employer<br>At Home              | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$125.00 | \$125.00               |
| Last Name<br>May III   | First Name<br>Edwin                      | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0471           | Amount of Contribution |
| Residential Street Address<br>802 Prospect St  | City<br>Wethersfield                     | State<br>CT  | Zip Code<br>06109  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>Partner/President  | Name of Employer<br>May, Bonee & Walsh   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Snyder Jr.  | First Name<br>James                      | MI<br>F  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0470           | Amount of Contribution |
| Residential Street Address<br>8 Berwyn Ln  | City<br>West Hartford                    | State<br>CT  | Zip Code<br>06107  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>Executive Search Consultant  | Name of Employer<br>Snyder & Company LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Clark   | First Name<br>Constance                      | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0472           | Amount of Contribution |
| Residential Street Address<br>40 O'Meara Farm Dr   | City<br>Farmington                           | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>none                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Leger   | First Name<br>Amy                            | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0473           | Amount of Contribution |
| Residential Street Address<br>25 Erie Ln   | City<br>Groton                               | State<br>CT  | Zip Code<br>06340  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>Dir of HR  | Name of Employer<br>FM Facility Maintaenance | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Strathearn  | First Name<br>Jeanne                         | MI<br>P  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0474           | Amount of Contribution |
| Residential Street Address<br>231 Mountain Spring Rd   | City<br>Farmington                           | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>dentist  | Name of Employer<br>self                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00 | \$150.00               |
| Last Name<br>Enright   | First Name<br>Vincent                        | MI<br>D  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0475           | Amount of Contribution |
| Residential Street Address<br>969 Springfield Ave  | City<br>New Providence                       | State<br>NJ  | Zip Code<br>07974  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Senich  | First Name<br>Sandra                         | MI<br>V  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0485           | Amount of Contribution |
| Residential Street Address<br>12 Timber Ln   | City<br>Woodbury                             | State<br>CT  | Zip Code<br>06798  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>Banker   | Name of Employer<br>BANK of America          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Hilyard   | First Name<br>Virginia                       | MI<br>S  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0486           | Amount of Contribution |
| Residential Street Address<br>255 Halladay Ave W   | City<br>Suffield                             | State<br>CT  | Zip Code<br>06078  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>Teacher  | Name of Employer<br>New Haven Public Schools | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00 | \$150.00               |
| Last Name<br>Mooney  | First Name<br>Anson                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0487           | Amount of Contribution |
| Residential Street Address<br>55 W Hill Dr   | City<br>West Hartford                        | State<br>CT  | Zip Code<br>06119  | Date Received<br>05/21/2010         |                        |
| Principal Occupation<br>Businessman  | Name of Employer<br>Hartford Despatch        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Murphy  | First Name<br>Timothy                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0511           | Amount of Contribution |
| Residential Street Address<br>50 Fairmont Ave  | City<br>Hyde Park                            | State<br>MA  | Zip Code<br>02136  | Date Received<br>05/22/2010         |                        |
| Principal Occupation<br>insurance  | Name of Employer<br>self                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Landry  | First Name<br>Jon                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0509           | Amount of Contribution |
| Residential Street Address<br>21 Fairview Dr   | City<br>Farmington                       | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/23/2010         |                        |
| Principal Occupation<br>Director of IT   | Name of Employer<br>The Simon Konover Co | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$15.00  | \$15.00                |
| Last Name<br>Webster   | First Name<br>Gloria                     | MI<br>E  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0510           | Amount of Contribution |
| Residential Street Address<br>6 Newman Rd  | City<br>Newbury                          | State<br>MA  | Zip Code<br>01951  | Date Received<br>05/23/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired              | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00 | \$150.00               |
| Last Name<br>Sargent   | First Name<br>Marilyn                    | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0507           | Amount of Contribution |
| Residential Street Address<br>996 Flanders Rd  | City<br>Southington                      | State<br>CT  | Zip Code<br>06489  | Date Received<br>05/24/2010         |                        |
| Principal Occupation<br>child care provider  | Name of Employer<br>self                 | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$15.00  | \$15.00                |
| Last Name<br>Galvin  | First Name<br>Suzanne                    | MI<br>S  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0506           | Amount of Contribution |
| Residential Street Address<br>246 Mountain Rd  | City<br>Glastonbury                      | State<br>CT  | Zip Code<br>06033  | Date Received<br>05/24/2010         |                        |
| Principal Occupation<br>home stager  | Name of Employer<br>self                 | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Walsh   | First Name<br>Patrick                       | MI<br>R  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0493           | Amount of Contribution |
| Residential Street Address<br>2 Shad Row   | City<br>Middle Haddam                       | State<br>CT  | Zip Code<br>06456  | Date Received<br>05/24/2010         |                        |
| Principal Occupation<br>Insurance Sales  | Name of Employer<br>may, Bonee & Walsh      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Bienemann   | First Name<br>Thomas                        | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0495           | Amount of Contribution |
| Residential Street Address<br>12 Maple Hill Dr   | City<br>Granby                              | State<br>CT  | Zip Code<br>06035  | Date Received<br>05/24/2010         |                        |
| Principal Occupation<br>sales  | Name of Employer<br>self                    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00 | \$150.00               |
| Last Name<br>Rosato  | First Name<br>John                          | MI<br>F  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0508           | Amount of Contribution |
| Residential Street Address<br>40 Chapin Rd   | City<br>New Milford                         | State<br>CT  | Zip Code<br>06776  | Date Received<br>05/24/2010         |                        |
| Principal Occupation<br>student  | Name of Employer<br>none                    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$20.00  | \$20.00                |
| Last Name<br>Porch   | First Name<br>Cassandra                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0502           | Amount of Contribution |
| Residential Street Address<br>490 High St  | City<br>Middletown                          | State<br>CT  | Zip Code<br>06457  | Date Received<br>05/25/2010         |                        |
| Principal Occupation<br>Analyst  | Name of Employer<br>FM Facility Maintenance | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$25.00  | \$25.00                |



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

|                       |                     |
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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Warring   | First Name<br>Wendy                            | MI<br>E  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0504             | Amount of Contribution |
| Residential Street Address<br>164 Balbrae Dr   | City<br>Bloomfield                             | State<br>CT  | Zip Code<br>06002  | Date Received<br>05/25/2010           |                        |
| Principal Occupation<br>Hospital Administrator   | Name of Employer<br>Children's Hospital Boston | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Meehan  | First Name<br>Sean                             | MI<br>T  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0505             | Amount of Contribution |
| Residential Street Address<br>55 Trumball St # 811   | City<br>Hartford                               | State<br>CT  | Zip Code<br>06103  | Date Received<br>05/25/2010           |                        |
| Principal Occupation<br>Insurance Broker   | Name of Employer<br>Willis Personal Lines      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00    | \$50.00                |
| Last Name<br>Tomasso Jr  | First Name<br>Angelo                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0503             | Amount of Contribution |
| Residential Street Address<br>132 Roslyn Dr  | City<br>New Britain                            | State<br>CT  | Zip Code<br>06052  | Date Received<br>05/25/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,500.00 | \$1,500.00             |
| Last Name<br>Esposito  | First Name<br>Peter                            | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0496             | Amount of Contribution |
| Residential Street Address<br>61 Blue Ridge Dr   | City<br>Weatogue                               | State<br>CT  | Zip Code<br>06089  | Date Received<br>05/26/2010           |                        |
| Principal Occupation<br>President, religious publishing  | Name of Employer<br>RCL Benziger               | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Carpenter   | First Name<br>Anne                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0500             | Amount of Contribution |
| Residential Street Address<br>114 Duncaster Rd   | City<br>Bloomfield                     | State<br>CT  | Zip Code<br>06002  | Date Received<br>05/26/2010           |                        |
| Principal Occupation<br>VP Marketing   | Name of Employer<br>Evolution Benefits | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Carver  | First Name<br>Howard                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0501             | Amount of Contribution |
| Residential Street Address<br>PO Box 2743  | City<br>Silverthorne                   | State<br>CO  | Zip Code<br>80498  | Date Received<br>05/26/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Goldfarb  | First Name<br>Robert                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0498             | Amount of Contribution |
| Residential Street Address<br>15 Ridgemont Dr  | City<br>West Hartford                  | State<br>CT  | Zip Code<br>06117  | Date Received<br>05/27/2010           |                        |
| Principal Occupation<br>President  | Name of Employer<br>HRW Resources, Inc | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Felder  | First Name<br>Andrew                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0499             | Amount of Contribution |
| Residential Street Address<br>74 Cynthia Dr  | City<br>Berlin                         | State<br>CT  | Zip Code<br>06037  | Date Received<br>05/27/2010           |                        |
| Principal Occupation<br>credit analyst   | Name of Employer<br>ALIRT Research     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00    | \$50.00                |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                           |
|--|--|--|--|---------------------------------------|---------------------------|
| Last Name<br>Wilson  | First Name<br>Bruce                              | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0514             | Amount of<br>Contribution |
| Residential Street Address<br>1 Windsor Ct   | City<br>Farmington                               | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/28/2010           |                           |
| Principal Occupation<br>CEO  | Name of Employer<br>The First Tee of Connecticut | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$517.00   | \$17.00                   |
| Last Name<br>Hoffman   | First Name<br>Jeffrey                            | MI<br>S  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0513             | Amount of<br>Contribution |
| Residential Street Address<br>149 Reverknolls  | City<br>Avon                                     | State<br>CT  | Zip Code<br>06001  | Date Received<br>05/28/2010           |                           |
| Principal Occupation<br>Co-chairman/Car Dealer   | Name of Employer<br>Self                         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00                |
| Last Name<br>Clemow  | First Name<br>Susan                              | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0520             | Amount of<br>Contribution |
| Residential Street Address<br>154 Steele Rd  | City<br>West Hartford                            | State<br>CT  | Zip Code<br>06119  | Date Received<br>05/28/2010           |                           |
| Principal Occupation<br>Consultant   | Name of Employer<br>Clemow Consulting Group LLP  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00   | \$250.00                  |
| Last Name<br>Tomasso   | First Name<br>Michael                            | MI<br>W  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0515             | Amount of<br>Contribution |
| Residential Street Address<br>1 Eton Pl  | City<br>Farmington                               | State<br>CT  | Zip Code<br>06032  | Date Received<br>05/28/2010           |                           |
| Principal Occupation<br>Manager  | Name of Employer<br>Tomasso Brothers, Inc        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00                |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Sams Jr.  | First Name<br>David                             | MI<br>E  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0523             | Amount of Contribution |
| Residential Street Address<br>549 White Pelican Cir  | City<br>Vero Beach                              | State<br>FL  | Zip Code<br>32963  | Date Received<br>05/31/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Sams  | First Name<br>Betsy                             | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0524             | Amount of Contribution |
| Residential Street Address<br>549 White Pelican Cir  | City<br>Vero Beach                              | State<br>FL  | Zip Code<br>32963  | Date Received<br>05/31/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Thompson  | First Name<br>Douglas                           | MI<br>K  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0521             | Amount of Contribution |
| Residential Street Address<br>76 Warren Gln  | City<br>Burlington                              | State<br>CT  | Zip Code<br>06013  | Date Received<br>05/31/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,000.00 | \$2,000.00             |
| Last Name<br>Silvers   | First Name<br>Brett                             | MI<br>N  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0522             | Amount of Contribution |
| Residential Street Address<br>61 Ledyard Rd  | City<br>West Hartford                           | State<br>CT  | Zip Code<br>06117  | Date Received<br>05/31/2010           |                        |
| Principal Occupation<br>Commercial Finance   | Name of Employer<br>World Business Capital, Inc | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Fitzgerald  | First Name<br>Jill                         | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0526             | Amount of Contribution |
| Residential Street Address<br>515 Stevens St   | City<br>Bristol                            | State<br>CT  | Zip Code<br>06010  | Date Received<br>06/01/2010           |                        |
| Principal Occupation<br>quickbooks consultant  | Name of Employer<br>self                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00    | \$50.00                |
| Last Name<br>Will  | First Name<br>Philip                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0525             | Amount of Contribution |
| Residential Street Address<br>227 Girard Ave   | City<br>Hartford                           | State<br>CT  | Zip Code<br>06105  | Date Received<br>06/01/2010           |                        |
| Principal Occupation<br>semi-retired/management  | Name of Employer<br>Intown Management Corp | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Baldassarre   | First Name<br>Andrew                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0527             | Amount of Contribution |
| Residential Street Address<br>12 Penwood Rd  | City<br>Bloomfield                         | State<br>CT  | Zip Code<br>06002  | Date Received<br>06/02/2010           |                        |
| Principal Occupation<br>Financial Advisor  | Name of Employer<br>UBS Financial          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Kent  | First Name<br>Peter                        | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0528             | Amount of Contribution |
| Residential Street Address<br>83 Belgo Rd  | City<br>Lakeville                          | State<br>CT  | Zip Code<br>06018  | Date Received<br>06/02/2010           |                        |
| Principal Occupation<br>Manager  | Name of Employer<br>Bicron Electronics Co  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Filomeno  | First Name<br>Mark                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0516           | Amount of Contribution |
| Residential Street Address<br>3 Bonny View Rd  | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/02/2010         |                        |
| Principal Occupation<br>Engineer   | Name of Employer<br>CDM Constructors Inc  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Kelly   | First Name<br>Christopher                 | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0517           | Amount of Contribution |
| Residential Street Address<br>5 Foxglove Cir   | City<br>Higganum                          | State<br>CT  | Zip Code<br>06441  | Date Received<br>06/02/2010         |                        |
| Principal Occupation<br>AVP Sales NE States  | Name of Employer<br>Nationwide Insurance  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Moore   | First Name<br>Jacqueline                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0519           | Amount of Contribution |
| Residential Street Address<br>125 Great Pond Rd  | City<br>Simsbury                          | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/02/2010         |                        |
| Principal Occupation<br>homemaker  | Name of Employer<br>n/a                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Civitillo   | First Name<br>William                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0529           | Amount of Contribution |
| Residential Street Address<br>96 Norwood Rd  | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06117  | Date Received<br>06/02/2010         |                        |
| Principal Occupation<br>President  | Name of Employer<br>Civitillo Masonry Inc | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Barnes  | First Name<br>Thomas                    | MI<br>O  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0518             | Amount of Contribution |
| Residential Street Address<br>1900 Perkins St  | City<br>Bristol                         | State<br>CT  | Zip Code<br>06010  | Date Received<br>06/02/2010           |                        |
| Principal Occupation<br>Chair of Board   | Name of Employer<br>Barnes Group Inc    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Elvgren   | First Name<br>Anne                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0531             | Amount of Contribution |
| Residential Street Address<br>26 Timberline Dr   | City<br>Farmington                      | State<br>CT  | Zip Code<br>06032  | Date Received<br>06/03/2010           |                        |
| Principal Occupation<br>Marketing  | Name of Employer<br>Robinson & Cole LLP | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>George  | First Name<br>Brian                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0530             | Amount of Contribution |
| Residential Street Address<br>12 Quarry Village Rd   | City<br>Cheshire                        | State<br>CT  | Zip Code<br>06410  | Date Received<br>06/03/2010           |                        |
| Principal Occupation<br>Engineer   | Name of Employer<br>Pratt & Whitney     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$25.00    | \$25.00                |
| Last Name<br>Robertson II  | First Name<br>Edward                    | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0532             | Amount of Contribution |
| Residential Street Address<br>3 Wild Meadow Ln   | City<br>Natick                          | State<br>MA  | Zip Code<br>01760  | Date Received<br>06/04/2010           |                        |
| Principal Occupation<br>Private Banker   | Name of Employer<br>US Trust            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                        |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name<br>Hunt  | First Name<br>Chuck                     | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0534             | Amount of Contribution |
| Residential Street Address<br>188 Emerson Ave  | City<br>Hartsdale                       | State<br>NY   | Zip Code<br>10530  | Date Received<br>06/04/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired             | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$200.00   | \$100.00               |
| Last Name<br>Polk  | First Name<br>David                     | MI<br>E   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0533             | Amount of Contribution |
| Residential Street Address<br>100 Westmont   | City<br>West Hartford                   | State<br>CT   | Zip Code<br>06117  | Date Received<br>06/04/2010           |                        |
| Principal Occupation<br>Exec Director  | Name of Employer<br>The First Tee of CT | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$1,350.00 | \$1,350.00             |
| Last Name<br>Etheridge   | First Name<br>Glenna                    | MI<br>W   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0541             | Amount of Contribution |
| Residential Street Address<br>6 Newman Rd  | City<br>Newbury                         | State<br>MA   | Zip Code<br>01951-2204   | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired             | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$3,500.00 | \$1,500.00             |
| Last Name<br>Booth   | First Name<br>Richard                   | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0540             | Amount of Contribution |
| Residential Street Address<br>7 Winterberry Ln   | City<br>Deep River                      | State<br>CT   | Zip Code<br>06417  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Vice Chairman  | Name of Employer<br>Guy Carpenter LLC   | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$3,000.00 | \$1,000.00             |



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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Roth  | First Name<br>David                      | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0547             | Amount of Contribution |
| Residential Street Address<br>50 Whetten Rd  | City<br>West Hartford                    | State<br>CT  | Zip Code<br>06117  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Managing Director  | Name of Employer<br>WLD Enterprises Inc. | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,500.00 | \$2,500.00             |
| Last Name<br>Lyon  | First Name<br>James                      | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0538             | Amount of Contribution |
| Residential Street Address<br>25 Bishop Rd   | City<br>West Hartford                    | State<br>CT  | Zip Code<br>06119  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Murtha Cullina LLP   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,000.00 | \$1,000.00             |
| Last Name<br>Ketcham   | First Name<br>Natalie                    | MI<br>T  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0542             | Amount of Contribution |
| Residential Street Address<br>56 Wagon Wheel Rd  | City<br>Redding                          | State<br>CT  | Zip Code<br>06896  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Chief Elected Official   | Name of Employer<br>Town of Redding      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Branning  | First Name<br>Harry                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0536             | Amount of Contribution |
| Residential Street Address<br>51 Palisade Ter  | City<br>Glastonbury                      | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>investor   | Name of Employer<br>self                 | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,500.00 | \$1,500.00             |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Bergami Jr.   | First Name<br>Samuel                             | MI<br>S  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0537             | Amount of Contribution |
| Residential Street Address<br>310 Tanglewood Cir   | City<br>Milford                                  | State<br>CT  | Zip Code<br>06461  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>CEO/Co-owner   | Name of Employer<br>Alinabal Inc.                | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Hoffman   | First Name<br>I Bradley                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0539             | Amount of Contribution |
| Residential Street Address<br>20 Deer Ridge Rd   | City<br>Avon                                     | State<br>CT  | Zip Code<br>06001  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Automobile Dealer  | Name of Employer<br>Hoffman Auto Group           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Gaffney   | First Name<br>Chris                              | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0543             | Amount of Contribution |
| Residential Street Address<br>3 Winthrop St  | City<br>West Newton                              | State<br>MA  | Zip Code<br>02465  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Investor   | Name of Employer<br>Great Hill Partners LLC      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Dyson   | First Name<br>Cheryl                             | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0544             | Amount of Contribution |
| Residential Street Address<br>31 Caran Rd  | City<br>East Hartford                            | State<br>CT  | Zip Code<br>06118  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Accounting Analyst   | Name of Employer<br>Hartford Chamber of Commerce | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Forrester   | First Name<br>Robert                                 | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0545             | Amount of Contribution |
| Residential Street Address<br>143 Deerclyff Rd   | City<br>Avon   | State<br>CT  | Zip Code<br>06001  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>CEO  | Name of Employer<br>Newman's Own                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Roth  | First Name<br>Linda                                  | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0546             | Amount of Contribution |
| Residential Street Address<br>50 Whetton Rd  | City<br>West Hartford                                | State<br>CT  | Zip Code<br>06117  | Date Received<br>06/09/2010           |                        |
| Principal Occupation<br>Curator  | Name of Employer<br>Wadsworth Atheneum Museum of Art | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,500.00 | \$2,500.00             |
| Last Name<br>Leshem  | First Name<br>Ed                                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0551             | Amount of Contribution |
| Residential Street Address<br>20 Highwood Rd   | City<br>Simsbury                                     | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/11/2010           |                        |
| Principal Occupation<br>President & CEO  | Name of Employer<br>Ovation Benefits                 | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Carr  | First Name<br>Caris                                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0548             | Amount of Contribution |
| Residential Street Address<br>14 Harvest Hill Rd   | City<br>West Simsbury                                | State<br>CT  | Zip Code<br>06092  | Date Received<br>06/11/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Holden Jr.  | First Name<br>R. Stuart                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0549             | Amount of Contribution |
| Residential Street Address<br>130 Main St  | City<br>Farmington                         | State<br>CT  | Zip Code<br>06032  | Date Received<br>06/11/2010           |                        |
| Principal Occupation<br>President  | Name of Employer<br>Keeney Manufacturing   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$400.00   | \$400.00               |
| Last Name<br>Carew   | First Name<br>William                      | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0550             | Amount of Contribution |
| Residential Street Address<br>24 Lawton Dr   | City<br>Simsbury                           | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/11/2010           |                        |
| Principal Occupation<br>Insurance  | Name of Employer<br>Ovation Benefits Group | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,000.00 | \$1,000.00             |
| Last Name<br>Budd  | First Name<br>Edward                       | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0552             | Amount of Contribution |
| Residential Street Address<br>270 Chestnut Hill Rd   | City<br>Glastonbury                        | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/12/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired                | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,000.00 | \$1,000.00             |
| Last Name<br>Hedberg   | First Name<br>Jeffrey                      | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0553             | Amount of Contribution |
| Residential Street Address<br>120 Northwoods Rd  | City<br>Newington                          | State<br>CT  | Zip Code<br>06111  | Date Received<br>06/12/2010           |                        |
| Principal Occupation<br>Financial Advisor  | Name of Employer<br>CT Financial           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Fisher  | First Name<br>Edward                            | MI<br>F  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0554             | Amount of Contribution |
| Residential Street Address<br>8 Colton St  | City<br>Farmington                              | State<br>CT  | Zip Code<br>06032  | Date Received<br>06/14/2010           |                        |
| Principal Occupation<br>Retired  | Name of Employer<br>Retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Baker   | First Name<br>Francis                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0556             | Amount of Contribution |
| Residential Street Address<br>8356 Segro Ln  | City<br>Vero Beach                              | State<br>FL  | Zip Code<br>32963  | Date Received<br>06/14/2010           |                        |
| Principal Occupation<br>investor   | Name of Employer<br>retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Smith   | First Name<br>Tracy                             | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0560             | Amount of Contribution |
| Residential Street Address<br>1755 Wolcott Rd  | City<br>Wolcott                                 | State<br>CT  | Zip Code<br>06716  | Date Received<br>06/14/2010           |                        |
| Principal Occupation<br>housewife  | Name of Employer<br>n/a                         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$3,500.00 | \$3,500.00             |
| Last Name<br>Gallis  | First Name<br>Michael                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0555             | Amount of Contribution |
| Residential Street Address<br>8333 Meadow Lakes Dr   | City<br>Charlotte                               | State<br>NC  | Zip Code<br>28210  | Date Received<br>06/14/2010           |                        |
| Principal Occupation<br>Urban Planning   | Name of Employer<br>Michael GALLIS & Associates | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$500.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Smith   | First Name<br>Thomas                             | MI<br>W  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0557             | Amount of Contribution |
| Residential Street Address<br>323 Railroad Ave   | City<br>Greenwich                                | State<br>CT  | Zip Code<br>06830  | Date Received<br>06/14/2010           |                        |
| Principal Occupation<br>Investor   | Name of Employer<br>Prescott Investors, Inc.     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$3,500.00 | \$3,500.00             |
| Last Name<br>Lord  | First Name<br>Frank                              | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0572             | Amount of Contribution |
| Residential Street Address<br>PO Box 230177  | City<br>Hartford                                 | State<br>CT  | Zip Code<br>06123  | Date Received<br>06/15/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$350.00   | \$250.00               |
| Last Name<br>Lutz  | First Name<br>Lisa                               | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0571             | Amount of Contribution |
| Residential Street Address<br>7443 Old Maple Sq  | City<br>McLean                                   | State<br>VA  | Zip Code<br>22102  | Date Received<br>06/15/2010           |                        |
| Principal Occupation<br>homemaker  | Name of Employer<br>self                         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,750.00 | \$1,000.00             |
| Last Name<br>Penney  | First Name<br>Robert                             | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0558             | Amount of Contribution |
| Residential Street Address<br>29 Shagbark Rd   | City<br>Glastonbury                              | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/15/2010           |                        |
| Principal Occupation<br>Wealth Management  | Name of Employer<br>BNY Mellon Wealth Management | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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**B. Itemized Contributions from Individuals**

|  |                                |  |  |                                       |                        |
|--|--------------------------------|--|--|---------------------------------------|------------------------|
| Last Name<br>Sweeney   | First Name<br>John             | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0559             | Amount of Contribution |
| Residential Street Address<br>26 Laurel Rdg  | City<br>East Hampton           | State<br>CT  | Zip Code<br>06424  | Date Received<br>06/15/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Branning  | First Name<br>Harry            | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0573             | Amount of Contribution |
| Residential Street Address<br>51 Palisade Ter  | City<br>Glastonbury            | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/16/2010           |                        |
| Principal Occupation<br>investor   | Name of Employer<br>self       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Suisman   | First Name<br>Michael          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0566             | Amount of Contribution |
| Residential Street Address<br>48 Orchard Rd  | City<br>West Hartford          | State<br>CT  | Zip Code<br>06117  | Date Received<br>06/18/2010           |                        |
| Principal Occupation<br>President  | Name of Employer<br>Danny Corp | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Stearns   | First Name<br>Judy             | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0561             | Amount of Contribution |
| Residential Street Address<br>53 Carriage Dr   | City<br>Glastonbury            | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/18/2010           |                        |
| Principal Occupation<br>homemaker  | Name of Employer<br>n/a        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00   | \$150.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                           |
|--|--|--|--|---------------------------------------|---------------------------|
| Last Name<br>Pavone  | First Name<br>Mary                                       | MI<br>L  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0564             | Amount of<br>Contribution |
| Residential Street Address<br>19 Chandler Dr   | City<br>Prospect   | State<br>CT  | Zip Code<br>06712  | Date Received<br>06/18/2010           |                           |
| Principal Occupation<br>Executive  | Name of Employer<br>Prospect Machine Products Inc.       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$40.00    | \$40.00                   |
| Last Name<br>Joyce   | First Name<br>Roger                                      | MI<br>F  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0563             | Amount of<br>Contribution |
| Residential Street Address<br>52 Pearl St  | City<br>Guilford   | State<br>CT  | Zip Code<br>06437  | Date Received<br>06/18/2010           |                           |
| Principal Occupation<br>Executive Vice President   | Name of Employer<br>The Bilco Company                    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00                |
| Last Name<br>Hazard  | First Name<br>Stephen                                    | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0562             | Amount of<br>Contribution |
| Residential Street Address<br>109 Huntingridge Dr  | City<br>South Glastonbury                                | State<br>CT  | Zip Code<br>06073  | Date Received<br>06/18/2010           |                           |
| Principal Occupation<br>Attorney   | Name of Employer<br>McElroy Deutsch Mulverey & Carpenter | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00                  |
| Last Name<br>Maloney   | First Name<br>Kevin                                      | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0567             | Amount of<br>Contribution |
| Residential Street Address<br>4016 Mountain Rd   | City<br>Suffield   | State<br>CT  | Zip Code<br>06093  | Date Received<br>06/18/2010           |                           |
| Principal Occupation<br>Transportation Executive   | Name of Employer<br>Northeast Express Transportation     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$500.00                  |



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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Llodra  | First Name<br>Pat                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0574             | Amount of Contribution |
| Residential Street Address<br>90 Riverside Rd  | City<br>Sandy Hook                         | State<br>CT  | Zip Code<br>06482  | Date Received<br>06/18/2010           |                        |
| Principal Occupation<br>Elected Office   | Name of Employer<br>Town of Newtown        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00   | \$200.00               |
| Last Name<br>Austin  | First Name<br>Sally                        | MI<br>C  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0565             | Amount of Contribution |
| Residential Street Address<br>252 Silver St  | City<br>North Granby                       | State<br>CT  | Zip Code<br>06060  | Date Received<br>06/18/2010           |                        |
| Principal Occupation<br>Event Planner  | Name of Employer<br>MetroHartford Alliance | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00   | \$200.00               |
| Last Name<br>Gavrich   | First Name<br>Lawrence                     | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0575             | Amount of Contribution |
| Residential Street Address<br>5 Millstone Dr   | City<br>Avon                               | State<br>CT  | Zip Code<br>06001  | Date Received<br>06/19/2010           |                        |
| Principal Occupation<br>Real Estate  | Name of Employer<br>Home on the Course LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$750.00   | \$500.00               |
| Last Name<br>Daniel  | First Name<br>Nicole                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0576             | Amount of Contribution |
| Residential Street Address<br>10 Shepherds Run   | City<br>Westerly                           | State<br>RI  | Zip Code<br>02891  | Date Received<br>06/20/2010           |                        |
| Principal Occupation<br>homemaker  | Name of Employer<br>self                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$3,500.00 | \$3,500.00             |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Catalfimo   | First Name<br>David                       | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0577             | Amount of Contribution |
| Residential Street Address<br>10 Shepherds Run   | City<br>Westerly                          | State<br>RI  | Zip Code<br>02891  | Date Received<br>06/20/2010           |                        |
| Principal Occupation<br>financial advisor  | Name of Employer<br>JP Morgan Chase       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$3,500.00 | \$3,500.00             |
| Last Name<br>Lehman  | First Name<br>Carol                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0578             | Amount of Contribution |
| Residential Street Address<br>187 Grove Beach Rd S   | City<br>Westbrook                         | State<br>CT  | Zip Code<br>06498  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>DRE  | Name of Employer<br>St. Mark's Church     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00    | \$61.00                |
| Last Name<br>Filomeno  | First Name<br>Madelyn                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0579             | Amount of Contribution |
| Residential Street Address<br>31 Bonny View Radl   | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>tutor  | Name of Employer<br>town of West Hartford | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$561.00   | \$561.00               |
| Last Name<br>Kearney   | First Name<br>Kelly                       | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0580             | Amount of Contribution |
| Residential Street Address<br>32 Winterset Ln  | City<br>Simsbury                          | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>marketing consultant   | Name of Employer<br>self                  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Rarus   | First Name<br>Lisa                            | MI<br>K  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0581             | Amount of Contribution |
| Residential Street Address<br>645 Prospect Ave # 12  | City<br>West Hartford                         | State<br>CT  | Zip Code<br>06105  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Benefits Consultant  | Name of Employer<br>Lindberg/Ripple           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,610.00 | \$610.00               |
| Last Name<br>Bustow  | First Name<br>Sheldon                         | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0585             | Amount of Contribution |
| Residential Street Address<br>61 Nina's Way  | City<br>Manchester                            | State<br>CT  | Zip Code<br>06040  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Healthcare Administrator   | Name of Employer<br>Hospital for Special care | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00    | \$61.00                |
| Last Name<br>Knortz  | First Name<br>Noreen                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0586             | Amount of Contribution |
| Residential Street Address<br>82 S Main St   | City<br>East Granby                           | State<br>CT  | Zip Code<br>06026  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Homemaker  | Name of Employer<br>Husband                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00   | \$150.00               |
| Last Name<br>Osborne   | First Name<br>Jason                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0590             | Amount of Contribution |
| Residential Street Address<br>8644 Oak Chase Cir   | City<br>Fairfax Station                       | State<br>VA  | Zip Code<br>22039  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Consultant   | Name of Employer<br>Mita Group                | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Steele  | First Name<br>Rick                               | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0594             | Amount of Contribution |
| Residential Street Address<br>35 Pratt St  | City<br>Essex                                    | State<br>CT  | Zip Code<br>06426  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>CEO  | Name of Employer<br>NuRide                       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$161.00   | \$161.00               |
| Last Name<br>Carstens  | First Name<br>Dan                                | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0596             | Amount of Contribution |
| Residential Street Address<br>PO Box 307   | City<br>Windsor Locks                            | State<br>CT  | Zip Code<br>06096  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Consultant/RE  | Name of Employer<br>self                         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00    | \$61.00                |
| Last Name<br>Kent  | First Name<br>Peter                              | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0589             | Amount of Contribution |
| Residential Street Address<br>83 Belgo Rd  | City<br>Lakeville                                | State<br>CT  | Zip Code<br>06018  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Manager  | Name of Employer<br>Bicron Electronics Co        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,610.00 | \$610.00               |
| Last Name<br>DeLuzio   | First Name<br>Mark                               | MI<br>C  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0587             | Amount of Contribution |
| Residential Street Address<br>79 Kingswood Dr  | City<br>South Glastonbury                        | State<br>CT  | Zip Code<br>06073  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>CEO  | Name of Employer<br>Lean Horizons Consulting LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,000.00 | \$1,000.00             |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Meehan  | First Name<br>John                                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0584             | Amount of Contribution |
| Residential Street Address<br>109 Audubon Blvd   | City<br>Naples  | State<br>FL  | Zip Code<br>34110  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00   | \$250.00               |
| Last Name<br>Fitzpatrick   | First Name<br>Paul                                    | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0583             | Amount of Contribution |
| Residential Street Address<br>22 Main Street Ext # A-6   | City<br>Simsbury                                      | State<br>CT  | Zip Code<br>06081  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Teacher  | Name of Employer<br>Archdiocese of Hartford           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$161.00   | \$61.00                |
| Last Name<br>Joyce   | First Name<br>Roger                                   | MI<br>F  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0582             | Amount of Contribution |
| Residential Street Address<br>52 Pearl St  | City<br>Guilford                                      | State<br>CT  | Zip Code<br>06437  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Executive Vice President   | Name of Employer<br>The Bilco Company, West haven, CT | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,061.00 | \$61.00                |
| Last Name<br>Litchfield  | First Name<br>Steven                                  | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0593             | Amount of Contribution |
| Residential Street Address<br>26 Smallwood Rd  | City<br>West Hartford                                 | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Banking  | Name of Employer<br>Sovereign Bank                    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$311.00   | \$61.00                |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Bell  | First Name<br>James                              | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0597             | Amount of Contribution |
| Residential Street Address<br>39 Kingsbridge   | City<br>Avon                                     | State<br>CT  | Zip Code<br>06001  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Manager  | Name of Employer<br>CT Business & Industry Assoc | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$500.00               |
| Last Name<br>Hopgood   | First Name<br>Suzanne                            | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0599             | Amount of Contribution |
| Residential Street Address<br>PO Box 230177  | City<br>Hartford                                 | State<br>CT  | Zip Code<br>06123  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Managing Director  | Name of Employer<br>NACD                         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$350.00   | \$250.00               |
| Last Name<br>Thomson   | First Name<br>George                             | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0592             | Amount of Contribution |
| Residential Street Address<br>8 Perrin Ln  | City<br>South Windsor                            | State<br>CT  | Zip Code<br>06074  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>Filomeno & Co                | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$311.00   | \$61.00                |
| Last Name<br>Sheehan III   | First Name<br>Eugene                             | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0588             | Amount of Contribution |
| Residential Street Address<br>511 E Carriage Dr  | City<br>Glastonbury                              | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Public Relations exec  | Name of Employer<br>Sullivan & LeShane PR        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Duguay  | First Name<br>Robert                             | MI<br>R  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0595             | Amount of Contribution |
| Residential Street Address<br>11 Nod Brook Dr  | City<br>Simsbury                                 | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>Florist  | Name of Employer<br>Fruit Baskets Unlimited, Inc | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$161.00   | \$61.00                |
| Last Name<br>Frank   | First Name<br>Stanley                            | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0598             | Amount of Contribution |
| Residential Street Address<br>74 Bradford Walk   | City<br>Farmington                               | State<br>CT  | Zip Code<br>06032  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>owner  | Name of Employer<br>Gem Jewelry                  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$3,500.00 | \$3,500.00             |
| Last Name<br>Monyak  | First Name<br>Robert                             | MI<br>D  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0591             | Amount of Contribution |
| Residential Street Address<br>31 Sunset Ter  | City<br>West Hartford                            | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/21/2010           |                        |
| Principal Occupation<br>EVP and Chief Lending Officer  | Name of Employer<br>World Business Capital, Inc  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$400.00   | \$100.00               |
| Last Name<br>Horner  | First Name<br>Donald                             | MI<br>B  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0600             | Amount of Contribution |
| Residential Street Address<br>104 Woodpond Rd  | City<br>West Hartford                            | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/22/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00    | \$50.00                |

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

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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                     |                        |
|--|--|---|--|-------------------------------------|------------------------|
| Last Name<br>Roberts   | First Name<br>Stephen                                  | MI<br>L   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0608           | Amount of Contribution |
| Residential Street Address<br>349 N Steele Rd  | City<br>West Hartford                                  | State<br>CT   | Zip Code<br>06117  | Date Received<br>06/22/2010         |                        |
| Principal Occupation<br>web design   | Name of Employer<br>self employed                      | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$150.00 | \$150.00               |
| Last Name<br>Burger  | First Name<br>Joseph                                   | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0609           | Amount of Contribution |
| Residential Street Address<br>1 Hemlock Ct   | City<br>Broad Brook                                    | State<br>CT   | Zip Code<br>06016  | Date Received<br>06/22/2010         |                        |
| Principal Occupation<br>retired, nuclear field, mech eng   | Name of Employer<br>retired (Westinghouse)             | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$30.00  | \$30.00                |
| Last Name<br>Gelston   | First Name<br>Mortimer                                 | MI<br>A   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0610           | Amount of Contribution |
| Residential Street Address<br>445 Town St  | City<br>East Haddam                                    | State<br>CT   | Zip Code<br>06423  | Date Received<br>06/22/2010         |                        |
| Principal Occupation<br>retired, farmer  | Name of Employer<br>self employed                      | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$61.00  | \$61.00                |
| Last Name<br>Morrison  | First Name<br>Kevin                                    | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0611           | Amount of Contribution |
| Residential Street Address<br>50 Chapman Rd  | City<br>West Hartford                                  | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/22/2010         |                        |
| Principal Occupation<br>Grants Mngr  | Name of Employer<br>Hartford Area Habitat for Humanity | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  | Aggregate Contributions<br>\$50.00  | \$50.00                |



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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Groezinger  | First Name<br>Robert                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0606           | Amount of Contribution |
| Residential Street Address<br>3729 Sandalwood Dr   | City<br>Land O Lakes                    | State<br>FL  | Zip Code<br>34639  | Date Received<br>06/23/2010         |                        |
| Principal Occupation<br>retired, former Bank Boston  | Name of Employer<br>retired             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Gitlin  | First Name<br>David                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0607           | Amount of Contribution |
| Residential Street Address<br>22 Trumbull Ln   | City<br>West Hartford                   | State<br>CT  | Zip Code<br>06117  | Date Received<br>06/23/2010         |                        |
| Principal Occupation<br>Manager  | Name of Employer<br>Hamilton Sundstrand | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Casey   | First Name<br>John                      | MI<br>W  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0601           | Amount of Contribution |
| Residential Street Address<br>42 Field Pond Rd   | City<br>Milford                         | State<br>MA  | Zip Code<br>01757  | Date Received<br>06/24/2010         |                        |
| Principal Occupation<br>Coach  | Name of Employer<br>Tufts University    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00  | \$61.00                |
| Last Name<br>Belden  | First Name<br>Scott                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0603           | Amount of Contribution |
| Residential Street Address<br>40 Saddle Ridge Dr   | City<br>Glastonbury                     | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/24/2010         |                        |
| Principal Occupation<br>Insurance Executive  | Name of Employer<br>Travelers           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Leary   | First Name<br>Jane                                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0605             | Amount of Contribution |
| Residential Street Address<br>1311 Boulevard   | City<br>West Hartford                                    | State<br>CT  | Zip Code<br>06119  | Date Received<br>06/24/2010           |                        |
| Principal Occupation<br>Alumni Director  | Name of Employer<br>Northwest Catholic HS                | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$75.00    | \$75.00                |
| Last Name<br>Furman  | First Name<br>Aaron                                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0604             | Amount of Contribution |
| Residential Street Address<br>362 Fern St  | City<br>West Hartford                                    | State<br>CT  | Zip Code<br>06119  | Date Received<br>06/24/2010           |                        |
| Principal Occupation<br>CEO  | Name of Employer<br>International Environmental Alliance | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$3,450.00 | \$3,450.00             |
| Last Name<br>Booth   | First Name<br>Barbara                                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0602             | Amount of Contribution |
| Residential Street Address<br>PO Box 920   | City<br>Essex  | State<br>CT  | Zip Code<br>06426  | Date Received<br>06/24/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                              | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Furman  | First Name<br>Barbara                                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0624             | Amount of Contribution |
| Residential Street Address<br>362 Fern St  | City<br>West Hartford                                    | State<br>CT  | Zip Code<br>06119  | Date Received<br>06/25/2010           |                        |
| Principal Occupation<br>Housewife  | Name of Employer<br>None                                 | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$3,500.00 | \$3,500.00             |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>McKenna   | First Name<br>Richard                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0623             | Amount of Contribution |
| Residential Street Address<br>102 Waterside Ln   | City<br>West Hartford                  | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/25/2010           |                        |
| Principal Occupation<br>Financial Planner  | Name of Employer<br>MW Financial Group | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Wilson  | First Name<br>Bruce                    | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0622             | Amount of Contribution |
| Residential Street Address<br>1 Windsor Ct   | City<br>Farmington                     | State<br>CT  | Zip Code<br>06032  | Date Received<br>06/25/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00    | \$61.00                |
| Last Name<br>Tracy   | First Name<br>Daniel                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0612             | Amount of Contribution |
| Residential Street Address<br>88 Woodpond Rd   | City<br>West Hartford                  | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/25/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Rancourt  | First Name<br>Lora                     | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0613             | Amount of Contribution |
| Residential Street Address<br>8 Minister Brook Dr  | City<br>Simsbury                       | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/25/2010           |                        |
| Principal Occupation<br>school nurse   | Name of Employer<br>Town of Simsbury   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00    | \$61.00                |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Lautensack Jr.  | First Name<br>Robert                             | MI<br>G  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0614           | Amount of Contribution |
| Residential Street Address<br>21 Stillwood Chase   | City<br>Simsbury                                 | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/25/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00  | \$61.00                |
| Last Name<br>Sanderson   | First Name<br>Kirsten                            | MI<br>O  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0615           | Amount of Contribution |
| Residential Street Address<br>12 Huckleberry Hill Rd   | City<br>Avon                                     | State<br>CT  | Zip Code<br>06001  | Date Received<br>06/25/2010         |                        |
| Principal Occupation<br>teacher/curriculum specialist  | Name of Employer<br>West Hartford Public Schools | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00  | \$61.00                |
| Last Name<br>Sanderson   | First Name<br>Mark                               | MI<br>W  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0616           | Amount of Contribution |
| Residential Street Address<br>12 Huckleberry Hill Rd   | City<br>Avon                                     | State<br>CT  | Zip Code<br>06001  | Date Received<br>06/25/2010         |                        |
| Principal Occupation<br>landscape contractor   | Name of Employer<br>Sanderson Landscaping        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00  | \$61.00                |
| Last Name<br>Furey   | First Name<br>Margaret                           | MI<br>W  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0617           | Amount of Contribution |
| Residential Street Address<br>80 Simsbury Manor Dr   | City<br>Weatogue                                 | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/25/2010         |                        |
| Principal Occupation<br>Pension Actuary  | Name of Employer<br>Prudential Retirement        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$122.00 | \$122.00               |

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

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**B. Itemized Contributions from Individuals**

|  |                                     |  |  |                                     |                           |
|--|-------------------------------------|--|--|-------------------------------------|---------------------------|
| Last Name<br>Martel  | First Name<br>Terry                 | MI<br>E  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0618           | Amount of<br>Contribution |
| Residential Street Address<br>8 Caryn Ln   | City<br>Weatogue                    | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/25/2010         |                           |
| Principal Occupation<br>Administrative Assistant   | Name of Employer<br>Renbrook School | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00  | \$61.00                   |
| Last Name<br>Sullivan  | First Name<br>Brenda                | MI<br>J  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0619           | Amount of<br>Contribution |
| Residential Street Address<br>2 Oak Glen Ct  | City<br>Simsbury                    | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/25/2010         |                           |
| Principal Occupation<br>CPA  | Name of Employer<br>self employed   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$61.00  | \$61.00                   |
| Last Name<br>Dwyer   | First Name<br>Frederick             | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0620           | Amount of<br>Contribution |
| Residential Street Address<br>17 Farm Field Ridge Rd   | City<br>Sandy Hook                  | State<br>CT  | Zip Code<br>06482  | Date Received<br>06/25/2010         |                           |
| Principal Occupation<br>commercial actor   | Name of Employer<br>self            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00                  |
| Last Name<br>McGee   | First Name<br>Thomas                | MI<br>G  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0621           | Amount of<br>Contribution |
| Residential Street Address<br>4 Westborough Dr   | City<br>Simsbury                    | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/25/2010         |                           |
| Principal Occupation<br>Executive  | Name of Employer<br>PMP Corporation | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00                  |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Nellan  | First Name<br>Faye                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0625           | Amount of Contribution |
| Residential Street Address<br>72 Walden St   | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/27/2010         |                        |
| Principal Occupation<br>Insurance  | Name of Employer<br>Hartford Steam Boiler | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Silverman   | First Name<br>Jeffrey                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0628           | Amount of Contribution |
| Residential Street Address<br>1115 5th Ave Apt 8C  | City<br>New York                          | State<br>NY  | Zip Code<br>10128  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Executive  | Name of Employer<br>ICS, Inc              | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Nigro   | First Name<br>Kenneth                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0629           | Amount of Contribution |
| Residential Street Address<br>8 Shaw Dr  | City<br>Simsbury                          | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Manufacturer's Agent   | Name of Employer<br>self                  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$161.00 | \$161.00               |
| Last Name<br>O'Reilly  | First Name<br>Mary                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0630           | Amount of Contribution |
| Residential Street Address<br>33 Cherry Valley Rd  | City<br>Columbia                          | State<br>CT  | Zip Code<br>06237  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Commercial Lender  | Name of Employer<br>Sovereign Bank        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Crisci  | First Name<br>Carol                             | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0631           | Amount of Contribution |
| Residential Street Address<br>38 Montgomery Dr   | City<br>Northford                               | State<br>CT  | Zip Code<br>06472  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>nurse consultant   | Name of Employer<br>DDN Consluting Service, LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Sperger   | First Name<br>John                              | MI<br>H  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0632           | Amount of Contribution |
| Residential Street Address<br>6 Katherine Ln   | City<br>Simsbury                                | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Executive  | Name of Employer<br>Right Management            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Miles   | First Name<br>Jean                              | MI<br>D  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0633           | Amount of Contribution |
| Residential Street Address<br>34 Redstone Dr   | City<br>Weatogue                                | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Physical therapist   | Name of Employer<br>McClean                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$75.00  | \$75.00                |
| Last Name<br>Burdick   | First Name<br>Carol                             | MI<br>V  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0634           | Amount of Contribution |
| Residential Street Address<br>6 Madison Ave  | City<br>Winchester                              | State<br>MA  | Zip Code<br>01890  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>school teacher   | Name of Employer<br>Town of Malden, Ma          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Webster   | First Name<br>Keith                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0635           | Amount of Contribution |
| Residential Street Address<br>1621 NE 4th  | City<br>Fort Lauderdale                       | State<br>FL  | Zip Code<br>33301  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>real estate  | Name of Employer<br>self                      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Dowling   | First Name<br>Kara                            | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0627           | Amount of Contribution |
| Residential Street Address<br>PO Box 357   | City<br>Goshen                                | State<br>CT  | Zip Code<br>06756  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Money Management   | Name of Employer<br>Bradley, Foster & Sargent | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$250.00               |
| Last Name<br>Vaughn  | First Name<br>Maureen                         | MI<br>O  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0626           | Amount of Contribution |
| Residential Street Address<br>24 Elaine Dr   | City<br>Simsbury                              | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Data entry   | Name of Employer<br>FV YMCA                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$161.00 | \$61.00                |
| Last Name<br>Hoffman   | First Name<br>Bradley                         | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0641           | Amount of Contribution |
| Residential Street Address<br>60 Captain Linnell Rd  | City<br>Orleans                               | State<br>MA  | Zip Code<br>02653  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Dealer Principal CoChairman  | Name of Employer<br>Hoffman Auto Group        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$375.00 | \$375.00               |



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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                     |                        |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name<br>Mazzucco  | First Name<br>Ward                            | MI<br>j   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0642           | Amount of Contribution |
| Residential Street Address<br>15 Overhard Dr   | City<br>Redding                               | State<br>CT   | Zip Code<br>06896  | Date Received<br>06/28/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Chipman Mazzucco          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Veronneau   | First Name<br>Paul                            | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0644           | Amount of Contribution |
| Residential Street Address<br>25 Walden Ct   | City<br>Berlin                                | State<br>CT   | Zip Code<br>06037  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>Consultant   | Name of Employer<br>PriceWaterhouseCooper LLP | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$300.00 | \$300.00               |
| Last Name<br>Field   | First Name<br>William                         | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0646           | Amount of Contribution |
| Residential Street Address<br>105 Meadows End Rd   | City<br>Monroe                                | State<br>CT   | Zip Code<br>06468  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>ADv/Comm Agency  | Name of Employer<br>Mintz & Hoke              | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Jimenez   | First Name<br>David                           | MI<br>R   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0647           | Amount of Contribution |
| Residential Street Address<br>4 Whitney Ln   | City<br>West Simsbury                         | State<br>CT   | Zip Code<br>06092  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Jackson Lewis             | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                     |                        |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name<br>Shemo   | First Name<br>John                          | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0650           | Amount of Contribution |
| Residential Street Address<br>98 Rockledge Dr  | City<br>South Windsor                       | State<br>CT   | Zip Code<br>06074  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>Vice President   | Name of Employer<br>Metro Hartford Alliance | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Saunders  | First Name<br>Judith                        | MI<br>E   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0651           | Amount of Contribution |
| Residential Street Address<br>47 Oak Ridge Ln  | City<br>West Hartford                       | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>Principal  | Name of Employer<br>Filomeno & Co           | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Wagner  | First Name<br>Carole                        | MI<br>G   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0653           | Amount of Contribution |
| Residential Street Address<br>152 Old Farms Rd   | City<br>Simsbury                            | State<br>CT   | Zip Code<br>06092  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                 | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Wagner  | First Name<br>Richard                       | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0655           | Amount of Contribution |
| Residential Street Address<br>152 Old Farms Rd   | City<br>Simsbury                            | State<br>CT   | Zip Code<br>06092  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                 | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                        |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name<br>Porteus   | First Name<br>David                     | MI<br>B   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0656             | Amount of Contribution |
| Residential Street Address<br>147 High St  | City<br>Portland                        | State<br>CT   | Zip Code<br>06480  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Insurance  | Name of Employer<br>Catlin, Inc         | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Ellis   | First Name<br>William                   | MI<br>B   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0659             | Amount of Contribution |
| Residential Street Address<br>31 Pound Foolish Ln  | City<br>Glastonbury                     | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired             | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Frahm   | First Name<br>Donald                    | MI<br>R   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0660             | Amount of Contribution |
| Residential Street Address<br>145 Deercliff Rd   | City<br>Avon                            | State<br>CT   | Zip Code<br>06001  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired             | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Hires   | First Name<br>Jeffrey                   | MI<br>B   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0666             | Amount of Contribution |
| Residential Street Address<br>15 Greenridge Ln   | City<br>West Hartford                   | State<br>CT   | Zip Code<br>06127  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>manager  | Name of Employer<br>TechAtlantic 1, LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$2,000.00 | \$2,000.00             |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |  |
|--|---|---|--|---------------------------------------|--|
| Last Name<br>Boudreau  | First Name<br>Ken                               | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0678             | Amount of Contribution   |
| Residential Street Address<br>4 Porter Dr  | City<br>Farmington                              | State<br>CT   | Zip Code<br>06032  | Date Received<br>06/29/2010           |  |
| Principal Occupation<br>retired  | Name of Employer<br>retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> |  |                                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                       |  |
| Last Name<br>Gleason   | First Name<br>Jim                               | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0682             | Amount of Contribution   |
| Residential Street Address<br>254 Stratton Brook Rd  | City<br>West Simsbury                           | State<br>CT   | Zip Code<br>06092  | Date Received<br>06/29/2010           |  |
| Principal Occupation<br>Executive  | Name of Employer<br>Lincoln Financial           | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> |  |                                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$500.00   | \$500.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                       |  |
| Last Name<br>Lange   | First Name<br>Stephan                           | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0683             | Amount of Contribution   |
| Residential Street Address<br>47 Westwood Rd   | City<br>West Hartford                           | State<br>CT   | Zip Code<br>06117  | Date Received<br>06/29/2010           |  |
| Principal Occupation<br>MD   | Name of Employer<br>Neurosurgical Associates PC | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> |  |                                       | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$500.00   | \$500.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                       |  |
| Last Name<br>Decko   | First Name<br>Kenneth                           | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0688             | Amount of Contribution   |
| Residential Street Address<br>754 Glossy Ibis Ln   | City<br>Kiawah Island                           | State<br>SC   | Zip Code<br>29455  | Date Received<br>06/29/2010           |  |
| Principal Occupation<br>retired  | Name of Employer<br>retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #                  |  |                                       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$200.00   | \$200.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                       |  |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                       |                        |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Gatzuras  | First Name<br>Kathleen                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0689             | Amount of Contribution |
| Residential Street Address<br>6 Adams Rd   | City<br>Weatogue                          | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Interior Designer  | Name of Employer<br>Calico Corners        | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                  |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$61.00    | \$61.00                |
| Last Name<br>Rappoli   | First Name<br>Richard                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0690             | Amount of Contribution |
| Residential Street Address<br>6 Emily Ln   | City<br>Danvers                           | State<br>MA  | Zip Code<br>01923  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Manufacturing Mgr.   | Name of Employer<br>GE Aviation           | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                  |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$75.00    | \$75.00                |
| Last Name<br>Skomorowski   | First Name<br>Christopher                 | MI<br>R  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0664             | Amount of Contribution |
| Residential Street Address<br>48 Highwood  | City<br>Simsbury                          | State<br>CT  | Zip Code<br>06070  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>President  | Name of Employer<br>Bicron Electronics    | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No <u>06282010I</u> |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Papermaster   | First Name<br>Daniel                      | MI<br>I  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0654             | Amount of Contribution |
| Residential Street Address<br>33 Linbrook Rd   | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Bingham McCutchen LLP | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No <u>06282010I</u> |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$250.00   | \$250.00               |

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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                       |                        |
|--|--|---|--|---------------------------------------|------------------------|
| Last Name<br>Gualtieri   | First Name<br>Michael                        | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0663             | Amount of Contribution |
| Residential Street Address<br>17 Colony Rd   | City<br>West Hartford                        | State<br>CT   | Zip Code<br>06117  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Owner  | Name of Employer<br>ProCarriet               | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Thompson  | First Name<br>Kelly                          | MI<br>A   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0661             | Amount of Contribution |
| Residential Street Address<br>76 Warren Gln  | City<br>Burlington                           | State<br>CT   | Zip Code<br>06013  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Physical Therapist Assistant   | Name of Employer<br>Physical Therapy Center  | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Schooley  | First Name<br>Scott                          | MI<br>M   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0658             | Amount of Contribution |
| Residential Street Address<br>6 Woodside Cir   | City<br>Hartford                             | State<br>CT   | Zip Code<br>06105  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Business   | Name of Employer<br>Woodside Capital         | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Dowling   | First Name<br>Melissa                        | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0687             | Amount of Contribution |
| Residential Street Address<br>37 Sunset Farm Rd  | City<br>West Hartford                        | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Director of Partnership  | Name of Employer<br>World Youth Peace Summit | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                       |                        |
|--|--|---|--|---------------------------------------|------------------------|
| Last Name<br>Barrieau Jr.  | First Name<br>Gerard                           | MI<br>P   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0679             | Amount of Contribution |
| Residential Street Address<br>47 Soby Dr   | City<br>West Hartford                          | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Senior Partner   | Name of Employer<br>Pakmail                    | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Alder   | First Name<br>Tamara                           | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0662             | Amount of Contribution |
| Residential Street Address<br>39 High St   | City<br>Farmington                             | State<br>CT   | Zip Code<br>06032  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>President & CEO  | Name of Employer<br>Schnitzer Steel Industries | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$3,500.00 | \$3,500.00             |
| Last Name<br>Roraback  | First Name<br>Andrew                           | MI<br>W   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0657             | Amount of Contribution |
| Residential Street Address<br>455 Milton Rd  | City<br>Goshen                                 | State<br>CT   | Zip Code<br>06756  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Star Senator   | Name of Employer<br>Star of CT                 | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Tedone  | First Name<br>Peter                            | MI<br>L   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0640             | Amount of Contribution |
| Residential Street Address<br>32 Lincoln Ln  | City<br>Weatogue                               | State<br>CT   | Zip Code<br>06089  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>CEO  | Name of Employer<br>Vantis Life Ins Co.        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                        |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name<br>Johnson   | First Name<br>Nancy                           | MI<br>L   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0665             | Amount of Contribution |
| Residential Street Address<br>141 S Mountain Rd  | City<br>New Britain                           | State<br>CT   | Zip Code<br>06052  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Consultant   | Name of Employer<br>Baker Donelson            | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Monyak  | First Name<br>Robert                          | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0645             | Amount of Contribution |
| Residential Street Address<br>31 Sunset Ter  | City<br>West Hartford                         | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Banking/Finance  | Name of Employer<br>World Business Capital    | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Garneau   | First Name<br>Robert                          | MI<br>M   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0639             | Amount of Contribution |
| Residential Street Address<br>47 Bittersweet Ln  | City<br>South Glastonbury                     | State<br>CT   | Zip Code<br>06073  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>retired  | Name of Employer<br>none                      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Trumble   | First Name<br>Thomas                          | MI<br>R   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0643             | Amount of Contribution |
| Residential Street Address<br>15 Sunny Reach Dr  | City<br>West Hartford                         | State<br>CT   | Zip Code<br>06117  | Date Received<br>06/29/2010           |                        |
| Principal Occupation<br>Sales  | Name of Employer<br>Private Capital Group LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00   | \$250.00               |



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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                     |                        |
|--|--|---|--|-------------------------------------|------------------------|
| Last Name<br>Hanzalek  | First Name<br>Astrid                           | MI<br>T   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0648           | Amount of Contribution |
| Residential Street Address<br>31 Abraham Ter   | City<br>Suffield                               | State<br>CT   | Zip Code<br>06078  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                    | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Hanzalek  | First Name<br>Frederick                        | MI<br>J   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0649           | Amount of Contribution |
| Residential Street Address<br>31 Abraham Ter   | City<br>Suffield                               | State<br>CT   | Zip Code<br>06078  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                    | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Gordon  | First Name<br>Matthew                          | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0637           | Amount of Contribution |
| Residential Street Address<br>190 Wood Pond Rd   | City<br>West Hartford                          | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Matthew Dallas Gordon, LLC | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Kenney  | First Name<br>Edward                           | MI<br>T   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0638           | Amount of Contribution |
| Residential Street Address<br>14 Clover Ln   | City<br>Simsbury                               | State<br>CT   | Zip Code<br>06089  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>reinsurance  | Name of Employer<br>Endurance Reinsurance      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$61.00  | \$61.00                |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                     |                        |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name<br>Devnew  | First Name<br>S. Douglas                    | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0652           | Amount of Contribution |
| Residential Street Address<br>163 Sims Rd  | City<br>Bristol                             | State<br>CT   | Zip Code<br>06010  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>V P Finance  | Name of Employer<br>Trumpf Inc              | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Wheeler   | First Name<br>Nancy                         | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0680           | Amount of Contribution |
| Residential Street Address<br>39 Massasoit St  | City<br>Northampton                         | State<br>MA   | Zip Code<br>01060  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>fund raising   | Name of Employer<br>Metro Hartford Alliance | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Rubenstein  | First Name<br>Richard                       | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0681           | Amount of Contribution |
| Residential Street Address<br>39 Midlands  | City<br>West Hartford                       | State<br>CT   | Zip Code<br>06107  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>Executive  | Name of Employer<br>Plymouth Spring Co.     | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06282010I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Goetjen   | First Name<br>Scott                         | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0636           | Amount of Contribution |
| Residential Street Address<br>3 Basswood Ln  | City<br>Weatogue                            | State<br>CT   | Zip Code<br>06089  | Date Received<br>06/29/2010         |                        |
| Principal Occupation<br>CPA  | Name of Employer<br>Harper & Whitfield      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$261.00 | \$261.00               |

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Llodra  | First Name<br>Pat                         | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0721           | Amount of Contribution |
| Residential Street Address<br>90 Riverside Rd  | City<br>Sandy Hook                        | State<br>CT  | Zip Code<br>06482  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>First Selectman  | Name of Employer<br>Newtown               | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00 | \$150.00               |
| Last Name<br>Reich   | First Name<br>Thomas                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0701           | Amount of Contribution |
| Residential Street Address<br>43 Ferncliff Dr  | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06117  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired               | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Trumble   | First Name<br>Thomas                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0708           | Amount of Contribution |
| Residential Street Address<br>15 Sunny Reach Dr  | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06117  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Financial Planner  | Name of Employer<br>Private Capital Group | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Barth   | First Name<br>Louis                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0722           | Amount of Contribution |
| Residential Street Address<br>95 Joseph Rd   | City<br>Naugatuck                         | State<br>CT  | Zip Code<br>06770  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired               | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Betts   | First Name<br>George                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0694           | Amount of Contribution |
| Residential Street Address<br>1924 Perkins St  | City<br>Bristol                               | State<br>CT  | Zip Code<br>06010  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Fundraising  | Name of Employer<br>Elcct                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Mouta   | First Name<br>Maria                           | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0698           | Amount of Contribution |
| Residential Street Address<br>96 Barrington Way  | City<br>Glastonbury                           | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Executive Assistant  | Name of Employer<br>The Hartford              | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Webster   | First Name<br>Elizabeth                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0726           | Amount of Contribution |
| Residential Street Address<br>6 Copper Hill Ter  | City<br>East Granby                           | State<br>CT  | Zip Code<br>06026  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired                   | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$25.00  | \$25.00                |
| Last Name<br>Tanski  | First Name<br>John                            | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0671           | Amount of Contribution |
| Residential Street Address<br>1893 Main St   | City<br>Glastonbury                           | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Axinn Veltrop & Markrider | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>06292010 |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$50.00  | \$50.00                |

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                       |                        |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name<br>Dickinson   | First Name<br>Loren                             | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0728             | Amount of Contribution |
| Residential Street Address<br>17 Simms Rd  | City<br>Kensington                              | State<br>CT   | Zip Code<br>06037  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>pres/ceo   | Name of Employer<br>Nutmeg State FCU            | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$50.00    | \$50.00                |
| Last Name<br>Daniels   | First Name<br>Eric                              | MI<br>D   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0670             | Amount of Contribution |
| Residential Street Address<br>112 Quail Run  | City<br>Glastonbury                             | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>Lawyer   | Name of Employer<br>Robinson & Cole             | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>062920101</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$1,500.00 | \$1,500.00             |
| Last Name<br>Silvers   | First Name<br>Brett                             | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0739             | Amount of Contribution |
| Residential Street Address<br>61 Ledyard Rd  | City<br>West Hartford                           | State<br>CT   | Zip Code<br>06117  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>Commercial Finance   | Name of Employer<br>World Business Capital, Inc | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00   | \$500.00               |
| Last Name<br>Evans   | First Name<br>Douglas                           | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0718             | Amount of Contribution |
| Residential Street Address<br>253 Kingswood Dr   | City<br>Avon                                    | State<br>CT   | Zip Code<br>06001  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>Attorney at Law  | Name of Employer<br>Kroll, McNarma, Evans       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$200.00   | \$200.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |   |  |                                     |  |
|--|--|---|--|-------------------------------------|--|
| Last Name<br>Harper  | First Name<br>Judith                               | MI<br>H   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0676           | Amount of Contribution   |
| Residential Street Address<br>1334 Neipsic Rd  | City<br>Glastonbury                                | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/30/2010         |  |
| Principal Occupation<br>retired  | Name of Employer<br>retired                        | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>062920101</u> |  |                                     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$100.00 | \$100.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                     |  |
| Last Name<br>Beckett   | First Name<br>Stewart                              | MI<br>W   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0668           | Amount of Contribution   |
| Residential Street Address<br>92 Stancliff Rd  | City<br>Glastonbury                                | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/30/2010         |  |
| Principal Occupation<br>veterinarian   | Name of Employer<br>self- Beckett & Assoc Vetinary | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>062920101</u> |  |                                     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$50.00  | \$50.00  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                     |  |
| Last Name<br>Royston   | First Name<br>Michael                              | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0712           | Amount of Contribution   |
| Residential Street Address<br>18 Poplar St   | City<br>Windsor Locks                              | State<br>CT   | Zip Code<br>06096  | Date Received<br>06/30/2010         |  |
| Principal Occupation<br>Business Development   | Name of Employer<br>PNC Credit                     | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #                  |  |                                     | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$25.00  | \$25.00  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                     |  |
| Last Name<br>Holleran-Austin   | First Name<br>Lena                                 | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0740           | Amount of Contribution   |
| Residential Street Address<br>20 Village Ln  | City<br>Amston                                     | State<br>CT   | Zip Code<br>06231  | Date Received<br>06/30/2010         |  |
| Principal Occupation<br>Senior Legislative Aide  | Name of Employer<br>State of CT                    | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #                  |  |                                     | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$250.00 | \$250.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                     |  |

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

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**B. Itemized Contributions from Individuals**

|  |   |   |  |                                     |  |
|--|---|---|--|-------------------------------------|--|
| Last Name<br>Mahoney   | First Name<br>James                             | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0674           | Amount of Contribution   |
| Residential Street Address<br>91 Partridge Lndg  | City<br>Glastonbury                             | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/30/2010         |  |
| Principal Occupation<br>CPA  | Name of Employer<br>Mahoney Jabol & Co          | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>062920101</u> |  |                                     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$250.00 | \$250.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                     |  |
| Last Name<br>Clemow  | First Name<br>Susan                             | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0724           | Amount of Contribution   |
| Residential Street Address<br>154 Steele Rd  | City<br>West Hartford                           | State<br>CT   | Zip Code<br>06119  | Date Received<br>06/30/2010         |  |
| Principal Occupation<br>Consultant   | Name of Employer<br>Clemow Consulting Group ILP | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #                  |  |                                     | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$100.00 | \$100.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                     |  |
| Last Name<br>Klene   | First Name<br>Deborah                           | MI<br>L   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0685           | Amount of Contribution   |
| Residential Street Address<br>37 Mountain Rd   | City<br>Farmington                              | State<br>CT   | Zip Code<br>06032  | Date Received<br>06/30/2010         |  |
| Principal Occupation<br>retired  | Name of Employer<br>retired                     | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #                  |  |                                     | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$250.00 | \$250.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                     |  |
| Last Name<br>Byrd  | First Name<br>Christopher                       | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0702           | Amount of Contribution   |
| Residential Street Address<br>27 Pilgrim Rd  | City<br>West Hartford                           | State<br>CT   | Zip Code<br>06117  | Date Received<br>06/30/2010         |  |
| Principal Occupation<br>Technology Executive   | Name of Employer<br>Evolution Benefits, Inc.    | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event #                  |  |                                     | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Is yes, indicate which branch or branches of government the contract is with: |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  |  | Aggregate Contributions<br>\$250.00 | \$250.00   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                     |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |                                     |  |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Segal   | First Name<br>Jeffrey                     | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0759           | Amount of Contribution |
| Residential Street Address<br>294 New London Tpke  | City<br>Glastonbury                       | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Wealth Advisor   | Name of Employer<br>CT Investors Group    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Thomas  | First Name<br>Douglas                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0716           | Amount of Contribution |
| Residential Street Address<br>22 Sunset Ter  | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Self                  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Stratton  | First Name<br>Seth                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0737           | Amount of Contribution |
| Residential Street Address<br>25 Concord Rd  | City<br>Longmeadow                        | State<br>MA  | Zip Code<br>01106  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Bingham McCutchen LLP | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Bali  | First Name<br>Sean                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0697           | Amount of Contribution |
| Residential Street Address<br>15 E 30th St Apt 402   | City<br>New York                          | State<br>NY  | Zip Code<br>10016  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Banker   | Name of Employer<br>Lloyds Banking Group  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |



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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Joyce   | First Name<br>Roger                                | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0706             | Amount of Contribution |
| Residential Street Address<br>52 Pearl St  | City<br>Guilford                                   | State<br>CT  | Zip Code<br>06437  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>Executive Vice president   | Name of Employer<br>The Bilco Cocmpany             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Rohrs   | First Name<br>Kathleen                             | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0723             | Amount of Contribution |
| Residential Street Address<br>3 Caryn Ln   | City<br>Weatogue                                   | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>volunteer teacher, driver  | Name of Employer<br>self                           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Rowe  | First Name<br>martha                               | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0691             | Amount of Contribution |
| Residential Street Address<br>26 Willow Dr   | City<br>Hebron                                     | State<br>CT  | Zip Code<br>06248  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>Supervisor   | Name of Employer<br>Hartford Hospital              | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$25.00    | \$25.00                |
| Last Name<br>Dawley  | First Name<br>Maura                                | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0692             | Amount of Contribution |
| Residential Street Address<br>50 Tanglewood Dr   | City<br>Scituate                                   | State<br>MA  | Zip Code<br>02066  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>office manager   | Name of Employer<br>Knowledge Path Solutions, Inc. | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00   | \$250.00               |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Ward  | First Name<br>Thomas                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0693           | Amount of Contribution |
| Residential Street Address<br>125 Southdown Dr   | City<br>Bristol                          | State<br>CT  | Zip Code<br>06010  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Physician  | Name of Employer<br>ProHealth Physicians | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$25.00  | \$25.00                |
| Last Name<br>Ciccomascolo  | First Name<br>Anthony                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0695           | Amount of Contribution |
| Residential Street Address<br>950 Terryville Ave Apt H   | City<br>Bristol                          | State<br>CT  | Zip Code<br>06010  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Banking  | Name of Employer<br>Valley Bank          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Orban Jr.   | First Name<br>Joseph                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0696           | Amount of Contribution |
| Residential Street Address<br>78 Fallow St   | City<br>Norwalk                          | State<br>CT  | Zip Code<br>06850  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>retired  | Name of Employer<br>retired              | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$25.00  | \$25.00                |
| Last Name<br>Miller  | First Name<br>John                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0699           | Amount of Contribution |
| Residential Street Address<br>15 E 30th St Ste 402   | City<br>New York                         | State<br>NY  | Zip Code<br>10016  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Finance  | Name of Employer<br>perch Creek Capital  | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |

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

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                     |                        |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name<br>Byers   | First Name<br>Clarence                               | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0700           | Amount of Contribution |
| Residential Street Address<br>1245 Bartholomew Rd  | City<br>Middletown                                   | State<br>CT  | Zip Code<br>06457  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>University Adminilrator  | Name of Employer<br>Rensselaer Polytechnic Institute | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$25.00  | \$25.00                |
| Last Name<br>Alexandre   | First Name<br>Yvon                                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0703           | Amount of Contribution |
| Residential Street Address<br>3155 Main Stret  | City<br>Hartford                                     | State<br>CT  | Zip Code<br>06120  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Business owner   | Name of Employer<br>Vibz Uptown                      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Roggeveen   | First Name<br>Robert                                 | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0704           | Amount of Contribution |
| Residential Street Address<br>45 Arlington Rd  | City<br>West Hartford                                | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>none   | Name of Employer<br>Unemployed                       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Blinderman  | First Name<br>Harold                                 | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0705           | Amount of Contribution |
| Residential Street Address<br>31 Wendy Ln  | City<br>West Hartford                                | State<br>CT  | Zip Code<br>06117  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>Day Pitney                       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Johnson   | First Name<br>Jennifer                                  | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0707           | Amount of Contribution |
| Residential Street Address<br>1464 Saundersville Ferryroad   | City<br>Mt Juliet                                       | State<br>TN  | Zip Code<br>37122  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Teacher  | Name of Employer<br>Wilson County Schools               | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$150.00 | \$150.00               |
| Last Name<br>Pulito  | First Name<br>Robert                                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0709           | Amount of Contribution |
| Residential Street Address<br>32 Maple St  | City<br>Glastonbury                                     | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>retired from State service   | Name of Employer<br>retired - formerly director CT Dpuc | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Lecours   | First Name<br>Ronald                                    | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0710           | Amount of Contribution |
| Residential Street Address<br>13 Lincoln Ln  | City<br>Weatogue  | State<br>CT  | Zip Code<br>06089  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Investments  | Name of Employer<br>Ohanesian Lecours Inc.              | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Rose  | First Name<br>Douglas                                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0711           | Amount of Contribution |
| Residential Street Address<br>443 Simsbury Rd  | City<br>Bloomfield                                      | State<br>CT  | Zip Code<br>06002  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Executive  | Name of Employer<br>Aero Gear Inc                       | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Ginnetti  | First Name<br>Jim                               | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0713           | Amount of Contribution |
| Residential Street Address<br>269 Ethan Dr   | City<br>Windsor                                 | State<br>CT  | Zip Code<br>06095  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Engineer   | Name of Employer<br>First Light Power           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Bonner  | First Name<br>Susan                             | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0714           | Amount of Contribution |
| Residential Street Address<br>1386 Hillside Rd   | City<br>Fairfield                               | State<br>CT  | Zip Code<br>06824  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>sales  | Name of Employer<br>self                        | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Carlson   | First Name<br>David                             | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0715           | Amount of Contribution |
| Residential Street Address<br>11 W Gate Rd   | City<br>Farmington                              | State<br>CT  | Zip Code<br>06032  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Sr. Vice President   | Name of Employer<br>Hartford Financial Services | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Berman  | First Name<br>Arnold                            | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0717           | Amount of Contribution |
| Residential Street Address<br>55 Brookhaven Dr   | City<br>Glastonbury                             | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Business owner   | Name of Employer<br>Event Resources inc         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$500.00 | \$500.00               |

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

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Stowell   | First Name<br>marianne                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0719           | Amount of Contribution |
| Residential Street Address<br>3 Shoddy Mill Rd .   | City<br>Bolton                              | State<br>CT  | Zip Code<br>06043  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>comercial lender   | Name of Employer<br>RBS Citizens, N.A.      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Morgan  | First Name<br>Dean                          | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0720           | Amount of Contribution |
| Residential Street Address<br>829 Bayberry Ln  | City<br>Orange                              | State<br>CT  | Zip Code<br>06477  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Banking  | Name of Employer<br>CT River Community Bank | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |
| Last Name<br>Smith   | First Name<br>Richard                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0725           | Amount of Contribution |
| Residential Street Address<br>54 Glenwood Rd   | City<br>West Hartford                       | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>murtha Cullina LLP      | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Devereaux   | First Name<br>Michele                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0727           | Amount of Contribution |
| Residential Street Address<br>57 Telegraph St # 3  | City<br>Boston                              | State<br>MA  | Zip Code<br>02127  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Office Manager   | Name of Employer<br>Cbi Consulting          | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Lewis   | First Name<br>Paul                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0729           | Amount of Contribution |
| Residential Street Address<br>21 Staples Lplace  | City<br>West Hartford                   | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Business Owner   | Name of Employer<br>Dittman & Greer     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Cincogrono  | First Name<br>Peter                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0730           | Amount of Contribution |
| Residential Street Address<br>135 Tower Rd   | City<br>Middlebury                      | State<br>CT  | Zip Code<br>06762  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Sales Leader   | Name of Employer<br>Cognizant           | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Driscoll  | First Name<br>Jane                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0731           | Amount of Contribution |
| Residential Street Address<br>25 Carmel St   | City<br>Hartford                        | State<br>CT  | Zip Code<br>06106  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>second Vice President  | Name of Employer<br>Phoenix             | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>O'Connell   | First Name<br>David                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0733           | Amount of Contribution |
| Residential Street Address<br>142 Gates Farm Rd  | City<br>Glastonbury                     | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Teaching Fellow  | Name of Employer<br>Columbia University | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00  | \$50.00                |

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

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**B. Itemized Contributions from Individuals**

|  |  |  |  |                                       |                        |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name<br>Oddi  | First Name<br>David                        | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0734             | Amount of Contribution |
| Residential Street Address<br>12 Parsonage Ln  | City<br>Greenwich                          | State<br>CT  | Zip Code<br>06830  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>Investor   | Name of Employer<br>Goode partners         | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Galbraith   | First Name<br>Leslie                       | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0735             | Amount of Contribution |
| Residential Street Address<br>13 N Bottom Rdg  | City<br>Westerly                           | State<br>RI  | Zip Code<br>12891  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>CFO  | Name of Employer<br>World Business Capital | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$100.00   | \$100.00               |
| Last Name<br>Fontano   | First Name<br>Keri                         | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0736             | Amount of Contribution |
| Residential Street Address<br>24 Conestoga Way   | City<br>Glastonbury                        | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>Executive Assisant   | Name of Employer<br>FM                     | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$50.00    | \$50.00                |
| Last Name<br>Devereaux   | First Name<br>Timothy                      | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0738             | Amount of Contribution |
| Residential Street Address<br>10346 E Texas Sage Ln  | City<br>Scottsdale                         | State<br>AZ  | Zip Code<br>85255  | Date Received<br>06/30/2010           |                        |
| Principal Occupation<br>Dir Intl Ops   | Name of Employer<br>The Little Gym Intl    | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |  | Aggregate Contributions<br>\$2,500.00 | \$2,500.00             |



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

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |   |  |  |                                     |                        |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Mancini   | First Name<br>Anthony                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0741           | Amount of Contribution |
| Residential Street Address<br>49 Miner St  | City<br>Middletown                        | State<br>CT  | Zip Code<br>06457  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>dentist  | Name of Employer<br>self                  | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                  |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Campanella  | First Name<br>Kathleen                    | MI<br>M  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0758           | Amount of Contribution |
| Residential Street Address<br>46 River Rd  | City<br>Weston                            | State<br>MA  | Zip Code<br>02493  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>homemaker  | Name of Employer<br>n/a                   | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                  |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Ray   | First Name<br>Elizabeth                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0684           | Amount of Contribution |
| Residential Street Address<br>4 Brookfield Rd  | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>fundraiser   | Name of Employer<br>The Bushnell          | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No <u>06282010I</u> |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$200.00 | \$200.00               |
| Last Name<br>Shaughnessy   | First Name<br>Marcia                      | MI<br>A  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0686           | Amount of Contribution |
| Residential Street Address<br>22 Waterside Ln  | City<br>West Hartford                     | State<br>CT  | Zip Code<br>06107  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>real estate  | Name of Employer<br>Wm Raveis REAl Estate | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                  |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$61.00  | \$61.00                |

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

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |  |   |  |                                     |                        |
|--|--|---|--|-------------------------------------|------------------------|
| Last Name<br>Cavanaugh   | First Name<br>Dennis                                       | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0667           | Amount of Contribution |
| Residential Street Address<br>539 Thompson St  | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>lawyer   | Name of Employer<br>Robinson & Cole                        | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>062920101</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Dugan   | First Name<br>Donald                                       | MI<br>R   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0669           | Amount of Contribution |
| Residential Street Address<br>42 Fallview Dr   | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Real Estate Finance  | Name of Employer<br>BW Realty Advisors                     | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>062920101</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Scarangella   | First Name<br>Stephen                                      | MI<br>F   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0672           | Amount of Contribution |
| Residential Street Address<br>90 Sunrise Dr  | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Physician  | Name of Employer<br>CT Orthopaedic and Hand Surgery Center | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>062920101</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$500.00 | \$500.00               |
| Last Name<br>Tomeo   | First Name<br>Richard                                      | MI  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0673           | Amount of Contribution |
| Residential Street Address<br>715 Goodale Hill Rd  | City<br>Glastonbury  | State<br>CT   | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Lawyer   | Name of Employer<br>Robinson & Cole                        | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>062920101</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**B. Itemized Contributions from Individuals**

|  |                                       |  |  |                                     |                        |
|--|---------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name<br>Anglim  | First Name<br>Jennifer                | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0675           | Amount of Contribution |
| Residential Street Address<br>75 Brentwood Dr  | City<br>Glastonbury                   | State<br>CT  | Zip Code<br>06033  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Sales  | Name of Employer<br>DRP Flexpack      | Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event # <u>06292010</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                     |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$250.00 | \$250.00               |
| Last Name<br>Eisch   | First Name<br>Ted                     | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0677           | Amount of Contribution |
| Residential Street Address<br>17 Aspen Rise  | City<br>East Granby                   | State<br>CT  | Zip Code<br>06026  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Sales  | Name of Employer<br>SAS               | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$61.00  | \$61.00                |
| Last Name<br>Jimenez   | First Name<br>David                   | MI   | Method of contribution:<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID #<br>0732           | Amount of Contribution |
| Residential Street Address<br>4 Whitney Ln   | City<br>West Simsbury                 | State<br>CT  | Zip Code<br>06092  | Date Received<br>06/30/2010         |                        |
| Principal Occupation<br>Attorney   | Name of Employer<br>jackson Lewis LLP | Is this contribution associated with a fundraising event listed in Section J1?<br>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?<br>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?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Aggregate Contributions<br>\$25.00  | \$25.00                |
| <b>Total of Section B</b>  |                                       |  |  |                                     | <b>\$151,490.00</b>    |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>  |                                       |  |  |                                     | <b>\$151,490.00</b>    |

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

|  |  |  |  |                   |                     |                         |
|--|--|--|--|-------------------|---------------------|-------------------------|
| NAME OF COMMITTEE                              |  |  |  |                   | FILING DUE DATE     |                         |
| Oz For Governor, Inc.                          |  |  |  |                   | Original 07/12/2010 |                         |
| <b>C1. Contributions from Other Committees</b> |  |  |  |                   |                     |                         |
| Name of Committee                              |  |  |  | Name of Treasurer |                     |                         |
| Address  |  |  | Is this contribution associated with a fundraising event listed in Section J1? |                   | Yes<br>No           | If yes, list Event #    |
| City   |  |  | State  | Zip Code          | Date Received       | Aggregate Contributions |
| <b>Total of Section C1</b>                     |  |  |  |                   |                     |                         |

| <b>I. MONETARY RECEIPTS (Section A-I)</b>                   |       |          |  |                     |
|---|-------|----------|--|---------------------|
| NAME OF COMMITTEE   |       |          |  | FILING DUE DATE     |
| Oz For Governor, Inc.                                       |       |          |  | Original 07/12/2010 |
| <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<br>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. | Original 07/12/2010 |

**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. | Original 07/12/2010 |

**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.                     |            |            |            |       | Original 07/12/2010 |
| <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.                                   | Original 07/12/2010 |                       |          |  |
| <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.  |  |  | Original 07/12/2010 |        |
| <b>H. Public Grant Funds Received from the Citizen's Election Fund</b> |  |  |                     |        |
| Purpose of Grant:<br>Initial<br>Primary                                | Supplemental/Independent Expenditure   |  | Date Received       | Amount |
|  | General or Special Election            | Primary<br>General or Special Election |                     |        |
| Supplemental/Post Election Deficit<br>General or Special Election      | Supplemental/Excess Expenditure        |  | Total of Section H  |        |
|  | Primary<br>General or Special Election |  |                     |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                              |                     |                 |       |          |
|--|---------------------|-----------------|-------|----------|
| NAME OF COMMITTEE  | FILING DUE DATE     |                 |       |          |
| Oz For Governor, Inc.  | Original 07/12/2010 |                 |       |          |
| <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<br>COMMITTEE<br>Oz For Governor, Inc. | FILING DUE DATE<br>Original 07/12/2010 |
|---|--|

### JI. Fundraising Event Information

| Fundraising Event #<br>Date of Fundraiser  | Letter | Description     | Location: Street Address | City          | State | Zip Code |
|--|--------|-----------------|--------------------------|---------------|-------|----------|
| 05/05/2010   | F      | Home Fundraiser | 17 Colony Rd             | West Hartford | CT    | 06117    |
| Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        |                 |                          |               |       |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |        |                 |                          |               |       |          |
| 05/13/2010   | G      | Home Fundraiser | 100 Westmont             | West Hartford | CT    | 06117    |
| Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        |                 |                          |               |       |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |        |                 |                          |               |       |          |
| 05/14/2010   | H      | Home Fundraiser | 66 Ferncliff Dr          | West Hartford | CT    | 06117    |
| Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        |                 |                          |               |       |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |        |                 |                          |               |       |          |
| 05/16/2010   | G      | Home Fundraiser | 130 Main St              | Farmington    | CT    | 06032    |
| Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        |                 |                          |               |       |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |        |                 |                          |               |       |          |
| 06/28/2010   | I      | Cocktail Event  | 200 Columbus Blvd        | Hartford      | CT    | 06103    |
| Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        |                 |                          |               |       |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |        |                 |                          |               |       |          |

## II. FUNDRAISING EVENT ACTIVITY

|  |  |
|--|--|
| NAME OF COMMITTEE<br>Oz For Governor, Inc. | FILING DUE DATE<br>Original 07/12/2010 |
|--|--|

### J1. Fundraising Event Information

| Fundraising Event #<br>Date of Fundraiser | Letter | Description     | Location: Street Address | City        | State | Zip Code |
|---|--------|-----------------|--------------------------|-------------|-------|----------|
| 06/29/2010                                | J      | Home Fundraiser | 112 Quail Run            | Glastonbury | CT    | 06033    |

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. | Original 07/12/2010 |

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

| Name of the Purchaser<br><i>(Individuals ONLY)</i><br>Last Name | First Name | MI | Method of payment: |          |               |         | Aggregate<br>Amount of<br>Purchases |
|---|------------|----|--------------------|----------|---------------|---------|-------------------------------------|
| Residential Street Address                                      |            |    | 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.                                     | Original 07/12/2010 |
| <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.           | Original 07/12/2010 |
| <b>K. In-Kind Contributions</b> |                     |

|   |  |   |  |                             |                                     |  |
|---|--|---|--|-----------------------------|-------------------------------------|--|
| Name<br>Gualtieri Sharon  |  |   |  | Date Received<br>05/05/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>17 Colony Rd  |  | City<br>West Hartford   | State<br>CT  | Zip Code<br>06117           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event# <u>05052010F</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>catering services |                             | Aggregate contributions<br>\$200.00 | \$200.00                                     |

|   |  |   |  |                             |                                     |  |
|---|--|---|--|-----------------------------|-------------------------------------|--|
| Name<br>Gualtieri Mike  |  |   |  | Date Received<br>05/05/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>17 Colony Rd  |  | City<br>West Hartford   | State<br>CT  | Zip Code<br>06117           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee              | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event# <u>05052010F</u> |  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Description of In-Kind Contribution<br>catering services |                             | Aggregate contributions<br>\$106.34 | \$106.34                                     |

|  |  |   |   |                             |                                     |  |
|--|--|---|---|-----------------------------|-------------------------------------|--|
| Name<br>Payne D Marcia   |  |   |   | Date Received<br>06/28/2010 |                                     | Fair Market<br>Value of this<br>Contribution |
| Street Address<br>3 Red Oak Ct   |  | City<br>Weatogue  | State<br>CT   | Zip Code<br>06089           |                                     |  |
| Type of Contributor:<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Committee | Is Contributor a lobbyist,<br>spouse, or dependent child<br>of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state<br>contractor?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, indicate which branch or branches of<br>government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |   |                             |                                     |  |
| Is this contribution associated with a fundraising event<br>listed in Section J1?<br>If yes, list Event#     |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Description of In-Kind Contribution<br>postage June 1- 30, 2010 |                             | Aggregate contributions<br>\$100.05 | \$100.05                                     |

**Total of Section K**

**\$406.39**



**III. Non Monetary Receipts**

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

**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.  |  |       |                        | Original 07/12/2010  |                                     |
| <b>M. Non-Monetary Receipts of Organization Expenditures Made By<br/>Legislative Leadership, Legislative Caucus, and Party Committee</b> |  |       |                        |                      |                                     |
| Name of Committee  |  |       | Name of Treasurer      |                      |                                     |
| Street Address   |  |       |                        | Date Notice Received | Fair Market<br>Value of<br>Donation |
| City   |  | State | Zip Code               | Aggregate Donations  |                                     |
| Description of Donation  |  |       | Purpose of Expenditure |                      |                                     |
|  |  |       | A                      | B                    | C                                   |
|  |  |       | D                      | E                    |                                     |
| <b>Total of Section M</b>  |  |       |                        |                      |                                     |

### IV. EXPENDITURES

| NAME OF COMMITTEE   |               |                         |          |                        |                                     |   | FILING DUE DATE     |
|---|---------------|-------------------------|----------|------------------------|-------------------------------------|---|---------------------|
| Oz For Governor, Inc.   |               |                         |          |                        |                                     |   | Original 07/12/2010 |
| N. Expenses Paid By Committee   |               |                         |          |                        |                                     |   |                     |
| Name of Payee   |               |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount              |
| Thomas J. Filomeno  |               |                         |          |                        | 04/02/2010                          | <input checked="" type="checkbox"/> Check # |                     |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure | 1049                                |   |                     |
| 31 Bonny View Rd  | West Hartford | CT                      | 06107    | RCW                    | <input type="checkbox"/> Debit Card |   |                     |
| Description   |               |                         |          |                        |                                     | Event #                                     |                     |
| postage - certified mail to return unqualified contribution                               |               |                         |          |                        |                                     |   |                     |
| 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  |               |                         |          |                        |                                     | \$3.24                                      |                     |
| Name of Payee   |               |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount              |
| SIGNSplus, INC  |               |                         |          |                        | 04/02/2010                          | <input checked="" type="checkbox"/> Check # |                     |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure | 1054                                |   |                     |
| 3K Turkey Hills Rd  | East Granby   | CT                      | 06026    | A-SIGN                 | <input type="checkbox"/> Debit Card |   |                     |
| Description   |               |                         |          |                        |                                     | Event #                                     |                     |
| 12 color signs, clips and wire feet   |               |                         |          |                        |                                     |   |                     |
| 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  |               |                         |          |                        |                                     | \$144.16                                    |                     |
| Name of Payee   |               |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount              |
| Filomeno & Company, PC  |               |                         |          |                        | 04/02/2010                          | <input checked="" type="checkbox"/> Check # |                     |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure | 1050                                |   |                     |
| 80 S Main St  | West Hartford | CT                      | 06107    | CNSLT                  | <input type="checkbox"/> Debit Card |   |                     |
| Description   |               |                         |          |                        |                                     | Event #                                     |                     |
| Professional Services, Accounting Assistance  |               |                         |          |                        |                                     |   |                     |
| 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  |               |                         |          |                        |                                     | \$1,625.00                                  |                     |

| IV. EXPENDITURES  |  |                         |       |               |                        |   |            |
|---|--|-------------------------|-------|---------------|------------------------|---|------------|
| NAME OF COMMITTEE   |  |                         |       |               |                        | FILING DUE DATE                             |            |
| Oz For Governor, Inc.   |  |                         |       |               |                        | Original 07/12/2010                         |            |
| N. Expenses Paid By Committee   |  |                         |       |               |                        |   |            |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount     |
| Udolf Investments, LLC  |  |                         |       |               | 04/02/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1047</u>                                 |            |
| 2475 Albany Ave Ste 205   |  | West Hartford           | CT    | 06117         | OVHD                   | <input type="checkbox"/> Debit Card         |            |
| Description   |  |                         |       |               |                        | Event #                                     |            |
| Headquarter monthly rent  |  |                         |       |               |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        |   | \$2,100.00 |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |            |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount     |
| Network and Software Solutions  |  |                         |       |               | 04/02/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1057</u>                                 |            |
| 48 Perry Ave  |  | White Plains            | NY    | 10603         | OVHD                   | <input type="checkbox"/> Debit Card         |            |
| Description   |  |                         |       |               |                        | Event #                                     |            |
| Exchange Hosting  |  |                         |       |               |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        |   | \$175.00   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |            |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount     |
| Network and Software Solutions  |  |                         |       |               | 04/02/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1056</u>                                 |            |
| 48 Perry Ave  |  | White Plains            | NY    | 10603         | OVHD                   | <input type="checkbox"/> Debit Card         |            |
| Description   |  |                         |       |               |                        | Event #                                     |            |
| Set up new user on server   |  |                         |       |               |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        |   | \$50.00    |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |            |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

|   |              |                         |          |                        |   |            |
|---|--------------|-------------------------|----------|------------------------|---|------------|
| Name of Payee   |              |                         |          | Date of Payment        | Method of Payment                           | Amount     |
| Network and Software Solutions  |              |                         |          | 04/02/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  | City         | State                   | Zip Code | Purpose of Expenditure | <u>1055</u>                                 |            |
| 48 Perry Ave  | White Plains | NY                      | 10603    | OVHD                   | <input type="checkbox"/> Debit Card         |            |
| Description   |              |                         |          |                        | Event #                                     |            |
| Outlook profiles and blackberry backups   |              |                         |          |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |              | Other Candidate(s) Name |          | Office Sought          |   | \$150.00   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |              |                         |          |                        |   |            |
| Name of Payee   |              |                         |          | Date of Payment        | Method of Payment                           | Amount     |
| Ashley Maagero  |              |                         |          | 04/02/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  | City         | State                   | Zip Code | Purpose of Expenditure | <u>1053</u>                                 |            |
| 11 Pleasant Vw Dri  | Suffield     | CT                      | 06078    | RCW                    | <input type="checkbox"/> Debit Card         |            |
| Description   |              |                         |          |                        | Event #                                     |            |
| Van NY City, Gas, cell phone expense  |              |                         |          |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |              | Other Candidate(s) Name |          | Office Sought          |   | \$819.52   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |              |                         |          |                        |   |            |
| Name of Payee   |              |                         |          | Date of Payment        | Method of Payment                           | Amount     |
| Hartford Marriott Downtown  |              |                         |          | 04/02/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  | City         | State                   | Zip Code | Purpose of Expenditure | <u>1051</u>                                 |            |
| 200 Columbus Blvd   | Hartford     | CT                      | 06103    | FNDR                   | <input type="checkbox"/> Debit Card         |            |
| Description   |              |                         |          |                        | Event #                                     |            |
| 03/25/10 fundraiser event   |              |                         |          |                        | 03252010D                                   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |              | Other Candidate(s) Name |          | Office Sought          |   | \$1,458.68 |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |              |                         |          |                        |   |            |

## IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

## N. Expenses Paid By Committee

| Name of Payee   | Date of Payment               | Method of Payment  | Amount                 |
|---|-------------------------------|--|------------------------|
| MITA Group, Inc   | 04/02/2010                    | <input checked="" type="checkbox"/> Check #                      |                        |
| Street Address<br>8320 Old Courthouse Rd Ste 200  | City<br>Vienna                | State<br>VA  | Zip Code<br>22182      |
| Purpose of Expenditure<br>CNSLT   |                               | <u>1052</u><br><input type="checkbox"/> Debit Card               |                        |
| Description<br>March & April Consulting Fees  |                               | Event #  |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name  | Office Sought          |
|   |                               |  | \$10,553.94            |
| Name of Payee<br>Boston College Club  | Date of Payment<br>04/02/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount                 |
| Street Address<br>100 Federal St  | City<br>Boston                | State<br>MA  | Zip Code<br>02110-1802 |
| Purpose of Expenditure<br>FNDR  |                               | <u>1048</u><br><input type="checkbox"/> Debit Card               |                        |
| Description<br>Reception Social 03/23/10  |                               | Event #<br>03232010C   |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name  | Office Sought          |
|   |                               |  | \$1,656.06             |
| Name of Payee<br>Capital Bankcard Group   | Date of Payment<br>04/05/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount                 |
| Street Address<br>58C Alna Ln   | City<br>East Hartford         | State<br>CT  | Zip Code<br>06107      |
| Purpose of Expenditure<br>BNK   |                               | <u>dm</u><br><input type="checkbox"/> Debit Card                 |                        |
| Description<br>credit card processing fees  |                               | Event #  |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name  | Office Sought          |
|   |                               |  | \$201.54               |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

|   |               |                         |          |                        |                                     |   |        |
|---|---------------|-------------------------|----------|------------------------|-------------------------------------|---|--------|
| Name of Payee   |               |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount |
| Spectrum Marketing  |               |                         |          |                        | 04/05/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure | 1058                                |   |        |
| 95 Eddy Rd Ste 101  | Manchester    | NH                      | 03102    | WEB                    | <input type="checkbox"/> Debit Card |   |        |
| Description   |               |                         |          |                        |                                     | Event #                                     |        |
| website design  |               |                         |          |                        |                                     |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |               | Other Candidate(s) Name |          | Office Sought          |                                     | \$1,375.00                                  |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |               |                         |          |                        |                                     |   |        |
| Name of Payee   |               |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount |
| Webster Bank  |               |                         |          |                        | 04/08/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure | dm                                  |   |        |
| 65 Lasalle Rd   | West Hartford | CT                      | 06127    | BNK                    | <input type="checkbox"/> Debit Card |   |        |
| Description   |               |                         |          |                        |                                     | Event #                                     |        |
| returned check fee  |               |                         |          |                        |                                     |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |               | Other Candidate(s) Name |          | Office Sought          |                                     | \$10.00                                     |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |               |                         |          |                        |                                     |   |        |
| Name of Payee   |               |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount |
| Maelstrom Solutions   |               |                         |          |                        | 04/09/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure | dm                                  |   |        |
| 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          |                                     | \$27.80                                     |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |               |                         |          |                        |                                     |   |        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

|   |             |                         |            |                        |                                     |   |        |
|---|-------------|-------------------------|------------|------------------------|-------------------------------------|---|--------|
| Name of Payee   |             |                         |            |                        | Date of Payment                     | Method of Payment                           | Amount |
| Datamail  |             |                         |            |                        | 04/12/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City        | State                   | Zip Code   | Purpose of Expenditure | 1059                                |   |        |
| 597 N Mountain Rd   | Newington   | CT                      | 06111-2054 | A-DM                   | <input type="checkbox"/> Debit Card |   |        |
| Description   |             |                         |            |                        | Event #                             |   |        |
| direct letter mailing   |             |                         |            |                        |                                     |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             | Other Candidate(s) Name |            | Office Sought          |                                     | \$389.03                                    |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |             |                         |            |                        |                                     |   |        |
| Name of Payee   |             |                         |            |                        | Date of Payment                     | Method of Payment                           | Amount |
| AT Conference   |             |                         |            |                        | 04/12/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City        | State                   | Zip Code   | Purpose of Expenditure | 1061                                |   |        |
| PO Box 2939   | Southampton | NY                      | 06107-1196 | OVHD                   | <input type="checkbox"/> Debit Card |   |        |
| Description   |             |                         |            |                        | Event #                             |   |        |
| conference calls  |             |                         |            |                        |                                     |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             | Other Candidate(s) Name |            | Office Sought          |                                     | \$14.30                                     |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |             |                         |            |                        |                                     |   |        |
| Name of Payee   |             |                         |            |                        | Date of Payment                     | Method of Payment                           | Amount |
| Zag Interactive   |             |                         |            |                        | 04/12/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City        | State                   | Zip Code   | Purpose of Expenditure | 1062                                |   |        |
| 50 Nye Rd   | Glastonbury | CT                      | 06033      | WEB                    | <input type="checkbox"/> Debit Card |   |        |
| Description   |             |                         |            |                        | Event #                             |   |        |
| Email setup and general trouble shooting  |             |                         |            |                        |                                     |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             | Other Candidate(s) Name |            | Office Sought          |                                     | \$600.00                                    |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |             |                         |            |                        |                                     |   |        |



| IV. EXPENDITURES  |  |                         |       |               |                        |   |        |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE   |  |                         |       |               |                        | FILING DUE DATE                             |        |
| Oz For Governor, Inc.   |  |                         |       |               |                        | Original 07/12/2010                         |        |
| N. Expenses Paid By Committee   |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Christopher Griebel   |  |                         |       |               | 04/12/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | 1060  |        |
| 7 Caryn Ln  |  | Weatogue                | CT    | 06089         | RCW                    | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| mileage   |  |                         |       |               |                        |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        | \$351.75                                    |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Ashley Maagero  |  |                         |       |               | 04/15/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | 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 |                        | \$7,850.00                                  |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Complete Payroll Solutions  |  |                         |       |               | 04/15/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | ach   |        |
| 1 Carando Dr  |  | Springfield             | MA    | 01104         | WAGE                   | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| payroll tax payments  |  |                         |       |               |                        |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        | \$1,026.16                                  |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment     | Method of Payment  | Amount        |                        |
|---|---------------------|--|---------------|------------------------|
| Complete Payroll Solutions  | 04/15/2010          | <input checked="" type="checkbox"/> Check #                                    |               |                        |
| Street Address<br>1 Carando Dr  | City<br>Springfield | State<br>MA  |               | Zip Code<br>01104      |
| Purpose of Expenditure<br>BNK   |                     | <input checked="" type="checkbox"/> ach<br><input type="checkbox"/> Debit Card |               |                        |
| Description<br>payroll processing fees  |                     | Event #  |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name  | Office Sought |                        |
|   |                     |  | \$60.80       |                        |
| American Express  | 04/15/2010          | <input checked="" type="checkbox"/> Check #                                    |               |                        |
| Street Address<br>PO Box 53852  | City<br>Pheonix     | State<br>AZ  |               | Zip Code<br>85072-3852 |
| Purpose of Expenditure<br>BNK   |                     | <input checked="" type="checkbox"/> dm<br><input type="checkbox"/> Debit Card  |               |                        |
| Description<br>credit card processing fees  |                     | Event #  |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name  | Office Sought |                        |
|   |                     |  | \$210.58      |                        |
| Allison Marre   | 04/15/2010          | <input checked="" type="checkbox"/> Check #                                    |               |                        |
| Street Address<br>439 Farmington Ave Apt 302  | City<br>Hartford    | State<br>CT  |               | Zip Code<br>06101      |
| Purpose of Expenditure<br>WAGE  |                     | <input checked="" type="checkbox"/> ach<br><input type="checkbox"/> Debit Card |               |                        |
| Description<br>salary   |                     | Event #  |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name  | Office Sought |                        |
|   |                     |  | \$3,750.00    |                        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount        |   |
|---|-----------------------|---|---------------|---|
| Maelstrom Solutions   | 04/16/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield    | State<br>WI                                 |               | Zip Code<br>53005                           |
| Purpose of Expenditure<br>BNK   |                       |   |               | dm<br><input type="checkbox"/> Debit Card   |
| Description<br>credit card processing fees  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$56.00       |   |
| Strategic Media Services  | 04/21/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>3299 K St NW Ste 200  | City<br>Washington    | State<br>DC                                 |               | Zip Code<br>20007                           |
| Purpose of Expenditure<br>A-TV  |                       |   |               | wire<br><input type="checkbox"/> Debit Card |
| Description<br>television media purchase  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$38,966.00   |   |
| Webster Bank  | 04/21/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>65 Lasalle Rd   | City<br>West Hartford | State<br>CT                                 |               | Zip Code<br>06127                           |
| Purpose of Expenditure<br>BNK   |                       |   |               | dm<br><input type="checkbox"/> Debit Card   |
| Description<br>wire transfer fees   |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$30.00       |   |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment     | Method of Payment                           | Amount |                        |
|---|---------------------|---|--------|------------------------|
| Maelstrom Solutions   | 04/22/2010          | <input checked="" type="checkbox"/> Check # |        |                        |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield  | State<br>WI                                 |        | Zip Code<br>53005      |
| Purpose of Expenditure<br>BNK   |                     |   |        | Event #                |
| Description<br>credit card processing fees  |                     |   |        | Amount<br>\$124.20     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     |   |        |                        |
| Berkley Risk Administrators Company, LLC  | 04/28/2010          | <input checked="" type="checkbox"/> Check # |        |                        |
| Street Address<br>PO Box 1100   | City<br>Minneapolis | State<br>MN                                 |        | Zip Code<br>55440-1100 |
| Purpose of Expenditure<br>WAGE  |                     |   |        | Event #                |
| Description<br>balance of worker's comp policy premium  |                     |   |        | Amount<br>\$48.00      |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     |   |        |                        |
| Strategic Media Services  | 04/28/2010          | <input checked="" type="checkbox"/> Check # |        |                        |
| Street Address<br>3299 K St NW Ste 200  | City<br>Washington  | State<br>DC                                 |        | Zip Code<br>20007      |
| Purpose of Expenditure<br>A-TV  |                     |   |        | Event #                |
| Description<br>television media purchase  |                     |   |        | Amount<br>\$38,966.00  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     |   |        |                        |

| IV. EXPENDITURES  |               |                         |            |                        |  |                     |
|---|---------------|-------------------------|------------|------------------------|--|---------------------|
| NAME OF COMMITTEE   |               |                         |            |                        |  | FILING DUE DATE     |
| Oz For Governor, Inc.   |               |                         |            |                        |  | Original 07/12/2010 |
| N. Expenses Paid By Committee   |               |                         |            |                        |  |                     |
| Name of Payee   |               |                         |            | Date of Payment        | Method of Payment                              | Amount              |
| Webster Bank  |               |                         |            | 04/28/2010             | <input checked="" type="checkbox"/> Check #    |                     |
| Street Address  | City          | State                   | Zip Code   | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card |                     |
| 65 Lasalle Rd   | West Hartford | CT                      | 06127      | BNK                    |  |                     |
| Description   |               |                         |            |                        | Event #  |                     |
| wire transfer fee   |               |                         |            |                        |  |                     |
| 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  |               |                         |            |                        |  | \$30.00             |
| Name of Payee   |               |                         |            | Date of Payment        | Method of Payment                              | Amount              |
| Filomeno & Company, PC  |               |                         |            | 04/28/2010             | <input checked="" type="checkbox"/> Check #    |                     |
| Street Address  | City          | State                   | Zip Code   | Purpose of Expenditure | <input type="checkbox"/> Debit Card            |                     |
| 80 S Main St  | West Hartford | CT                      | 06107      | CNSLT                  |  |                     |
| Description   |               |                         |            |                        | Event #  |                     |
| Professional Services, Accounting Assistance  |               |                         |            |                        |  |                     |
| 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  |               |                         |            |                        |  | \$1,625.00          |
| Name of Payee   |               |                         |            | Date of Payment        | Method of Payment                              | Amount              |
| Commissioner of Revenue Services  |               |                         |            | 04/30/2010             | <input checked="" type="checkbox"/> Check #    |                     |
| Street Address  | City          | State                   | Zip Code   | Purpose of Expenditure | <input type="checkbox"/> Debit Card            |                     |
| 25 Sigourney St Ste 2   | Hartford      | CT                      | 06106-5032 | OVHD                   |  |                     |
| Description   |               |                         |            |                        | Event #  |                     |
| sales and use tax   |               |                         |            |                        |  |                     |
| 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  |               |                         |            |                        |  | \$48.00             |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

|   |               |                         |          |                        |  |   |        |
|---|---------------|-------------------------|----------|------------------------|--|---|--------|
| Name of Payee   |               |                         |          |                        | Date of Payment                                | Method of Payment                           | Amount |
| Maelstrom Solutions   |               |                         |          |                        | 04/30/2010                                     | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure |  |   |        |
| 200 S Executive Dr Ste 101  | Brookfield    | WI                      | 53005    | BNK                    | <input checked="" 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          |  |   |        |
| <input type="checkbox"/> Yes  |               |                         |          |                        |  |   |        |
| <input checked="" type="checkbox"/> No  |               |                         |          |                        |  | \$5.70                                      |        |
| Name of Payee   |               |                         |          |                        | Date of Payment                                | Method of Payment                           | Amount |
| Capital Bankcard Group  |               |                         |          |                        | 05/03/2010                                     | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure |  |   |        |
| 58C Alna Ln   | East Hartford | CT                      | 06107    | BNK                    | <input checked="" 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          |  |   |        |
| <input type="checkbox"/> Yes  |               |                         |          |                        |  |   |        |
| <input checked="" type="checkbox"/> No  |               |                         |          |                        |  | \$25.49                                     |        |
| Name of Payee   |               |                         |          |                        | Date of Payment                                | Method of Payment                           | Amount |
| Webster Bank  |               |                         |          |                        | 05/04/2010                                     | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City          | State                   | Zip Code | Purpose of Expenditure |  |   |        |
| 65 Lasalle Rd   | West Hartford | CT                      | 06127    | BNK                    | <input checked="" 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          |  |   |        |
| <input type="checkbox"/> Yes  |               |                         |          |                        |  |   |        |
| <input checked="" type="checkbox"/> No  |               |                         |          |                        |  | \$30.00                                     |        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount        |   |
|---|-----------------------|---|---------------|---|
| Webster Bank  | 05/05/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>65 Lasalle Rd   | City<br>West Hartford | State<br>CT                                 |               | Zip Code<br>06127                           |
| Purpose of Expenditure<br>BNK   |                       |   |               | dm<br><input type="checkbox"/> Debit Card   |
| Description<br>wire transfer fees   |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$30.00       |   |
| Strategic Media Services  | 05/05/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>3299 K St NW Ste 200  | City<br>Washington    | State<br>DC                                 |               | Zip Code<br>20007                           |
| Purpose of Expenditure<br>A-TV  |                       |   |               | wire<br><input type="checkbox"/> Debit Card |
| Description<br>television media purchase  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$19,289.00   |   |
| Cain Associates LLC   | 05/06/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>22 Kelly Dr   | City<br>Enfield       | State<br>CT                                 |               | Zip Code<br>06082                           |
| Purpose of Expenditure<br>CNSLT   |                       |   |               | 1071<br><input type="checkbox"/> Debit Card |
| Description<br>Policy Analysis and Campaign Services  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$3,000.00    |   |

### IV. EXPENDITURES

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

|   |             |                         |          |                        |   |            |
|---|-------------|-------------------------|----------|------------------------|---|------------|
| Name of Payee   |             |                         |          | Date of Payment        | Method of Payment                           | Amount     |
| Comcast   |             |                         |          | 05/06/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  | City        | State                   | Zip Code | Purpose of Expenditure | <u>1073</u>                                 |            |
| PO Box 1577   | Newark      | NJ                      |          | OVHD                   | <input type="checkbox"/> Debit Card         |            |
| Description   |             |                         |          |                        | Event #                                     |            |
| cable, internet and digital voice   |             |                         |          |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             | Other Candidate(s) Name |          | Office Sought          |   | \$294.69   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |             |                         |          |                        |   |            |
| Name of Payee   |             |                         |          | Date of Payment        | Method of Payment                           | Amount     |
| The Trailblazer Group   |             |                         |          | 05/06/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  | City        | State                   | Zip Code | Purpose of Expenditure | <u>1074</u>                                 |            |
| 901 King St   | Alexandria  | VA                      | 22314    | CNSLT                  | <input type="checkbox"/> Debit Card         |            |
| Description   |             |                         |          |                        | Event #                                     |            |
| Consulting Services   |             |                         |          |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             | Other Candidate(s) Name |          | Office Sought          |   | \$3,421.25 |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |             |                         |          |                        |   |            |
| Name of Payee   |             |                         |          | Date of Payment        | Method of Payment                           | Amount     |
| AT Conference   |             |                         |          | 05/06/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  | City        | State                   | Zip Code | Purpose of Expenditure | <u>1075</u>                                 |            |
| PO Box 2939   | Southampton | NY                      | 11969    | OVHD                   | <input type="checkbox"/> Debit Card         |            |
| Description   |             |                         |          |                        | Event #                                     |            |
| conference calls  |             |                         |          |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |             | Other Candidate(s) Name |          | Office Sought          |   | \$14.33    |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |             |                         |          |                        |   |            |



| IV. EXPENDITURES  |  |                         |       |               |                        |   |        |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE   |  |                         |       |               |                        | FILING DUE DATE                             |        |
| Oz For Governor, Inc.   |  |                         |       |               |                        | Original 07/12/2010                         |        |
| N. Expenses Paid By Committee   |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| A&A Office Systems  |  |                         |       |               | 05/06/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | 1072  |        |
| 909 Middle St   |  | Middletown              | CT    | 06457         | OVHD                   | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| Monthly 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<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Udolf Investments, LLC  |  |                         |       |               | 05/06/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | 1070  |        |
| 2475 Albany Ave Ste 205   |  | West Hartford           | CT    | 06117         | OVHD                   | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| Headquarter monthly rent  |  |                         |       |               |                        |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        | \$2,100.00                                  |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Network and Software Solutions  |  |                         |       |               | 05/06/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | 1076  |        |
| 48 Perry Ave  |  | White Plains            | NY    | 10603         | OVHD                   | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| Exchange Hosting  |  |                         |       |               |                        |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        | \$175.00                                    |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment    | Method of Payment                           | Amount        |   |
|---|--------------------|---|---------------|---|
| Maelstrom Solutions   | 05/07/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield | State<br>WI                                 |               | Zip Code<br>53005                           |
| Purpose of Expenditure<br>BNK   |                    |   |               | dm<br><input type="checkbox"/> Debit Card   |
| Description<br>credit card processing fees  |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$83.50       |   |
| Maelstrom Solutions   | 05/13/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield | State<br>WI                                 |               | Zip Code<br>53005                           |
| Purpose of Expenditure<br>BNK   |                    |   |               | dm<br><input type="checkbox"/> Debit Card   |
| Description<br>credit card processing fees  |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$13.20       |   |
| Strategic Media Services  | 05/13/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>3299 K St NW Ste 200  | City<br>Washington | State<br>DC                                 |               | Zip Code<br>20007                           |
| Purpose of Expenditure<br>A-TV  |                    |   |               | wire<br><input type="checkbox"/> Debit Card |
| Description<br>television media purchase  |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$10,000.00   |   |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount        |                        |
|---|-----------------------|---|---------------|------------------------|
| Webster Bank  | 05/13/2010            | <input checked="" type="checkbox"/> Check # |               |                        |
| Street Address<br>65 Lasalle Rd   | City<br>West Hartford | State<br>CT                                 |               | Zip Code<br>06127      |
| Purpose of Expenditure<br>BNK   |                       | <input type="checkbox"/> Debit Card         |               |                        |
| Description<br>wire transfer fee  |                       | Event #                                     |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought |                        |
| \$30.00   |                       |   |               |                        |
| Christopher Griebel   | 05/14/2010            | <input checked="" type="checkbox"/> Check # |               |                        |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue      | State<br>CT                                 |               | Zip Code<br>06089      |
| Purpose of Expenditure<br>RCW   |                       | <input type="checkbox"/> Debit Card         |               |                        |
| Description<br>mileage  |                       | Event #                                     |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought |                        |
| \$250.95  |                       |   |               |                        |
| Oz Griebel  | 05/14/2010            | <input checked="" type="checkbox"/> Check # |               |                        |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue      | State<br>CT                                 |               | Zip Code<br>06089-9784 |
| Purpose of Expenditure<br>RCW   |                       | <input type="checkbox"/> Debit Card         |               |                        |
| Description<br>cell phone expense   |                       | Event #                                     |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought |                        |
| \$586.70  |                       |   |               |                        |

## IV. EXPENDITURES

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

## N. Expenses Paid By Committee

| Name of Payee   | Date of Payment   | Method of Payment                                 | Amount                 |
|---|-------------------|---|------------------------|
| Oz Griebel  | 05/14/2010        | <input checked="" type="checkbox"/> Check #       |                        |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue  | State<br>CT                                       | Zip Code<br>06089-9784 |
| Purpose of Expenditure<br>RCW   |                   | 1081<br><input type="checkbox"/> Debit Card       |                        |
| Description<br>attendance fees, supplies, travel  |                   | Event #   |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                   | Other Candidate(s) Name                           | Office Sought          |
|   |                   |   | \$3,402.85             |
| Name of Payee   | Date of Payment   | Method of Payment                                 | Amount                 |
| Response America, LLC   | 05/14/2010        | <input checked="" type="checkbox"/> Check #       |                        |
| Street Address<br>2800 Shirlington Rd   | City<br>Arlington | State<br>VA                                       | Zip Code<br>22206      |
| Purpose of Expenditure<br>A-DM  |                   | wire trans<br><input type="checkbox"/> Debit Card |                        |
| Description<br>Mailings   |                   | Event #   |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                   | Other Candidate(s) Name                           | Office Sought          |
|   |                   |   | \$20,000.00            |
| Name of Payee   | Date of Payment   | Method of Payment                                 | Amount                 |
| Allison Marre   | 05/18/2010        | <input checked="" type="checkbox"/> Check #       |                        |
| Street Address<br>439 Farmington Ave Apt 302  | City<br>Hartford  | State<br>CT                                       | Zip Code<br>06101      |
| Purpose of Expenditure<br>WAGE  |                   | ach<br><input type="checkbox"/> Debit Card        |                        |
| Description<br>salary   |                   | Event #   |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                   | Other Candidate(s) Name                           | Office Sought          |
|   |                   |   | \$3,750.00             |

### IV. EXPENDITURES

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| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

|   |  |                         |       |               |                        |   |            |
|---|--|-------------------------|-------|---------------|------------------------|---|------------|
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount     |
| Comcast   |  |                         |       |               | 05/18/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1084</u>                                 |            |
| PO Box 1577   |  | Newark                  | NJ    |               | 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 |                        |   | \$908.42   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |            |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount     |
| Kirsten Griebel   |  |                         |       |               | 05/18/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1083</u>                                 |            |
| 7 Caryn Ln  |  | Weatogue                | CT    | 06089         | RCW                    | <input type="checkbox"/> Debit Card         |            |
| Description   |  |                         |       |               |                        | Event #                                     |            |
| Polk fundraiser expense   |  |                         |       |               |                        | 05132010G                                   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        |   | \$1,176.85 |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |            |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount     |
| Norwalk Inn & Conference Center, Inc  |  |                         |       |               | 05/18/2010             | <input checked="" type="checkbox"/> Check # |            |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1082</u>                                 |            |
| 99 East Ave   |  | Norwalk                 | CT    | 06851         | A-OTH                  | <input type="checkbox"/> Debit Card         |            |
| Description   |  |                         |       |               |                        | Event #                                     |            |
| Meet and Greet - room rental and refreshments   |  |                         |       |               |                        |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        |   | \$133.54   |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |            |

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#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment     | Method of Payment  | Amount |                   |
|---|---------------------|--|--------|-------------------|
| Complete Payroll Solutions  | 05/18/2010          | <input checked="" type="checkbox"/> Check #                                    |        |                   |
| Street Address<br>1 Carando Dr  | City<br>Springfield | State<br>MA  |        | Zip Code<br>01104 |
| Purpose of Expenditure<br>WAGE  |                     | <input checked="" type="checkbox"/> ach<br><input type="checkbox"/> Debit Card |        |                   |
| Description<br>payroll tax payment  |                     | Event #  |        |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name<br>Office Sought                                       |        |                   |
| \$1,022.15  |                     |  |        |                   |
| Ashley Maagero  | 05/18/2010          | <input checked="" type="checkbox"/> Check #                                    |        |                   |
| Street Address<br>11 Pleasant Vw Dri  | City<br>Suffield    | State<br>CT  |        | Zip Code<br>06078 |
| Purpose of Expenditure<br>WAGE  |                     | <input checked="" type="checkbox"/> ach<br><input type="checkbox"/> Debit Card |        |                   |
| Description<br>salary   |                     | Event #  |        |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name<br>Office Sought                                       |        |                   |
| \$7,850.00  |                     |  |        |                   |
| Super Cellar Warehouse Liquors  | 05/18/2010          | <input checked="" type="checkbox"/> Check #                                    |        |                   |
| Street Address<br>332 W Main St   | City<br>Avon        | State<br>CT  |        | Zip Code<br>06001 |
| Purpose of Expenditure<br>Misc *  |                     | <input type="checkbox"/> 1085<br><input type="checkbox"/> Debit Card           |        |                   |
| Description<br>beverages for meet and greet   |                     | Event #  |        |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name<br>Office Sought                                       |        |                   |
| \$109.52  |                     |  |        |                   |

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| Name of Payee   | Date of Payment               | Method of Payment   | Amount                                   |
|---|-------------------------------|---|--|
| Complete Payroll Solutions  | 05/21/2010                    | <input checked="" type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card                      |  |
| Street Address<br>1 Carando Dr  | City<br>Springfield           | State<br>MA   | Zip Code<br>01104                        |
| Purpose of Expenditure<br>BNK   |                               | bank dm   |  |
| Description<br>payroll processing fees  |                               |   | Event #                                  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               |   | Other Candidate(s) Name<br>Office Sought |
|   |                               |   | \$60.80                                  |
| Name of Payee<br>Filomeno & Company, PC   | Date of Payment<br>05/21/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card | Amount                                   |
| Street Address<br>80 S Main St  | City<br>West Hartford         | State<br>CT   | Zip Code<br>06107                        |
| Purpose of Expenditure<br>RCW   |                               | 1087  |  |
| Description<br>Republican Convention - Hartford Marriott  |                               |   | Event #                                  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               |   | Other Candidate(s) Name<br>Office Sought |
|   |                               |   | \$4,798.36                               |
| Name of Payee<br>Kirsten Griebel  | Date of Payment<br>05/21/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card | Amount                                   |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue              | State<br>CT   | Zip Code<br>06089                        |
| Purpose of Expenditure<br>RCW   |                               | 1089  |  |
| Description<br>Polk fundraiser  |                               |   | Event #<br>05132010G                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               |   | Other Candidate(s) Name<br>Office Sought |
|   |                               |   | \$142.66                                 |

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## N. Expenses Paid By Committee

| Name of Payee   | Date of Payment               | Method of Payment  | Amount                 |
|---|-------------------------------|--|------------------------|
| Comcast   | 05/21/2010                    | <input checked="" type="checkbox"/> Check #                      |                        |
| Street Address<br>PO Box 1577   | City<br>Newark                | State<br>NJ  | Zip Code<br>07101-1577 |
| Purpose of Expenditure<br>OVHD  |                               | <u>1088</u><br><input type="checkbox"/> Debit Card               |                        |
| Description<br>cable, internet, digital voice   |                               | Event #  |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name<br>Office Sought                         | \$287.01               |
| Name of Payee<br>Maelstrom Solutions  | Date of Payment<br>05/21/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount                 |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield            | State<br>WI  | Zip Code<br>53005      |
| Purpose of Expenditure<br>BNK   |                               | <u>dm</u><br><input type="checkbox"/> Debit Card                 |                        |
| Description<br>credit card processing fees  |                               | Event #  |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name<br>Office Sought                         | \$271.05               |
| Name of Payee<br>MITA Group, Inc  | Date of Payment<br>05/21/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount                 |
| Street Address<br>8320 Old Courthouse Rd  | City<br>Vienna                | State<br>VA  | Zip Code<br>22182      |
| Purpose of Expenditure<br>CNSLT   |                               | <u>1091</u><br><input type="checkbox"/> Debit Card               |                        |
| Description<br>Public Affairs Consulting Services   |                               | Event #  |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name<br>Office Sought                         | \$5,000.00             |



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#### N. Expenses Paid By Committee

|   |            |                         |          |                        |                                     |   |        |
|---|------------|-------------------------|----------|------------------------|-------------------------------------|---|--------|
| Name of Payee   |            |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount |
| PolandSpring Direct   |            |                         |          |                        | 05/21/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City       | State                   | Zip Code | Purpose of Expenditure | 1086                                |   |        |
| #215 6661 Dixie Hwy Ste 4   | Louisville | KY                      | 40258    | OFFICE                 | <input type="checkbox"/> Debit Card |   |        |
| Description   |            |                         |          |                        | Event #                             |   |        |
| water   |            |                         |          |                        |                                     |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |            | Other Candidate(s) Name |          | Office Sought          |                                     | \$70.33                                     |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |            |                         |          |                        |                                     |   |        |
| Name of Payee   |            |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount |
| Say it in Stitches, Inc   |            |                         |          |                        | 05/21/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City       | State                   | Zip Code | Purpose of Expenditure | 1090                                |   |        |
| 128B Hall St  | Concord    | NH                      | 03301    | A-OTH                  | <input type="checkbox"/> Debit Card |   |        |
| Description   |            |                         |          |                        | Event #                             |   |        |
| lapel pins  |            |                         |          |                        |                                     |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |            | Other Candidate(s) Name |          | Office Sought          |                                     | \$324.20                                    |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |            |                         |          |                        |                                     |   |        |
| Name of Payee   |            |                         |          |                        | Date of Payment                     | Method of Payment                           | Amount |
| The Meetrics Group  |            |                         |          |                        | 05/24/2010                          | <input checked="" type="checkbox"/> Check # |        |
| Street Address  | City       | State                   | Zip Code | Purpose of Expenditure | 1094                                |   |        |
| 91 Curtis Ter   | Fairfield  | CT                      | 06825    | A-WEB                  | <input type="checkbox"/> Debit Card |   |        |
| Description   |            |                         |          |                        | Event #                             |   |        |
| Videography - editing 3 spots   |            |                         |          |                        |                                     |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |            | Other Candidate(s) Name |          | Office Sought          |                                     | \$780.00                                    |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |            |                         |          |                        |                                     |   |        |

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#### N. Expenses Paid By Committee

|   |                  |                         |                   |                                 |  |        |
|---|------------------|-------------------------|-------------------|---------------------------------|--|--------|
| Name of Payee<br>Say it in Stitches, Inc  |                  |                         |                   | Date of Payment<br>05/24/2010   | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount |
| Street Address<br>128B Hall St  | City<br>Concord  | State<br>NH             | Zip Code<br>03301 | Purpose of Expenditure<br>A-OTH | <u>1097</u><br><input type="checkbox"/> Debit Card               |        |
| Description<br>Hats with logo   |                  |                         |                   |                                 | Event #  |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                  | Other Candidate(s) Name |                   | Office Sought                   |  |        |
| Name of Payee<br>Verizon Wireless   |                  |                         |                   | Date of Payment<br>05/24/2010   | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount |
| Street Address<br>PO Box 4003   | City<br>Acworth  | State<br>GA             | Zip Code<br>30101 | Purpose of Expenditure<br>OVHD  | <u>1098</u><br><input type="checkbox"/> Debit Card               |        |
| Description<br>Cell phone charges   |                  |                         |                   |                                 | Event #  |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                  | Other Candidate(s) Name |                   | Office Sought                   |  |        |
| Name of Payee<br>Simsbury Republican Town Committee   |                  |                         |                   | Date of Payment<br>05/24/2010   | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount |
| Street Address<br>1 Stonehenge Dr   | City<br>Simsbury | State<br>CT             | Zip Code<br>06070 | Purpose of Expenditure<br>A-OTH | <u>1099</u><br><input type="checkbox"/> Debit Card               |        |
| Description<br>Full page campaign Ad  |                  |                         |                   |                                 | Event #  |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                  | Other Candidate(s) Name |                   | Office Sought                   |  |        |

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

## N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount                              |
|---|-----------------------|---|-------------------------------------|
| SIGNSplus, INC  | 05/24/2010            | <input checked="" type="checkbox"/> Check # |                                     |
| Street Address<br>3K Turkey Hills Rd  | City<br>East Granby   | State<br>CT                                 | Zip Code<br>06026                   |
| Purpose of Expenditure<br>A-OTH   |                       | <u>1096</u>                                 | <input type="checkbox"/> Debit Card |
| Description<br>Stickers   |                       | Event #                                     |                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought                       |
|   |                       |   | \$106.00                            |
| Name of Payee   | Date of Payment       | Method of Payment                           | Amount                              |
| SIGNSplus, INC  | 05/24/2010            | <input checked="" type="checkbox"/> Check # |                                     |
| Street Address<br>3K Turkey Hills Rd  | City<br>East Granby   | State<br>CT                                 | Zip Code<br>06026                   |
| Purpose of Expenditure<br>A-OTH   |                       | <u>1095</u>                                 | <input type="checkbox"/> Debit Card |
| Description<br>banners, tee shirts, posters, stickers with logo   |                       | Event #                                     |                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought                       |
|   |                       |   | \$4,793.57                          |
| Name of Payee   | Date of Payment       | Method of Payment                           | Amount                              |
| Filomeno & Company, PC  | 05/26/2010            | <input checked="" type="checkbox"/> Check # |                                     |
| Street Address<br>80 S Main St  | City<br>West Hartford | State<br>CT                                 | Zip Code<br>06107                   |
| Purpose of Expenditure<br>RCW   |                       | <u>1104</u>                                 | <input type="checkbox"/> Debit Card |
| Description<br>Republican Convention Hartford Marriott  |                       | Event #                                     |                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought                       |
|   |                       |   | \$500.00                            |

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#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount        |   |
|---|-----------------------|---|---------------|---|
| Udolf Investments, LLC  | 05/26/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>2475 Albany Ave Ste 205   | City<br>West Hartford | State<br>CT                                 |               | Zip Code<br>06117                           |
| Purpose of Expenditure<br>OVHD  |                       |   |               | 1100<br><input type="checkbox"/> Debit Card |
| Description<br>Headquarters monthly rent  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$2,100.00    |   |
| ConnectiCare, Inc   | 05/26/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>PO Box 30726  | City<br>Hartford      | State<br>CT                                 |               | Zip Code<br>06150                           |
| Purpose of Expenditure<br>WAGE  |                       |   |               | 1103<br><input type="checkbox"/> Debit Card |
| Description<br>Healthcare benefits for staff  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$1,010.55    |   |
| Craft Media Digital   | 05/26/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>11 D St SE  | City<br>Washington    | State<br>DC                                 |               | Zip Code<br>20003                           |
| Purpose of Expenditure<br>A-WEB   |                       |   |               | 1101<br><input type="checkbox"/> Debit Card |
| Description<br>Powerpoint presentation and Logo Design  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$300.00      |   |

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#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount        |   |
|---|-----------------------|---|---------------|---|
| Maelstrom Solutions   | 05/28/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield    | State<br>WI                                 |               | Zip Code<br>53005                           |
| Purpose of Expenditure<br>BNK   |                       |   |               | dm<br><input type="checkbox"/> Debit Card   |
| Description<br>credit card processing fees  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$233.55      |   |
| Capital Bankcard Group  | 06/03/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>58C Alna Ln   | City<br>East Hartford | State<br>CT                                 |               | Zip Code<br>06107                           |
| Purpose of Expenditure<br>BNK   |                       |   |               | dm<br><input type="checkbox"/> Debit Card   |
| Description<br>credit card processing fees  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$41.59       |   |
| Ashley Maagero  | 06/04/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>11 Pleasant Vw Dri  | City<br>Suffield      | State<br>CT                                 |               | Zip Code<br>06078                           |
| Purpose of Expenditure<br>RCW   |                       |   |               | 1107<br><input type="checkbox"/> Debit Card |
| Description<br>transportation, cell phones, your patriot renewal, supplies  |                       |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$1,060.04    |   |

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| Name of Payee   | Date of Payment      | Method of Payment                           | Amount        |                   |
|---|----------------------|---|---------------|-------------------|
| Maelstrom Solutions   | 06/04/2010           | <input checked="" type="checkbox"/> Check # |               |                   |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield   | State<br>WI                                 |               | Zip Code<br>53005 |
| Purpose of Expenditure<br>BNK   |                      | <input type="checkbox"/> Debit Card         |               |                   |
| Description<br>credit card processing fees  |                      | Event #                                     |               |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                      | Other Candidate(s) Name                     | Office Sought | \$327.85          |
| Network and Software Solutions  | 06/04/2010           | <input checked="" type="checkbox"/> Check # |               |                   |
| Street Address<br>48 Perry Ave  | City<br>White Plains | State<br>NY                                 |               | Zip Code<br>10603 |
| Purpose of Expenditure<br>OVHD  |                      | <input type="checkbox"/> Debit Card         |               |                   |
| Description<br>Monthly exchange hosting   |                      | Event #                                     |               |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                      | Other Candidate(s) Name                     | Office Sought | \$175.00          |
| A&A Office Systems  | 06/04/2010           | <input checked="" type="checkbox"/> Check # |               |                   |
| Street Address<br>909 Middle St   | City<br>Middletown   | State<br>CT                                 |               | Zip Code<br>06457 |
| Purpose of Expenditure<br>OVHD  |                      | <input type="checkbox"/> Debit Card         |               |                   |
| Description<br>copier rental  |                      | Event #                                     |               |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                      | Other Candidate(s) Name                     | Office Sought | \$159.00          |

### IV. EXPENDITURES

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment    | Method of Payment                           | Amount        |   |
|---|--------------------|---|---------------|---|
| Kirsten Griebel   | 06/04/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue   | State<br>CT                                 |               | Zip Code<br>06089                           |
| Purpose of Expenditure<br>RCW   |                    |   |               | 1110<br><input type="checkbox"/> Debit Card |
| Description<br>Bus - travel 05/19/10  |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$828.71      |   |
| MetroHartford Alliance  | 06/04/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>31 Pratt St   | City<br>Hartford   | State<br>CT                                 |               | Zip Code<br>06103                           |
| Purpose of Expenditure<br>ATT *   |                    |   |               | 1109<br><input type="checkbox"/> Debit Card |
| Description<br>Attendance at award breakfast  |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$55.00       |   |
| PolandSpring Direct   | 06/04/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>#215 6661 Dixie Hwy Ste 4   | City<br>Louisville | State<br>KY                                 |               | Zip Code<br>40258                           |
| Purpose of Expenditure<br>OFFICE  |                    |   |               | 1106<br><input type="checkbox"/> Debit Card |
| Description<br>water delivery   |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$62.92       |   |

| IV. EXPENDITURES  |  |                         |       |               |                        |   |        |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE   |  |                         |       |               |                        | FILING DUE DATE                             |        |
| Oz For Governor, Inc.   |  |                         |       |               |                        | Original 07/12/2010                         |        |
| N. Expenses Paid By Committee   |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Oz Griebel  |  |                         |       |               | 06/04/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1111</u>                                 |        |
| 7 Caryn Ln  |  | Weatogue                | CT    | 06089-9784    | RCW                    | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| travel, attendance fees, delegate meet and greet  |  |                         |       |               |                        |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        |   |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
|   |  |                         |       |               |                        | \$1,776.96                                  |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| MITA Group, Inc   |  |                         |       |               | 06/07/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1116</u>                                 |        |
| 8320 Old Courthouse Rd Ste 200  |  | Vienna                  | VA    | 22182         | CNSLT                  | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| Public Affairs Consulting Services  |  |                         |       |               |                        |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        |   |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
|   |  |                         |       |               |                        | \$5,000.00                                  |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Response America, LLC   |  |                         |       |               | 06/07/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | <u>1112</u>                                 |        |
| 2800 Shirlington Rd   |  | Arlington               | VA    | 22206         | A-DM                   | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| Direct mailing service fees   |  |                         |       |               |                        |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        |   |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
|   |  |                         |       |               |                        | \$16,053.73                                 |        |



### IV. EXPENDITURES

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| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount        |                                     |
|---|-----------------------|---|---------------|-------------------------------------|
| Craft Media Digital   | 06/07/2010            | <input checked="" type="checkbox"/> Check # |               |                                     |
| Street Address<br>11 D St SE  | City<br>Washington    | State<br>DC                                 |               | Zip Code<br>20003                   |
| Purpose of Expenditure<br>A-WEB   |                       |   |               | 1118                                |
| Description<br>Video creation and editing   |                       |   |               | <input type="checkbox"/> Debit Card |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |                       |   | Event #       |                                     |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                       |   |               |                                     |
| Other Candidate(s) Name   |                       |   | Office Sought |                                     |
|   |                       |   | \$8,000.00    |                                     |
| AT Conference   | 06/07/2010            | <input checked="" type="checkbox"/> Check # |               |                                     |
| Street Address<br>1245 Farmington Ave Ste 205   | City<br>West Hartford | State<br>CT                                 |               | Zip Code<br>06107                   |
| Purpose of Expenditure<br>OVHD  |                       |   |               | 1113                                |
| Description<br>conference calling fees  |                       |   |               | <input type="checkbox"/> Debit Card |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |                       |   | Event #       |                                     |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                       |   |               |                                     |
| Other Candidate(s) Name   |                       |   | Office Sought |                                     |
|   |                       |   | \$12.78       |                                     |
| Cain Associates LLC   | 06/07/2010            | <input checked="" type="checkbox"/> Check # |               |                                     |
| Street Address<br>22 Kelly Dr   | City<br>Enfield       | State<br>CT                                 |               | Zip Code<br>06082                   |
| Purpose of Expenditure<br>CNSLT   |                       |   |               | 1115                                |
| Description<br>Policy Analysis and Campaign Services                                      |                       |   |               | <input type="checkbox"/> Debit Card |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |                       |   | Event #       |                                     |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                       |   |               |                                     |
| Other Candidate(s) Name   |                       |   | Office Sought |                                     |
|   |                       |   | \$5,000.00    |                                     |

## IV. EXPENDITURES

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

## N. Expenses Paid By Committee

| Name of Payee   | Date of Payment               | Method of Payment  | Amount            |
|---|-------------------------------|--|-------------------|
| The Trailblazer Group   | 06/07/2010                    | <input checked="" type="checkbox"/> Check #                      |                   |
| Street Address<br>901 King St   | City<br>Alexandria            | State<br>VA  | Zip Code<br>22314 |
| Purpose of Expenditure<br>CNSLT   |                               | <u>1117</u><br><input type="checkbox"/> Debit Card               |                   |
| Description<br>Consulting Services, State Convention  |                               | Event #  |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name  | Office Sought     |
|   |                               |  | \$3,300.01        |
| Name of Payee<br>Jim Barnes   | Date of Payment<br>06/07/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount            |
| Street Address<br>66 Ferncliff Dr   | City<br>West Hartford         | State<br>CT  | Zip Code<br>06117 |
| Purpose of Expenditure<br>RCW   |                               | <u>1114</u><br><input type="checkbox"/> Debit Card               |                   |
| Description<br>Fundraising Event  |                               | Event #  |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name  | Office Sought     |
|   |                               |  | \$10,502.74       |
| Name of Payee<br>The Yankee Institute for Public Policy   | Date of Payment<br>06/08/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount            |
| Street Address<br>133 Allen Pl  | City<br>Hartford              | State<br>CT  | Zip Code<br>06126 |
| Purpose of Expenditure<br>ATT *   |                               | <u>1120</u><br><input type="checkbox"/> Debit Card               |                   |
| Description<br>Luncheon - speaker Arthur C. Brooks  |                               | Event #  |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                               | Other Candidate(s) Name  | Office Sought     |
|   |                               |  | \$50.00           |

### IV. EXPENDITURES

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment    | Method of Payment                           | Amount        |   |
|---|--------------------|---|---------------|---|
| MITA Group, Inc   | 06/08/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>8320 Old Courthouse Rd Ste 200  | City<br>Vienna     | State<br>VA                                 |               | Zip Code<br>22182                           |
| Purpose of Expenditure<br>CNSLT   |                    |   |               | 1119<br><input type="checkbox"/> Debit Card |
| Description<br>Public Affairs Consulting Services   |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$2,257.06    |   |
| Maelstrom Solutions   | 06/09/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield | State<br>WI                                 |               | Zip Code<br>53005                           |
| Purpose of Expenditure<br>BNK   |                    |   |               | dm<br><input type="checkbox"/> Debit Card   |
| Description<br>credit card processing fees  |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$132.10      |   |
| Christopher Ford  | 06/11/2010         | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>85 Joseph Rd  | City<br>Naugatuck  | State<br>CT                                 |               | Zip Code<br>06770                           |
| Purpose of Expenditure<br>RCW   |                    |   |               | 1126<br><input type="checkbox"/> Debit Card |
| Description<br>mileage, office supplies   |                    |   |               | Event #                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                    |   |               |   |
| Other Candidate(s) Name   |                    |   | Office Sought |   |
|   |                    |   | \$151.91      |   |

| IV. EXPENDITURES  |  |              |               |          |                        |   |          |
|---|--|--------------|---------------|----------|------------------------|---|----------|
| NAME OF COMMITTEE   |  |              |               |          |                        | FILING DUE DATE                             |          |
| Oz For Governor, Inc.   |  |              |               |          |                        | Original 07/12/2010                         |          |
| N. Expenses Paid By Committee   |  |              |               |          |                        |   |          |
| Name of Payee   |  |              |               |          | Date of Payment        | Method of Payment                           | Amount   |
| Network and Software Solutions  |  |              |               |          | 06/11/2010             | <input checked="" type="checkbox"/> Check # |          |
| Street Address  |  | City         | State         | Zip Code | Purpose of Expenditure | <u>1123</u>                                 |          |
| 48 Perry Ave  |  | White Plains | NY            | 10603    | OVHD                   | <input type="checkbox"/> Debit Card         |          |
| Description   |  |              |               |          |                        | Event #                                     |          |
| general service, new user set up  |  |              |               |          |                        |   |          |
| 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 |          |                        |   | \$50.00  |
| Name of Payee   |  |              |               |          | Date of Payment        | Method of Payment                           | Amount   |
| Kirsten Griebel   |  |              |               |          | 06/11/2010             | <input checked="" type="checkbox"/> Check # |          |
| Street Address  |  | City         | State         | Zip Code | Purpose of Expenditure | <u>1121</u>                                 |          |
| 7 Caryn Ln  |  | Weatogue     | CT            | 06089    | RCW                    | <input type="checkbox"/> Debit Card         |          |
| Description   |  |              |               |          |                        | Event #                                     |          |
| Republican Convention - hotel rooms   |  |              |               |          |                        |   |          |
| 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 |          |                        |   | \$944.03 |
| Name of Payee   |  |              |               |          | Date of Payment        | Method of Payment                           | Amount   |
| Kirsten Griebel   |  |              |               |          | 06/11/2010             | <input checked="" type="checkbox"/> Check # |          |
| Street Address  |  | City         | State         | Zip Code | Purpose of Expenditure | <u>1122</u>                                 |          |
| 7 Caryn Ln  |  | Weatogue     | CT            | 06089    | RCW                    | <input type="checkbox"/> Debit Card         |          |
| Description   |  |              |               |          |                        | Event #                                     |          |
| office phone, supplies, convention parking  |  |              |               |          |                        |   |          |
| 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 |          |                        |   | \$287.55 |

| IV. EXPENDITURES  |  |                    |                         |                        |                               |  |          |
|---|--|--------------------|-------------------------|------------------------|-------------------------------|--|----------|
| NAME OF COMMITTEE   |  |                    |                         |                        |                               | FILING DUE DATE  |          |
| Oz For Governor, Inc.   |  |                    |                         |                        |                               | Original 07/12/2010  |          |
| N. Expenses Paid By Committee   |  |                    |                         |                        |                               |  |          |
| Name of Payee<br>Douglas K Thompson   |  |                    |                         |                        | Date of Payment<br>06/14/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount   |
| Street Address<br>76 Warren Gln   |  | City<br>Burlington | State<br>CT             | Zip Code<br>06013      | Purpose of Expenditure<br>REF | 1127<br><input type="checkbox"/> Debit Card                      |          |
| Description<br>refund of amount over maximum contribution   |  |                    |                         |                        | Event #                       |  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                    | Other Candidate(s) Name |                        | Office Sought                 |  |          |
|   |  |                    |                         |                        |                               |  | \$500.00 |
| Name of Payee<br>Maelstrom Solutions  |  |                    |                         |                        | Date of Payment<br>06/15/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount   |
| Street Address<br>200 S Executive Dr Ste 101  |  | City<br>Brookfield | State<br>WI             | Zip Code<br>53005      | Purpose of Expenditure<br>BNK | dm<br><input type="checkbox"/> Debit Card                        |          |
| Description<br>credit card processing fees  |  |                    |                         |                        | Event #                       |  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                    | Other Candidate(s) Name |                        | Office Sought                 |  |          |
|   |  |                    |                         |                        |                               |  | \$164.20 |
| Name of Payee<br>American Express   |  |                    |                         |                        | Date of Payment<br>06/15/2010 | Method of Payment<br><input checked="" type="checkbox"/> Check # | Amount   |
| Street Address<br>PO Box 53852  |  | City<br>Pheonix    | State<br>AZ             | Zip Code<br>85072-3852 | Purpose of Expenditure<br>BNK | dm<br><input type="checkbox"/> Debit Card                        |          |
| Description<br>credit card processing fees  |  |                    |                         |                        | Event #                       |  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                    | Other Candidate(s) Name |                        | Office Sought                 |  |          |
|   |  |                    |                         |                        |                               |  | \$7.38   |

### IV. EXPENDITURES

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| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount        |                                     |
|---|-----------------------|---|---------------|-------------------------------------|
| Derby Day Festival  | 06/15/2010            | <input checked="" type="checkbox"/> Check # |               |                                     |
| Street Address<br>1 Elizabeth St  | City<br>Derby         | State<br>CT                                 |               | Zip Code<br>06418                   |
| Purpose of Expenditure<br>A-OTH   |                       | <u>1128</u>                                 |               | <input type="checkbox"/> Debit Card |
| Description<br>Debry Day Festival booth   |                       | Event #                                     |               |                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought | \$70.00                             |
| Office Depot #2414  | 06/16/2010            | <input checked="" type="checkbox"/> Check # |               |                                     |
| Street Address<br>1451 New Britain Ave  | City<br>West Hartford | State<br>CT                                 |               | Zip Code<br>06110                   |
| Purpose of Expenditure<br>EFV *   |                       | <u>1129</u>                                 |               | <input type="checkbox"/> Debit Card |
| Description<br>Purchase 2 phones and cords for office   |                       | Event #                                     |               |                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought | \$291.40                            |
| Complete Payroll Solutions  | 06/17/2010            | <input checked="" type="checkbox"/> Check # |               |                                     |
| Street Address<br>1 Carando Dr  | City<br>Springfield   | State<br>MA                                 |               | Zip Code<br>01104                   |
| Purpose of Expenditure<br>WAGE  |                       | <u>ach</u>                                  |               | <input type="checkbox"/> Debit Card |
| Description<br>payroll tax payment  |                       | Event #                                     |               |                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       | Other Candidate(s) Name                     | Office Sought | \$1,506.90                          |

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| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment     | Method of Payment                           | Amount        |  |
|---|---------------------|---|---------------|--|
| Ashley Maagero  | 06/17/2010          | <input checked="" type="checkbox"/> Check # |               |  |
| Street Address<br>11 Pleasant Vw Dri  | City<br>Suffield    | State<br>CT                                 |               | Zip Code<br>06078  |
| Purpose of Expenditure<br>WAGE  |                     |   |               | <input checked="" type="checkbox"/> ach<br><input type="checkbox"/> Debit Card |
| Description<br>salary   |                     |   |               | Event #  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     |   |               |  |
| Other Candidate(s) Name   |                     |   | Office Sought |  |
|   |                     |   | \$7,850.00    |  |
| Christopher Ford  | 06/17/2010          | <input checked="" type="checkbox"/> Check # |               |  |
| Street Address<br>85 Joseph Rd  | City<br>Naugatuck   | State<br>CT                                 |               | Zip Code<br>06770  |
| Purpose of Expenditure<br>WAGE  |                     |   |               | <input checked="" type="checkbox"/> ach<br><input type="checkbox"/> Debit Card |
| Description<br>salary   |                     |   |               | Event #  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     |   |               |  |
| Other Candidate(s) Name   |                     |   | Office Sought |  |
|   |                     |   | \$3,000.00    |  |
| Complete Payroll Solutions  | 06/17/2010          | <input checked="" type="checkbox"/> Check # |               |  |
| Street Address<br>1 Carando Dr  | City<br>Springfield | State<br>MA                                 |               | Zip Code<br>01104  |
| Purpose of Expenditure<br>BNK   |                     |   |               | <input type="checkbox"/> dm<br><input type="checkbox"/> Debit Card             |
| Description<br>payroll processing fees  |                     |   |               | Event #  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     |   |               |  |
| Other Candidate(s) Name   |                     |   | Office Sought |  |
|   |                     |   | \$64.03       |  |

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| Oz For Governor, Inc. | Original 07/12/2010 |

## N. Expenses Paid By Committee

| Name of Payee   | Date of Payment     | Method of Payment                           |                   | Amount                         |
|---|---------------------|---|-------------------|--------------------------------|
| Gregory DeWitt  | 06/17/2010          | <input checked="" type="checkbox"/> Check # |                   |                                |
| Street Address<br>31 Hicock Dr  | City<br>Southbury   | State<br>CT                                 | Zip Code<br>06488 | Purpose of Expenditure<br>WAGE |
| Description<br>salary   |                     |   | Event #           |                                |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name                     |                   | Office Sought                  |
|   |                     |   |                   | \$1,500.00                     |
| Name of Payee   | Date of Payment     | Method of Payment                           |                   | Amount                         |
| Allison Marre   | 06/17/2010          | <input checked="" type="checkbox"/> Check # |                   |                                |
| Street Address<br>439 Farmington Ave Apt 302  | City<br>Hartford    | State<br>CT                                 | Zip Code<br>06101 | Purpose of Expenditure<br>WAGE |
| Description<br>salary   |                     |   | Event #           |                                |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name                     |                   | Office Sought                  |
|   |                     |   |                   | \$3,750.00                     |
| Name of Payee   | Date of Payment     | Method of Payment                           |                   | Amount                         |
| Zag Interactive   | 06/18/2010          | <input checked="" type="checkbox"/> Check # |                   |                                |
| Street Address<br>50 Nye Rd   | City<br>Glastonbury | State<br>CT                                 | Zip Code<br>06033 | Purpose of Expenditure<br>WEB  |
| Description<br>email set up, maintenance  |                     |   | Event #           |                                |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                     | Other Candidate(s) Name                     |                   | Office Sought                  |
|   |                     |   |                   | \$300.00                       |



### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### N. Expenses Paid By Committee

| Name of Payee   | Date of Payment       | Method of Payment                           | Amount        |   |
|---|-----------------------|---|---------------|---|
| Verizon Wireless  | 06/18/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>PO Box 4003   | City<br>Acworth       | State<br>GA                                 |               | Zip Code<br>30101   |
| Purpose of Expenditure<br>OVHD  |                       |   |               | <input checked="" type="checkbox"/> 1133<br><input type="checkbox"/> Debit Card |
| Description<br>wireless fees  |                       |   |               | Event #   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$487.39      |   |
| Christopher Ford  | 06/18/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>85 Joseph Rd  | City<br>Naugatuck     | State<br>CT                                 |               | Zip Code<br>06770   |
| Purpose of Expenditure<br>RCW   |                       |   |               | <input checked="" type="checkbox"/> 1132<br><input type="checkbox"/> Debit Card |
| Description<br>mileage, office supplies   |                       |   |               | Event #   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$322.37      |   |
| Filomeno & Company, PC  | 06/18/2010            | <input checked="" type="checkbox"/> Check # |               |   |
| Street Address<br>80 S Main St  | City<br>West Hartford | State<br>CT                                 |               | Zip Code<br>06107   |
| Purpose of Expenditure<br>CNSLT   |                       |   |               | <input checked="" type="checkbox"/> 1131<br><input type="checkbox"/> Debit Card |
| Description<br>Professional Services, Accounting Assistance   |                       |   |               | Event #   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                       |   |               |   |
| Other Candidate(s) Name   |                       |   | Office Sought |   |
|   |                       |   | \$1,625.00    |   |

| IV. EXPENDITURES  |  |                         |       |               |                        |   |        |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE   |  |                         |       |               |                        | FILING DUE DATE                             |        |
| Oz For Governor, Inc.   |  |                         |       |               |                        | Original 07/12/2010                         |        |
| N. Expenses Paid By Committee   |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| VLYTICS   |  |                         |       |               | 06/21/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | 1135  |        |
| 653 G St SE   |  | Washington              | DC    | 20003         | CNSLT                  | <input type="checkbox"/> Debit Card         |        |
| Description   |  |                         |       |               |                        | Event #                                     |        |
| Data hosting services   |  |                         |       |               |                        |   |        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |       | Office Sought |                        | \$2,500.00                                  |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Maelstrom Solutions   |  |                         |       |               | 06/22/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | dm  |        |
| 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 |                        | \$752.90                                    |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Maelstrom Solutions   |  |                         |       |               | 06/25/2010             | <input checked="" type="checkbox"/> Check # |        |
| Street Address  |  | City                    | State | Zip Code      | Purpose of Expenditure | dm  |        |
| 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 |                        | \$287.80                                    |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |

| IV. EXPENDITURES  |  |                         |       |               |                        |   |        |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE   |  |                         |       |               |                        | FILING DUE DATE                             |        |
| Oz For Governor, Inc.   |  |                         |       |               |                        | Original 07/12/2010                         |        |
| N. Expenses Paid By Committee   |  |                         |       |               |                        |   |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Maelstrom Solutions   |  |                         |       |               | 06/29/2010             | <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 |                        |   |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
|   |  |                         |       |               |                        | \$246.00                                    |        |
| Name of Payee   |  |                         |       |               | Date of Payment        | Method of Payment                           | Amount |
| Maelstrom Solutions   |  |                         |       |               | 06/30/2010             | <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 |                        |   |        |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |       |               |                        |   |        |
|   |  |                         |       |               |                        | \$571.55                                    |        |
| <b>Total of Section N</b>   |  |                         |       |               |                        | <b>\$296,171.78</b>                         |        |

| <b>IV. EXPENDITURES</b>                       |             |  |      |  |                 |                           |               |
|---|-------------|--|------|--|-----------------|---------------------------|---------------|
| NAME OF COMMITTEE                             |             |  |      |  |                 | FILING DUE DATE           |               |
| Oz For Governor, Inc.                         |             |  |      |  |                 | Original 07/12/2010       |               |
| <b>O. Campaign Expenses Paid By Candidate</b> |             |  |      |  |                 |                           |               |
| Name of Payee                                 |             |  |      |  | Date of Payment | Is Reimbursement Claimed? | <b>Amount</b> |
| Street Address                                |             |  | City |  | State           | Zip Code                  | Yes<br>No     |
| Purpose of Expenditure                        | Description |  |      |  |                 | Event #                   |               |
| <b>Total of Section O</b>                     |             |  |      |  |                 |                           |               |

| <b>IV. EXPENDITURES</b>                              |             |      |  |                     |                     |        |
|--|-------------|------|--|---------------------|---------------------|--------|
| NAME OF COMMITTEE                                    |             |      |  |                     | FILING DUE DATE     |        |
| Oz For Governor, Inc.                                |             |      |  |                     | Original 07/12/2010 |        |
| <b>P. Expenses Incurred on Committee Credit Card</b> |             |      |  |                     |                     |        |
| Name of Issuing Institution                          |             |      | Type of Credit Card:                                       |                     |                     |        |
|  |             |      | Visa      Master Card      Discover      American<br>Other |                     |                     |        |
| Name of Vendor                                       |             |      |  | Date of Transaction |                     | Amount |
| Street Address                                       |             | City |  | State               | Zip Code            |        |
| Purpose of Expenditure                               | Description |      |  | Event #             |                     |        |
| <b>Total of Section P</b>                            |             |      |  |                     |                     |        |

### IV. EXPENDITURES

|   |  |                         |                     |                             |  |                     |                        |   |
|---|--|-------------------------|---------------------|-----------------------------|--|---------------------|------------------------|---|
| NAME OF COMMITTEE   |  |                         |                     |                             |  | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |  |                         |                     |                             |  | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>                  |  |                         |                     |                             |  |                     |                        |   |
| Name of Creditor<br>Cashman + Katz Intergrate   |  |                         |                     | Date Incurred<br>04/19/2010 |  | Event #             |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>76 Eastern Blvd   |  |                         | City<br>Glastonbury |                             |  | State<br>CT         | Zip Code<br>06033      |   |
| Purpose of Expenditure<br>A-TV  | Description<br>development and production of State Capital shoot |                         |                     |                             |  |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |                     | Office Sought               |  |                     |                        | \$3,000.00                              |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |                     |                             |  |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |  |                         |                     | Date Incurred<br>05/01/2010 |  | Event #             |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  |  |                         | City<br>Weatogue    |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>FOOD  | Description<br>executive committee meeting                       |                         |                     |                             |  |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |  | Other Candidate(s) Name |                     | Office Sought               |  |                     |                        | \$43.99                                 |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |  |                         |                     |                             |  |                     |                        |   |

### IV. EXPENDITURES

|   |  |  |                         |                       |                             |               |                     |                        |   |
|---|--|--|-------------------------|-----------------------|-----------------------------|---------------|---------------------|------------------------|---|
| NAME OF COMMITTEE   |  |  |                         |                       |                             |               | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |  |  |                         |                       |                             |               | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |  |  |                         |                       |                             |               |                     |                        |   |
| Name of Creditor<br>Filomeno & Company, PC  |  |  |                         |                       | Date Incurred<br>05/14/2010 |               | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>80 S Main St  |  |  |                         | City<br>West Hartford |                             |               | State<br>CT         | Zip Code<br>06107      |   |
| Purpose of<br>Expenditure<br><br>CNSLT  | Description<br>accounting assistance and professional services |  |                         |                       |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  | Other Candidate(s) Name |                       |                             | Office Sought |                     |                        | \$1,625.00                                    |
| Name of Creditor<br>Oz Griebel  |  |  |                         |                       | Date Incurred<br>05/19/2010 |               | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |  |  |                         | City<br>Weatogue      |                             |               | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>Misc *   | Description<br>ice   |  |                         |                       |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  | Other Candidate(s) Name |                       |                             | Office Sought |                     |                        | \$15.00                                       |

### IV. EXPENDITURES

|   |                                   |  |               |                  |                             |  |                     |                        |   |
|---|-----------------------------------|--|---------------|------------------|-----------------------------|--|---------------------|------------------------|---|
| NAME OF COMMITTEE   |                                   |  |               |                  |                             |  | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |                                   |  |               |                  |                             |  | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |                                   |  |               |                  |                             |  |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |                                   |  |               |                  | Date Incurred<br>05/21/2010 |  | Event #             |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  |                                   |  |               | City<br>Weatogue |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>TRVL  | Description<br>parking at airport |  |               |                  |                             |  |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name           |  | Office Sought |                  |                             |  |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |                                   |  |               |                  | Date Incurred<br>05/21/2010 |  | Event #             |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  |                                   |  |               | City<br>Weatogue |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>OFFICE  | Description<br>supplies           |  |               |                  |                             |  |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name           |  | Office Sought |                  |                             |  |                     |                        |   |



### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### Q. Expenses Incurred By Committee but Not Paid During this Period

|   |  |   |   |
|---|--|---|---|
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>05/21/2010                                | Event #                                 | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue   | State<br>CT      Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>Misc *  | Description<br>parking and misc expenditures at convention |   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name                 | Office Sought                           |
|   |  |   | \$26.49                                 |
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>05/22/2010                                | Event #                                 | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue   | State<br>CT      Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>TRVL  | Description<br>parking at convention center                |   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name                 | Office Sought                           |
|   |  |   | \$57.00                                 |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### Q. Expenses Incurred By Committee but Not Paid During this Period

|   |  |                         |   |                        |
|---|--|-------------------------|---|------------------------|
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>05/24/2010                            | Event #                 | Amount Incurred<br>(Estimate or Actual) |                        |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue                                       | State<br>CT             |   | Zip Code<br>06089-9784 |
| Purpose of Expenditure<br>POST  | Description<br>postage to mail contributor information |                         |   |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name | Office Sought                           | \$4.40                 |
| Name of Creditor<br>Tracy Enders  | Date Incurred<br>05/24/2010                            | Event #                 | Amount Incurred<br>(Estimate or Actual) |                        |
| Street Address<br>160 Wall St   | City<br>Coventry                                       | State<br>CT             |   | Zip Code<br>06107-0623 |
| Purpose of Expenditure<br>RCW   | Description<br>Hartford Marriott                       |                         |   |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name | Office Sought                           | \$426.94               |

### IV. EXPENDITURES

|   |                                 |  |                         |                  |                             |               |                     |                        |   |
|---|---------------------------------|--|-------------------------|------------------|-----------------------------|---------------|---------------------|------------------------|---|
| NAME OF COMMITTEE   |                                 |  |                         |                  |                             |               | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |                                 |  |                         |                  |                             |               | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |                                 |  |                         |                  |                             |               |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |                                 |  |                         |                  | Date Incurred<br>05/26/2010 |               | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |                                 |  |                         | City<br>Weatogue |                             |               | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>OFFICE   | Description<br>supplies         |  |                         |                  |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 |  | Other Candidate(s) Name |                  |                             | Office Sought |                     |                        | \$32.30                                       |
| Name of Creditor<br>Oz Griebel  |                                 |  |                         |                  | Date Incurred<br>05/27/2010 |               | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |                                 |  |                         | City<br>Weatogue |                             |               | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>OFFICE   | Description<br>radio for office |  |                         |                  |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 |  | Other Candidate(s) Name |                  |                             | Office Sought |                     |                        | \$20.64                                       |

### IV. EXPENDITURES

|   |                                       |  |                         |  |                             |               |                        |  |   |
|---|---------------------------------------|--|-------------------------|--|-----------------------------|---------------|------------------------|--|---|
| NAME OF COMMITTEE   |                                       |  |                         |  |                             |               | FILING DUE DATE        |  |   |
| Oz For Governor, Inc.   |                                       |  |                         |  |                             |               | Original 07/12/2010    |  |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |                                       |  |                         |  |                             |               |                        |  |   |
| Name of Creditor<br>Oz Griebel  |                                       |  |                         |  | Date Incurred<br>05/28/2010 |               | Event #                |  | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |                                       |  | City<br>Weatogue        |  |                             | State<br>CT   | Zip Code<br>06089-9784 |  |   |
| Purpose of<br>Expenditure<br>EFV *  | Description<br>computer and software  |  |                         |  |                             |               |                        |  |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                       |  | Other Candidate(s) Name |  |                             | Office Sought |                        |  | \$837.37                                      |
| Name of Creditor<br>Ashley Maagero  |                                       |  |                         |  | Date Incurred<br>05/28/2010 |               | Event #                |  | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>11 Pleasant Vw Dri  |                                       |  | City<br>Suffield        |  |                             | State<br>CT   | Zip Code<br>06078      |  |   |
| Purpose of<br>Expenditure<br>TRVL   | Description<br>airfare to RGA Retreat |  |                         |  |                             |               |                        |  |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                       |  | Other Candidate(s) Name |  |                             | Office Sought |                        |  | \$217.40                                      |

### IV. EXPENDITURES

|   |   |                         |                  |                             |  |                     |                        |   |
|---|---|-------------------------|------------------|-----------------------------|--|---------------------|------------------------|---|
| NAME OF COMMITTEE   |   |                         |                  |                             |  | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |   |                         |                  |                             |  | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |   |                         |                  |                             |  |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |   |                         |                  | Date Incurred<br>06/01/2010 |  | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |   |                         | City<br>Weatogue |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>OFFICE   | Description<br>plastic goods for headquarters           |                         |                  |                             |  |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   | Other Candidate(s) Name |                  | Office Sought               |  |                     |                        | \$17.64                                       |
| Name of Creditor<br>Oz Griebel  |   |                         |                  | Date Incurred<br>06/03/2010 |  | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |   |                         | City<br>Weatogue |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>OFFICE   | Description<br>pastel paper, folding, creative services |                         |                  |                             |  |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   | Other Candidate(s) Name |                  | Office Sought               |  |                     |                        | \$58.10                                       |

### IV. EXPENDITURES

|   |                           |  |                         |                  |                             |               |                     |                        |   |
|---|---------------------------|--|-------------------------|------------------|-----------------------------|---------------|---------------------|------------------------|---|
| NAME OF COMMITTEE   |                           |  |                         |                  |                             |               | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |                           |  |                         |                  |                             |               | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |                           |  |                         |                  |                             |               |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |                           |  |                         |                  | Date Incurred<br>06/03/2010 |               | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |                           |  |                         | City<br>Weatogue |                             |               | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>TRVL   | Description<br>parking    |  |                         |                  |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                           |  | Other Candidate(s) Name |                  |                             | Office Sought |                     |                        | \$5.00  |
| Name of Creditor<br>Oz Griebel  |                           |  |                         |                  | Date Incurred<br>06/05/2010 |               | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |                           |  |                         | City<br>Weatogue |                             |               | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>ATT *  | Description<br>Weston RTC |  |                         |                  |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                           |  | Other Candidate(s) Name |                  |                             | Office Sought |                     |                        | \$65.00                                       |

### IV. EXPENDITURES

|   |  |  |               |                  |                             |  |                     |                        |   |
|---|--|--|---------------|------------------|-----------------------------|--|---------------------|------------------------|---|
| NAME OF COMMITTEE   |  |  |               |                  |                             |  | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |  |  |               |                  |                             |  | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |  |  |               |                  |                             |  |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |  |  |               |                  | Date Incurred<br>06/05/2010 |  | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |  |  |               | City<br>Weatogue |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>FOOD   | Description<br>Executive Committee meeting |  |               |                  |                             |  |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name                    |  | Office Sought |                  |                             |  |                     | \$48.83                |   |
| Name of Creditor<br>Oz Griebel  |  |  |               |                  | Date Incurred<br>06/07/2010 |  | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |  |  |               | City<br>Weatogue |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>POST   | Description<br>postage                     |  |               |                  |                             |  |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name                    |  | Office Sought |                  |                             |  |                     | \$9.99                 |   |

### IV. EXPENDITURES

|   |   |  |                  |                             |  |                     |                        |   |
|---|---|--|------------------|-----------------------------|--|---------------------|------------------------|---|
| NAME OF COMMITTEE   |   |  |                  |                             |  | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |   |  |                  |                             |  | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |   |  |                  |                             |  |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |   |  |                  | Date Incurred<br>06/07/2010 |  | Event #             |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  |   |  | City<br>Weatogue |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>FOOD  | Description<br>Joel Friedman (RNG) luncheon |  |                  |                             |  |                     |                        | \$50.00                                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name                     |  | Office Sought    |                             |  |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |   |  |                  | Date Incurred<br>06/07/2010 |  | Event #             |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  |   |  | City<br>Weatogue |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>EFV *   | Description<br>computer and software        |  |                  |                             |  |                     |                        | \$529.99                                |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name                     |  | Office Sought    |                             |  |                     |                        |   |



### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### Q. Expenses Incurred By Committee but Not Paid During this Period

|   |  |                             |               |                   |   |
|---|--|-----------------------------|---------------|-------------------|---|
| Name of Creditor<br>Ashley Maagero  |  | Date Incurred<br>06/07/2010 | Event #       |                   | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>11 Pleasant View Dr   |  | City<br>Suffield            | State<br>CT   | Zip Code<br>06078 |   |
| Purpose of Expenditure<br>EFV *   | Description<br>cell purchase for new staff |                             |               |                   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name     | Office Sought |                   |   |
| Name of Creditor<br>Ashley Maagero  |  | Date Incurred<br>06/09/2010 | Event #       |                   | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>11 Pleasant Vw Dri  |  | City<br>Suffield            | State<br>CT   | Zip Code<br>06078 |   |
| Purpose of Expenditure<br>FOOD  | Description<br>snacks for volunteers       |                             |               |                   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name     | Office Sought |                   |   |

### IV. EXPENDITURES

|   |  |  |                         |                  |                             |               |                     |                        |   |
|---|--|--|-------------------------|------------------|-----------------------------|---------------|---------------------|------------------------|---|
| NAME OF COMMITTEE   |  |  |                         |                  |                             |               | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |  |  |                         |                  |                             |               | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |  |  |                         |                  |                             |               |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |  |  |                         |                  | Date Incurred<br>06/10/2010 |               | Event #             |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  |  |  |                         | City<br>Weatogue |                             |               | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>POST  | Description                                    |  |                         |                  |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  | Other Candidate(s) Name |                  |                             | Office Sought |                     |                        | \$4.24                                  |
| Name of Creditor<br>Comcast   |  |  |                         |                  | Date Incurred<br>06/10/2010 |               | Event #             |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>PO Box 1577   |  |  |                         | City<br>Newark   |                             |               | State<br>NJ         | Zip Code<br>07101-1577 |   |
| Purpose of Expenditure<br>OVHD  | Description<br>cable, internet & digital voice |  |                         |                  |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  | Other Candidate(s) Name |                  |                             | Office Sought |                     |                        | \$297.00                                |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### Q. Expenses Incurred By Committee but Not Paid During this Period

|   |  |   |   |         |
|---|--|---|---|---------|
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>06/10/2010                    | Event #                                 | Amount Incurred<br>(Estimate or Actual) |         |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue                               | State<br>CT      Zip Code<br>06089-9784 |   |         |
| Purpose of Expenditure<br>ATT *   | Description<br>2010 Business Champions meeting |   |   |         |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name                 | Office Sought                           | \$15.00 |
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>06/10/2010                    | Event #                                 | Amount Incurred<br>(Estimate or Actual) |         |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue                               | State<br>CT      Zip Code<br>06089-9784 |   |         |
| Purpose of Expenditure<br>POST  | Description<br>stamps                          |   |   |         |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name                 | Office Sought                           | \$44.00 |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### Q. Expenses Incurred By Committee but Not Paid During this Period

|   |                                |                         |                        |   |
|---|--------------------------------|-------------------------|------------------------|---|
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>06/10/2010    | Event #                 |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue               | State<br>CT             | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>OFFICE  | Description<br>office supplies |                         |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name | Office Sought          | \$110.43                                |

|   |                                 |                         |                        |   |
|---|---------------------------------|-------------------------|------------------------|---|
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>06/10/2010     | Event #                 |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue                | State<br>CT             | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>TRVL  | Description<br>parking Hartford |                         |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name | Office Sought          | \$7.00                                  |

### IV. EXPENDITURES

|   |  |                         |                  |                             |             |                        |   |
|---|--|-------------------------|------------------|-----------------------------|-------------|------------------------|---|
| <b>IV. EXPENDITURES</b>   |  |                         |                  |                             |             |                        |   |
| NAME OF COMMITTEE   |  |                         |                  |                             |             | FILING DUE DATE        |   |
| Oz For Governor, Inc.   |  |                         |                  |                             |             | Original 07/12/2010    |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |  |                         |                  |                             |             |                        |   |
| Name of Creditor<br>Oz Griebel  |  |                         |                  | Date Incurred<br>06/11/2010 | Event #     |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  |  |                         | City<br>Weatogue |                             | State<br>CT | Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>OVHD  | Description<br>constant contact email provider |                         |                  |                             |             |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name |                  | Office Sought               |             | \$50.00                |   |
| Name of Creditor<br>Ashley Maagero  |  |                         |                  | Date Incurred<br>06/11/2010 | Event #     |                        | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>11 Pleasant Vw Dri  |  |                         | City<br>Suffield |                             | State<br>CT | Zip Code<br>06078      |   |
| Purpose of Expenditure<br>OVHD  | Description<br>monthly cell phone expense      |                         |                  |                             |             |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | Other Candidate(s) Name |                  | Office Sought               |             | \$160.19               |   |

### IV. EXPENDITURES

|   |                                      |  |                    |                             |  |                     |                        |   |
|---|--------------------------------------|--|--------------------|-----------------------------|--|---------------------|------------------------|---|
| NAME OF COMMITTEE   |                                      |  |                    |                             |  | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |                                      |  |                    |                             |  | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |                                      |  |                    |                             |  |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |                                      |  |                    | Date Incurred<br>06/11/2010 |  | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |                                      |  | City<br>Weatogue   |                             |  | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br>ATT *  | Description<br>Granby RTC Fundraiser |  |                    |                             |  |                     |                        | \$50.00                                       |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name              |  | Office Sought      |                             |  |                     |                        |   |
| Name of Creditor<br>PolandSpring Direct   |                                      |  |                    | Date Incurred<br>06/12/2010 |  | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>#215 6661 Dixie Hwy Ste 4   |                                      |  | City<br>Louisville |                             |  | State<br>KY         | Zip Code<br>40258      |   |
| Purpose of<br>Expenditure<br>OFFICE   | Description<br>water                 |  |                    |                             |  |                     |                        | \$26.05                                       |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Other Candidate(s) Name              |  | Office Sought      |                             |  |                     |                        |   |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### Q. Expenses Incurred By Committee but Not Paid During this Period

|   |   |   |   |          |
|---|---|---|---|----------|
| Name of Creditor<br>Comcast   | Date Incurred<br>06/12/2010                       | Event #                                 | Amount Incurred<br>(Estimate or Actual) |          |
| Street Address<br>PO Box 1577   | City<br>Newark                                    | State<br>NJ      Zip Code<br>07101-1577 |   |          |
| Purpose of Expenditure<br>OVHD  | Description<br>digital voice                      |   |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   | Other Candidate(s) Name                 | Office Sought                           | \$401.28 |
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>06/13/2010                       | Event #                                 | Amount Incurred<br>(Estimate or Actual) |          |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue                                  | State<br>CT      Zip Code<br>06089-9784 |   |          |
| Purpose of Expenditure<br>Misc *  | Description<br>beverages for Kraus Meet and Greet |   |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   | Other Candidate(s) Name                 | Office Sought                           | \$124.00 |

### IV. EXPENDITURES

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|---|--|--|----------------------|-----------------------------|-------------|---------------------|---|
| <b>IV. EXPENDITURES</b>   |  |  |                      |                             |             |                     |   |
| NAME OF COMMITTEE   |  |  |                      |                             |             | FILING DUE DATE     |   |
| Oz For Governor, Inc.   |  |  |                      |                             |             | Original 07/12/2010 |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |  |  |                      |                             |             |                     |   |
| Name of Creditor<br>Ascot Catering  |  |  |                      | Date Incurred<br>06/14/2010 | Event #     |                     | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>136 Main St   |  |  | City<br>Wethersfield |                             | State<br>CT | Zip Code<br>06109   |   |
| Purpose of<br>Expenditure<br><br>Misc *   | Description<br>catering for Meet and Greet |  |                      |                             |             |                     |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  |                      | Other Candidate(s) Name     |             | Office Sought       |   |
| Name of Creditor<br>Craft Media Digital   |  |  |                      | Date Incurred<br>06/14/2010 | Event #     |                     | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>11 D St SE  |  |  | City<br>Washington   |                             | State<br>DC | Zip Code<br>20003   |   |
| Purpose of<br>Expenditure<br><br>A-WEB  | Description<br>Web Video                   |  |                      |                             |             |                     |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  |                      | Other Candidate(s) Name     |             | Office Sought       |   |



### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### Q. Expenses Incurred By Committee but Not Paid During this Period

|   |                             |   |   |
|---|-----------------------------|---|---|
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>06/14/2010 | Event #                                 | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue            | State<br>CT      Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>OFFICE  | Description<br>name badges  |   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                             | Other Candidate(s) Name                 | Office Sought                           |
|   |                             |   | \$20.92                                 |

|   |                             |   |   |
|---|-----------------------------|---|---|
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>06/15/2010 | Event #                                 | Amount Incurred<br>(Estimate or Actual) |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue            | State<br>CT      Zip Code<br>06089-9784 |   |
| Purpose of Expenditure<br>TRVL  | Description<br>parking      |   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                             | Other Candidate(s) Name                 | Office Sought                           |
|   |                             |   | \$8.00                                  |

### IV. EXPENDITURES

|   |  |  |                         |                       |                             |               |                     |                   |   |
|---|--|--|-------------------------|-----------------------|-----------------------------|---------------|---------------------|-------------------|---|
| NAME OF COMMITTEE   |  |  |                         |                       |                             |               | FILING DUE DATE     |                   |   |
| Oz For Governor, Inc.   |  |  |                         |                       |                             |               | Original 07/12/2010 |                   |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |  |  |                         |                       |                             |               |                     |                   |   |
| Name of Creditor<br>SIGNSplus, INC  |  |  |                         |                       | Date Incurred<br>06/15/2010 |               | Event #             |                   | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>3K Turkey Hills Rd  |  |  |                         | City<br>East Granby   |                             |               | State<br>CT         | Zip Code<br>06026 |   |
| Purpose of<br>Expenditure<br>A-OTH  | Description<br>stickers, bumper stickers       |  |                         |                       |                             |               |                     |                   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  | Other Candidate(s) Name |                       |                             | Office Sought |                     |                   | \$689.00                                      |
| Name of Creditor<br>Filomeno & Company, P.C.  |  |  |                         |                       | Date Incurred<br>06/15/2010 |               | Event #             |                   | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>80 S Main   |  |  |                         | City<br>West Hartford |                             |               | State<br>CT         | Zip Code<br>06107 |   |
| Purpose of<br>Expenditure<br>RCW  | Description<br>deposit for Marriott Event 6/28 |  |                         |                       |                             |               |                     |                   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  | Other Candidate(s) Name |                       |                             | Office Sought |                     |                   | \$250.00                                      |

### IV. EXPENDITURES

|   |                                      |                         |                   |  |                             |             |                        |  |   |
|---|--------------------------------------|-------------------------|-------------------|--|-----------------------------|-------------|------------------------|--|---|
| NAME OF COMMITTEE   |                                      |                         |                   |  |                             |             | FILING DUE DATE        |  |   |
| Oz For Governor, Inc.   |                                      |                         |                   |  |                             |             | Original 07/12/2010    |  |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>                  |                                      |                         |                   |  |                             |             |                        |  |   |
| Name of Creditor<br>Gregory DeWitt  |                                      |                         |                   |  | Date Incurred<br>06/17/2010 |             | Event #                |  | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>31 Hicock Dr  |                                      |                         | City<br>Southbury |  |                             | State<br>CT | Zip Code<br>06488      |  |   |
| Purpose of<br>Expenditure<br><br>RCW  | Description<br>shipping, mileage     |                         |                   |  |                             |             |                        |  |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |                                      | Other Candidate(s) Name |                   |  | Office Sought               |             |                        |  | \$58.26                                       |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                                      |                         |                   |  |                             |             |                        |  |   |
| Name of Creditor<br>Oz Griebel  |                                      |                         |                   |  | Date Incurred<br>06/24/2010 |             | Event #                |  | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |                                      |                         | City<br>Weatogue  |  |                             | State<br>CT | Zip Code<br>06089-9784 |  |   |
| Purpose of<br>Expenditure<br><br>ATT *  | Description<br>MetroHartford Meeting |                         |                   |  |                             |             |                        |  |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |                                      | Other Candidate(s) Name |                   |  | Office Sought               |             |                        |  | \$45.00                                       |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                                      |                         |                   |  |                             |             |                        |  |   |

### IV. EXPENDITURES

|   |  |  |                         |                  |                             |               |                     |                        |   |
|---|--|--|-------------------------|------------------|-----------------------------|---------------|---------------------|------------------------|---|
| NAME OF COMMITTEE   |  |  |                         |                  |                             |               | FILING DUE DATE     |                        |   |
| Oz For Governor, Inc.   |  |  |                         |                  |                             |               | Original 07/12/2010 |                        |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |  |  |                         |                  |                             |               |                     |                        |   |
| Name of Creditor<br>Oz Griebel  |  |  |                         |                  | Date Incurred<br>06/28/2010 |               | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>7 Caryn Ln  |  |  |                         | City<br>Weatogue |                             |               | State<br>CT         | Zip Code<br>06089-9784 |   |
| Purpose of<br>Expenditure<br><br>TRVL   | Description<br>parking convention center |  |                         |                  |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  | Other Candidate(s) Name |                  |                             | Office Sought |                     |                        | \$7.00  |
| Name of Creditor<br>Ashley Maagero  |  |  |                         |                  | Date Incurred<br>06/28/2010 |               | Event #             |                        | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>11 Pleasant Vw Dri  |  |  |                         | City<br>Suffield |                             |               | State<br>CT         | Zip Code<br>06078      |   |
| Purpose of<br>Expenditure<br><br>TRVL   | Description<br>parking at convention     |  |                         |                  |                             |               |                     |                        |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |  | Other Candidate(s) Name |                  |                             | Office Sought |                     |                        | \$5.00  |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### Q. Expenses Incurred By Committee but Not Paid During this Period

|   |   |   |   |          |
|---|---|---|---|----------|
| Name of Creditor<br>Ashley Maagero  | Date Incurred<br>06/28/2010               | Event #                                 | Amount Incurred<br>(Estimate or Actual) |          |
| Street Address<br>11 Pleasant Vw Dri  | City<br>Suffield                          | State<br>CT      Zip Code<br>06078      |   |          |
| Purpose of Expenditure<br>TRVL  | Description<br>Amtrack ticket RGA Retreat |   |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   | Other Candidate(s) Name                 | Office Sought                           | \$19.00  |
| Name of Creditor<br>Oz Griebel  | Date Incurred<br>06/30/2010               | Event #                                 | Amount Incurred<br>(Estimate or Actual) |          |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue                          | State<br>CT      Zip Code<br>06089-9784 |   |          |
| Purpose of Expenditure<br>TRVL  | Description<br>mileage for June           |   |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   | Other Candidate(s) Name                 | Office Sought                           | \$975.59 |

### IV. EXPENDITURES

|   |   |  |                       |                             |             |                     |
|---|---|--|-----------------------|-----------------------------|-------------|---------------------|
| <b>IV. EXPENDITURES</b>   |   |  |                       |                             |             |                     |
| NAME OF COMMITTEE   |   |  |                       |                             |             | FILING DUE DATE     |
| Oz For Governor, Inc.   |   |  |                       |                             |             | Original 07/12/2010 |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>  |   |  |                       |                             |             |                     |
| Name of Creditor<br>Gregory DeWitt  |   |  |                       | Date Incurred<br>06/30/2010 | Event #     |                     |
| Street Address<br>31 Hicock Dr  |   |  | City<br>Southbury     |                             | State<br>CT | Zip Code<br>06488   |
| Purpose of Expenditure<br>RCW   | Description<br>mileage, supplies, postage |  |                       |                             |             |                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   |  |                       | Other Candidate(s) Name     |             | Office Sought       |
|   |   |  |                       |                             |             | \$120.02            |
| Name of Creditor<br>Filomeno & Company, PC  |   |  |                       | Date Incurred<br>06/30/2010 | Event #     |                     |
| Street Address<br>80 S Main St  |   |  | City<br>West Hartford |                             | State<br>CT | Zip Code<br>06107   |
| Purpose of Expenditure<br>FNDR  | Description<br>Marriott event 06/28/10    |  |                       |                             |             |                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |   |  |                       | Other Candidate(s) Name     |             | Office Sought       |
|   |   |  |                       |                             |             | \$2,058.68          |

### IV. EXPENDITURES

|  |                                      |                         |                  |                             |  |                     |                    |   |
|--|--------------------------------------|-------------------------|------------------|-----------------------------|--|---------------------|--------------------|---|
| NAME OF COMMITTEE  |                                      |                         |                  |                             |  | FILING DUE DATE     |                    |   |
| Oz For Governor, Inc.  |                                      |                         |                  |                             |  | Original 07/12/2010 |                    |   |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>                     |                                      |                         |                  |                             |  |                     |                    |   |
| Name of Creditor<br>Ashley Maagero   |                                      |                         |                  | Date Incurred<br>06/30/2010 |  | Event #             |                    | Amount<br>Incurred<br>(Estimate or<br>Actual) |
| Street Address<br>11 Pleasant Vw Dri   |                                      |                         | City<br>Suffield |                             |  | State<br>CT         | Zip Code<br>06078  |   |
| Purpose of<br>Expenditure<br><br>TRVL  | Description<br>gas expense for month |                         |                  |                             |  |                     |                    |   |
| Is this expenditure coordinated with another candidate for<br>which reimbursement is sought? |                                      | Other Candidate(s) Name |                  | Office Sought               |  |                     |                    | \$262.63                                      |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                       |                                      |                         |                  |                             |  |                     |                    |   |
| <b>Total of Section Q</b>  |                                      |                         |                  |                             |  |                     | <b>\$14,814.04</b> |   |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor. Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                 | Method of Payment                                   | Amount        |
|---|---------------------------------|---|---------------|
| Ashley Maagero  | 04/02/2010                      | <input checked="" type="checkbox"/> Check #<br>1053 |               |
| Secondary Payee<br>Verizon Wireless   | Purpose of Expenditure<br>EFV * | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>1479 New Britain Ave  | City<br>West Hartford           | State<br>CT   |               |
| Zip Code<br>06110-1659  |                                 | Event #   |               |
| Description<br>Cell phones - Ashley & Alleigh   |                                 |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |
|   |                                 |   | \$190.78      |
| Ashley Maagero  | 04/02/2010                      | <input checked="" type="checkbox"/> Check #<br>1053 |               |
| Secondary Payee<br>Verizon Wireless   | Purpose of Expenditure<br>OVHD  | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>1479 New Britain Ave  | City<br>West Hartford           | State<br>CT   |               |
| Zip Code<br>06110-1659  |                                 | Event #   |               |
| Description<br>Cell phone charges   |                                 |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |
|   |                                 |   | \$162.91      |



### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount        |
|---|--------------------------------|---|---------------|
| Ashley Maagero  | 04/02/2010                     | <input checked="" type="checkbox"/> Check #<br>1053 |               |
| Secondary Payee<br>Ashley Maagero   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>11 Pleasant Vw Dri  | City<br>Suffield               | State<br>CT   |               |
| Zip Code<br>06078   |                                | Event #   |               |
| Description<br>Transportation expense   |                                |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name                             | Office Sought |
|   |                                |   | \$309.24      |
| Ashley Maagero  | 04/02/2010                     | <input checked="" type="checkbox"/> Check #<br>1053 |               |
| Secondary Payee<br>Thrifty Car Rental   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>211 Farmington Ave  | City<br>Hartford               | State<br>CT   |               |
| Zip Code<br>06105-3601  |                                | Event #   |               |
| Description<br>Van rental for NY City   |                                |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name                             | Office Sought |
|   |                                |   | \$156.59      |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount        |
|---|--------------------------------|---|---------------|
| Thomas J. Filomeno  | 04/02/2010                     | <input checked="" type="checkbox"/> Check #<br>1049 |               |
| Secondary Payee<br>Polmart  | Purpose of Expenditure<br>POST | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>123 Broad St  | City<br>New Britain            | State<br>CT   |               |
| Zip Code<br>06053-4101  |                                | Event #   |               |
| Description<br>postage  |                                |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name                             | Office Sought |
|   |                                |   | \$3.24        |
| Chris Griebel   | 04/12/2010                     | <input checked="" type="checkbox"/> Check #<br>1060 |               |
| Secondary Payee<br>Christopher Griebel  | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>7 Caryn Ln  | City<br>Weatogue               | State<br>CT   |               |
| Zip Code<br>06089   |                                | Event #   |               |
| Description<br>mileage  |                                |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name                             | Office Sought |
|   |                                |   | \$351.75      |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount |          |
|---|--------------------------------|---|--------|----------|
| Chris Griebel   | 05/14/2010                     | <input checked="" type="checkbox"/> Check #<br>1079 |        |          |
| Secondary Payee   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |        |          |
| Street Address  | City                           | State   |        | Zip Code |
| Description<br>mileage  |                                |   |        | Event #  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |        | \$250.95 |
| Oz Griebel  | 05/14/2010                     | <input checked="" type="checkbox"/> Check #<br>1081 |        |          |
| Secondary Payee   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |        |          |
| Street Address  | City                           | State   |        | Zip Code |
| Description<br>mileage  |                                |   |        | Event #  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |        | \$897.72 |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount        |                         |
|---|--------------------------------|---|---------------|-------------------------|
| Oz Griebel  | 05/14/2010                     | <input checked="" type="checkbox"/> Check #<br>1081 |               |                         |
| Secondary Payee<br>Verizon Wireless   | Purpose of Expenditure<br>OVHD | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>PO Box 4003   | City<br>Acworth                | State<br>GA   |               | Zip Code<br>30101       |
| Description<br>cell phone charges   |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$22.12       |                         |
| Oz Griebel  | 05/14/2010                     | <input checked="" type="checkbox"/> Check #<br>1081 |               |                         |
| Secondary Payee<br>Vics Automotive  | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>898 Farmington Ave  | City<br>West Hartford          | State<br>CT   |               | Zip Code<br>06119       |
| Description<br>Gas  |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$57.25       |                         |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount        |                         |
|---|--------------------------------|---|---------------|-------------------------|
| Oz Griebel  | 05/14/2010                     | <input checked="" type="checkbox"/> Check #<br>1080 |               |                         |
| Secondary Payee<br>VerizonWireless  | Purpose of Expenditure<br>OVHD | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>20 Alexander Dr   | City<br>Wallingford            | State<br>CT   |               | Zip Code<br>06492       |
| Description<br>cell phone charges   |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$586.70      |                         |
| Oz Griebel  | 05/14/2010                     | <input checked="" type="checkbox"/> Check #<br>1081 |               |                         |
| Secondary Payee<br>Betucci's  | Purpose of Expenditure<br>FOOD | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>194 Buckland Hills Dr   | City<br>Manchester             | State<br>CT   |               | Zip Code<br>06040       |
| Description<br>delegate luncheon  |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$45.00       |                         |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                  | Method of Payment                                   | Amount        |                   |
|---|----------------------------------|---|---------------|-------------------|
| Oz Griebel  | 05/14/2010                       | <input checked="" type="checkbox"/> Check #<br>1081 |               |                   |
| Secondary Payee<br>Dunkin Donuts  | Purpose of Expenditure<br>FOOD   | <input type="checkbox"/> Debit Card                 |               |                   |
| Street Address<br>1234 Farmington Ave   | City<br>West Hartford            | State<br>CT   |               | Zip Code<br>06107 |
| Description<br>senior advisory committee meetings   |                                  | Event #   |               |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |                   |
|   |                                  |   | \$74.35       |                   |
| Oz Griebel  | 05/14/2010                       | <input checked="" type="checkbox"/> Check #<br>1081 |               |                   |
| Secondary Payee<br>Staples  | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |                   |
| Street Address<br>2550 Albany Ave   | City<br>West Hartford            | State<br>CT   |               | Zip Code<br>06117 |
| Description<br>office supplies  |                                  | Event #   |               |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |                   |
|   |                                  |   | \$144.94      |                   |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                  | Method of Payment                                   | Amount        |                         |
|---|----------------------------------|---|---------------|-------------------------|
| Oz Griebel  | 05/14/2010                       | <input checked="" type="checkbox"/> Check #<br>1081 |               |                         |
| Secondary Payee<br>The Home Depot   | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>503 New Park Ave  | City<br>West Hartford            | State<br>CT   |               | Zip Code<br>06110       |
| Description<br>office supplies  |                                  |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  |   |               | Other Candidate(s) Name |
|   |                                  |   | Office Sought |                         |
|   |                                  |   | \$95.54       |                         |
| Oz Griebel  | 05/14/2010                       | <input checked="" type="checkbox"/> Check #<br>1081 |               |                         |
| Secondary Payee<br>Staples  | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>2550 Albany Ave   | City<br>West Hartford            | State<br>CT   |               | Zip Code<br>06117       |
| Description<br>office supplies  |                                  |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  |   |               | Other Candidate(s) Name |
|   |                                  |   | Office Sought |                         |
|   |                                  |   | \$63.55       |                         |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                  | Method of Payment                                   | Amount        |
|---|----------------------------------|---|---------------|
| Oz Griebel  | 05/14/2010                       | <input checked="" type="checkbox"/> Check #<br>1081 |               |
| Secondary Payee<br>Stop & Shop  | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>1235 Farmington Ave   | City<br>West Hartford            | State<br>CT   |               |
| Zip Code<br>06107-2619  |                                  | Event #   |               |
| Description<br>office supplies  |                                  |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |
|   |                                  |   | \$33.11       |
| Oz Griebel  | 05/14/2010                       | <input checked="" type="checkbox"/> Check #<br>1081 |               |
| Secondary Payee<br>The Home Depot   | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>503 New Park Ave  | City<br>West Hartford            | State<br>CT   |               |
| Zip Code<br>06110   |                                  | Event #   |               |
| Description<br>folding table, office supplies   |                                  |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |
|   |                                  |   | \$54.53       |



### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                  | Method of Payment                                   | Amount        |                        |
|---|----------------------------------|---|---------------|------------------------|
| Oz Griebel  | 05/14/2010                       | <input checked="" type="checkbox"/> Check #<br>1081 |               |                        |
| Secondary Payee<br>PFAU's Hardware  | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |                        |
| Street Address<br>982 Farmington Ave  | City<br>West Hartford            | State<br>CT   |               | Zip Code<br>06107      |
| Description<br>office keys  |                                  | Event #   |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |                        |
|   |                                  |   | \$12.02       |                        |
| Oz Griebel  | 05/14/2010                       | <input checked="" type="checkbox"/> Check #<br>1081 |               |                        |
| Secondary Payee<br>Verizon Wireless   | Purpose of Expenditure<br>EFV *  | <input type="checkbox"/> Debit Card                 |               |                        |
| Street Address<br>530 Bushy Hill Rd   | City<br>Simsbury                 | State<br>CT   |               | Zip Code<br>06070-2995 |
| Description<br>cell phone charges, usbs   |                                  | Event #   |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |                        |
|   |                                  |   | \$101.72      |                        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                 | Method of Payment                                   | Amount          |                         |
|---|---------------------------------|---|-----------------|-------------------------|
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |                 |                         |
| Secondary Payee<br>Best Buy   | Purpose of Expenditure<br>EFV * | <input type="checkbox"/> Debit Card                 |                 |                         |
| Street Address<br>1501 New Britain Ave  | City<br>West Hartford           | State<br>CT   |                 | Zip Code<br>06110       |
| Description<br>Computer, software   |                                 |   |                 | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 |   |                 | Other Candidate(s) Name |
|   |                                 |   | Office Sought   |                         |
|   |                                 |   | <b>\$890.37</b> |                         |
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |                 |                         |
| Secondary Payee<br>Marriott Hartford  | Purpose of Expenditure<br>FNRD  | <input type="checkbox"/> Debit Card                 |                 |                         |
| Street Address<br>200 Columbus Blvd   | City<br>Hartford                | State<br>CT   |                 | Zip Code<br>06103-2807  |
| Description<br>fundraiser   |                                 |   |                 | Event #<br>03252010D    |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 |   |                 | Other Candidate(s) Name |
|   |                                 |   | Office Sought   |                         |
|   |                                 |   | <b>\$122.82</b> |                         |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                 | Method of Payment                                   | Amount        |                   |
|---|---------------------------------|---|---------------|-------------------|
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |               |                   |
| Secondary Payee<br>Big Y  | Purpose of Expenditure<br>FNDR  | <input type="checkbox"/> Debit Card                 |               |                   |
| Street Address<br>255 W Main St   | City<br>Avon                    | State<br>CT   |               | Zip Code<br>06001 |
| Description<br>floral arrangement - Mandell fundraiser  |                                 | Event #   |               |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |                   |
|   |                                 |   | \$30.73       |                   |
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |               |                   |
| Secondary Payee<br>Staples  | Purpose of Expenditure<br>A-OTH | <input type="checkbox"/> Debit Card                 |               |                   |
| Street Address<br>15 Albany Tpke  | City<br>Simsbury                | State<br>CT   |               | Zip Code<br>06092 |
| Description<br>Business Cards   |                                 | Event #   |               |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |                   |
|   |                                 |   | \$267.08      |                   |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                 | Method of Payment                                   | Amount        |                        |
|---|---------------------------------|---|---------------|------------------------|
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |               |                        |
| Secondary Payee<br>Republican National Committee  | Purpose of Expenditure<br>ATT * | <input type="checkbox"/> Debit Card                 |               |                        |
| Street Address<br>310 First St SE   | City<br>Washington              | State<br>DC   |               | Zip Code<br>20003      |
| Description<br>MHA Government Reception - Spencer Cain  |                                 | Event #   |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |                        |
|   |                                 |   | \$90.00       |                        |
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |               |                        |
| Secondary Payee<br>Bristol Republican Town Committee  | Purpose of Expenditure<br>ATT * | <input type="checkbox"/> Debit Card                 |               |                        |
| Street Address<br>164 Central St  | City<br>Bristol                 | State<br>CT   |               | Zip Code<br>06010-6716 |
| Description<br>Republican Town Committee meeting - Bristol  |                                 | Event #   |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |                        |
|   |                                 |   | \$105.00      |                        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                 | Method of Payment                                   | Amount        |
|---|---------------------------------|---|---------------|
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |               |
| Secondary Payee<br>Avon Republican Town Committee   | Purpose of Expenditure<br>ATT * | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>100 Westland Rd   | City<br>Avon                    | State<br>CT   |               |
| Zip Code<br>06001-2349  |                                 | Event #   |               |
| Description<br>Republican Town Committee - Avon   |                                 |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |
|   |                                 |   | \$35.00       |
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |               |
| Secondary Payee<br>Monroe Republican Town Committee   | Purpose of Expenditure<br>ATT * | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>7 Fan Hill Rd   | City<br>Monroe                  | State<br>CT   |               |
| Zip Code<br>06468   |                                 | Event #   |               |
| Description<br>Republican Town Committee - Monroe annual Lincoln dinner   |                                 |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |
|   |                                 |   | \$145.00      |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                 | Method of Payment                                   | Amount        |                        |
|---|---------------------------------|---|---------------|------------------------|
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |               |                        |
| Secondary Payee<br>Tolland Republican Town Committee  | Purpose of Expenditure<br>ATT * | <input type="checkbox"/> Debit Card                 |               |                        |
| Street Address<br>PO Box 17   | City<br>Tolland                 | State<br>CT   |               | Zip Code<br>06084      |
| Description<br>Tolland Wine Fest - Tolland Republican Town Committee  |                                 | Event #   |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |                        |
|   |                                 |   | \$100.00      |                        |
| Oz Griebel  | 05/14/2010                      | <input checked="" type="checkbox"/> Check #<br>1081 |               |                        |
| Secondary Payee<br>Metro Hartford Alliance  | Purpose of Expenditure<br>ATT * | <input type="checkbox"/> Debit Card                 |               |                        |
| Street Address<br>31 Pratt St   | City<br>Hartford                | State<br>CT   |               | Zip Code<br>06103-1616 |
| Description<br>Rising Star Breakfast  |                                 | Event #   |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 | Other Candidate(s) Name                             | Office Sought |                        |
|   |                                 |   | \$15.00       |                        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount     |
|---|--------------------------------|---|------------|
| Kirsten Griebel   | 05/18/2010                     | <input checked="" type="checkbox"/> Check #<br>1083 |            |
| Secondary Payee<br>Pond House Cafe  | Purpose of Expenditure<br>FNRD | <input type="checkbox"/> Debit Card                 |            |
| Street Address<br>1555 Asylum Ave   | City<br>West Hartford          | State<br>CT   |            |
| Zip Code<br>06117-2804  |                                | Description<br>Polk fundraiser                      |            |
| Event #<br>05132010G  |                                |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   | \$1,176.85 |
| Other Candidate(s) Name _____ Office Sought _____   |                                |   |            |
| Kirsten Griebel   | 05/21/2010                     | <input checked="" type="checkbox"/> Check #<br>1089 |            |
| Secondary Payee<br>Wine Cellers 4   | Purpose of Expenditure<br>FNRD | <input type="checkbox"/> Debit Card                 |            |
| Street Address<br>68 Farmington Ave   | City<br>Farmington             | State<br>CT   |            |
| Zip Code<br>06032   |                                | Description<br>Polk fundraiser beverages            |            |
| Event #<br>05132010G  |                                |   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   | \$142.66   |
| Other Candidate(s) Name _____ Office Sought _____   |                                |   |            |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor. Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                  | Method of Payment                                   | Amount        |
|---|----------------------------------|---|---------------|
| Filomeno & Company, PC  | 05/21/2010                       | <input checked="" type="checkbox"/> Check #<br>1087 |               |
| Secondary Payee<br>Hartford Marriott Downtown   | Purpose of Expenditure<br>Misc * | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>200 Columbus Blvd   | City<br>Hartford                 | State<br>CT   |               |
| Description<br>food, advertising, room rental for convention  |                                  | Event #   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |
|   |                                  |   | \$4,798.36    |
| Filomeno & Company, PC  | 05/26/2010                       | <input checked="" type="checkbox"/> Check #<br>1104 |               |
| Secondary Payee<br>Hartford Marriott Downtown   | Purpose of Expenditure<br>Misc * | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>200 Columbus Blvd   | City<br>Hartford                 | State<br>CT   |               |
| Description<br>Convention reception deposit   |                                  | Event #   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |
|   |                                  |   | \$500.00      |



### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment        | Method of Payment                                   | Amount                  |
|---|------------------------|---|-------------------------|
| Oz Griebel  | 06/04/2010             | <input checked="" type="checkbox"/> Check #<br>1111 |                         |
| Secondary Payee   | Purpose of Expenditure | <input type="checkbox"/> Debit Card                 |                         |
| TRVL  |                        |   |                         |
| Street Address  | City                   | State   |                         |
| Description<br>mileage, parking, gas  |                        |   | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                        |   | Other Candidate(s) Name |
|   |                        |   | Office Sought           |
|   |                        |   | \$764.42                |
| Ashley Maagero  | 06/04/2010             | <input checked="" type="checkbox"/> Check #<br>1107 |                         |
| Secondary Payee   | Purpose of Expenditure | <input type="checkbox"/> Debit Card                 |                         |
| Shell Oil   | TRVL                   |   |                         |
| Street Address  | City                   | State   |                         |
| Description<br>transportation expense   |                        |   | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                        |   | Other Candidate(s) Name |
|   |                        |   | Office Sought           |
|   |                        |   | \$109.46                |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount        |                         |
|---|--------------------------------|---|---------------|-------------------------|
| Ashley Maagero  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1107 |               |                         |
| Secondary Payee<br>Exxon Mobil  | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address  | City<br>Kansas City            | State<br>MO   |               | Zip Code<br>64141       |
| Description<br>transportation expense   |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$102.05      |                         |
| Ashley Maagero  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1107 |               |                         |
| Secondary Payee<br>Shell Oil  | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>12700 Northborough  | City<br>Houston                | State<br>TX   |               | Zip Code<br>77067       |
| Description<br>transportation expense   |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$54.46       |                         |

### IV. EXPENDITURES

|                       |                     |
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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount        |
|---|--------------------------------|---|---------------|
| Ashley Maagero  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1107 |               |
| Secondary Payee<br>Sunoco   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>PO Box 2301   | City<br>Tulsa                  | State<br>OK   |               |
| Zip Code<br>74102-2301  |                                | Event #   |               |
| Description<br>transportation expense   |                                |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name                             | Office Sought |
|   |                                |   | \$153.23      |
| Oz Griebel  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1111 |               |
| Secondary Payee<br>Ansonia Diner  | Purpose of Expenditure<br>FOOD | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>530 Main St   | City<br>Ansonia                | State<br>CT   |               |
| Zip Code<br>06401   |                                | Event #   |               |
| Description<br>Delegate Breakfast   |                                |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name                             | Office Sought |
|   |                                |   | \$62.54       |

### IV. EXPENDITURES

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount   |
|---|--------------------------------|---|----------|
| Oz Griebel  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1111 |          |
| Secondary Payee<br>The LaMonica Diner   | Purpose of Expenditure<br>FOOD | <input type="checkbox"/> Debit Card                 |          |
| Street Address<br>395 Migeon Ave  | City<br>Torrington             | State<br>CT   |          |
| Zip Code<br>06790   |                                | Event #   |          |
| Description<br>Delegate meet and greet  |                                |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |          |
| Other Candidate(s) Name   |                                |   |          |
| Office Sought   |                                |   | \$200.00 |
|   |                                |   |          |
| Ashley Maagero  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1107 |          |
| Secondary Payee<br>Verizon Wireless   | Purpose of Expenditure<br>OVHD | <input type="checkbox"/> Debit Card                 |          |
| Street Address  | City<br>Irvine                 | State<br>CA   |          |
| Zip Code  |                                | Event #   |          |
| Description<br>cell phone expense   |                                |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |          |
| Other Candidate(s) Name   |                                |   |          |
| Office Sought   |                                |   | \$335.20 |

### IV. EXPENDITURES

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount   |
|---|--------------------------------|---|----------|
| Ashley Maagero  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1107 |          |
| Secondary Payee<br>Verizon Wireless   | Purpose of Expenditure<br>OVHD | <input type="checkbox"/> Debit Card                 |          |
| Street Address<br>140 Elm St  | City<br>Enfield                | State<br>CT   |          |
| Zip Code<br>06082-3809  |                                | Event #   |          |
| Description<br>cell phone expense   |                                |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   | \$50.86  |
| Other Candidate(s) Name<br><br>Office Sought<br><br>  |                                |   |          |
| Kirsten Griebel   | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1110 |          |
| Secondary Payee<br>The Bus Bank   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |          |
| Street Address<br>200 W Adams St Ste 1100   | City<br>Chicago                | State<br>IL   |          |
| Zip Code<br>60606   |                                | Event #   |          |
| Description<br>Bus Rental   |                                |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   | \$828.71 |
| Other Candidate(s) Name<br><br>Office Sought<br><br>  |                                |   |          |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                  | Method of Payment                                   | Amount        |
|---|----------------------------------|---|---------------|
| Ashley Maagero  | 06/04/2010                       | <input checked="" type="checkbox"/> Check #<br>1107 |               |
| Secondary Payee<br>Staples 69   | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>2550 Albany Ave   | City<br>West Hartford            | State<br>CT   |               |
| Zip Code<br>06117-2301  |                                  | Event #   |               |
| Description<br>misc office supplies   |                                  |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |
|   |                                  |   | \$62.39       |
| Oz Griebel  | 06/04/2010                       | <input checked="" type="checkbox"/> Check #<br>1111 |               |
| Secondary Payee<br>Forgotten Heros  | Purpose of Expenditure<br>ATT *  | <input type="checkbox"/> Debit Card                 |               |
| Street Address<br>137 Old Ridgfield Rd  | City<br>Wilton                   | State<br>CT   |               |
| Zip Code<br>06897   |                                  | Event #   |               |
| Description<br>Attendance Evening Benefit   |                                  |   |               |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |
|   |                                  |   | \$600.00      |

### IV. EXPENDITURES

|                       |                     |
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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                 | Method of Payment                                   | Amount   |
|---|---------------------------------|---|----------|
| Oz Griebel  | 06/04/2010                      | <input checked="" type="checkbox"/> Check #<br>1111 |          |
| Secondary Payee<br>Wallingford Republican Town Committ  | Purpose of Expenditure<br>ATT * | <input type="checkbox"/> Debit Card                 |          |
| Street Address<br>163 Grieb Rd  | City<br>Wallingford             | State<br>CT   |          |
| Zip Code<br>06492   |                                 | Event #   |          |
| Description<br>Meet the Candidates Dinner   |                                 |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 |   | \$120.00 |
| Oz Griebel  | 06/04/2010                      | <input checked="" type="checkbox"/> Check #<br>1111 |          |
| Secondary Payee<br>Metro Hartford Alliance  | Purpose of Expenditure<br>ATT * | <input type="checkbox"/> Debit Card                 |          |
| Street Address<br>31 Pratt St   | City<br>Hartford                | State<br>CT   |          |
| Zip Code<br>06103-1616  |                                 | Event #   |          |
| Description<br>Metro Alliance Breakfast   |                                 |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 |   | \$30.00  |

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| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount        |                         |
|---|--------------------------------|---|---------------|-------------------------|
| Ashley Maagero  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1107 |               |                         |
| Secondary Payee<br>Your Patriot Com   | Purpose of Expenditure<br>BNK  | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>200 S Executive Dr Ste 101  | City<br>Brookfield             | State<br>WI   |               | Zip Code<br>53005       |
| Description<br>Credit card contribution site renewal fee  |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$150.00      |                         |
| Ashley Maagero  | 06/04/2010                     | <input checked="" type="checkbox"/> Check #<br>1107 |               |                         |
| Secondary Payee<br>London Shop Package Store  | Purpose of Expenditure<br>FNRD | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>1228 Farmington Ave   | City<br>West Hartford          | State<br>CT   |               | Zip Code<br>06107       |
| Description<br>beverages for Barnes Fundraising event   |                                |   |               | Event #<br>05142010H    |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$42.39       |                         |



### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount     |
|---|--------------------------------|---|------------|
| Jim Barnes  | 06/07/2010                     | <input checked="" type="checkbox"/> Check #<br>1114 |            |
| Secondary Payee<br>Ann Howard @ The Bond  | Purpose of Expenditure<br>FNRD | <input type="checkbox"/> Debit Card                 |            |
| Street Address<br>338 Asylum St   | City<br>Hartford               | State<br>CT   |            |
| Description<br>fundraiser 05/14/10  |                                | Event #<br>05142010H                                |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name<br>Office Sought            | \$9,356.63 |
| Jim Barnes  | 06/07/2010                     | <input checked="" type="checkbox"/> Check #<br>1114 |            |
| Secondary Payee<br>Dotcom Wine & Spirits  | Purpose of Expenditure<br>FNRD | <input type="checkbox"/> Debit Card                 |            |
| Street Address<br>23 Crossroads Plaza Bishops Cor   | City<br>West Hartford          | State<br>CT   |            |
| Description<br>beverages for 05/14/10 fundraiser  |                                | Event #   |            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                | Other Candidate(s) Name<br>Office Sought            | \$967.14   |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                 | Method of Payment                                   | Amount   |
|---|---------------------------------|---|----------|
| Jim Barnes  | 06/07/2010                      | <input checked="" type="checkbox"/> Check #<br>1114 |          |
| Secondary Payee<br>CP Management  | Purpose of Expenditure<br>FNRD  | <input type="checkbox"/> Debit Card                 |          |
| Street Address<br>10 Columbus Blvd  | City<br>Hartford                | State<br>CT   |          |
| Zip Code<br>06106   |                                 | Event #   |          |
| Description<br>beverage reception 05/13/10  |                                 |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 |   |          |
| Other Candidate(s) Name   |                                 |   |          |
| Office Sought   |                                 |   | \$178.97 |
| Kirsten Griebel   | 06/08/2010                      | <input checked="" type="checkbox"/> Check #<br>1122 |          |
| Secondary Payee<br>Staples  | Purpose of Expenditure<br>EFV * | <input type="checkbox"/> Debit Card                 |          |
| Street Address<br>15 Albany Tpke  | City<br>Simsbury                | State<br>CT   |          |
| Zip Code<br>06092   |                                 | Event #   |          |
| Description<br>purchase 2 office phones   |                                 |   |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                 |   |          |
| Other Candidate(s) Name   |                                 |   |          |
| Office Sought   |                                 |   | \$203.19 |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                  | Method of Payment                                   | Amount        |                        |
|---|----------------------------------|---|---------------|------------------------|
| Kirsten Griebel   | 06/08/2010                       | <input checked="" type="checkbox"/> Check #<br>1122 |               |                        |
| Secondary Payee<br>Staples  | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |                        |
| Street Address<br>15 Albany Tpke  | City<br>Simsbury                 | State<br>CT   |               | Zip Code<br>06092      |
| Description<br>misc office supplies   |                                  | Event #   |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |                        |
|   |                                  |   | \$43.36       |                        |
| Kirsten Griebel   | 06/08/2010                       | <input checked="" type="checkbox"/> Check #<br>1121 |               |                        |
| Secondary Payee<br>Marriott Hartford Hotel  | Purpose of Expenditure<br>TRVL   | <input type="checkbox"/> Debit Card                 |               |                        |
| Street Address<br>200 Columbus Blvd   | City<br>Hartford                 | State<br>CT   |               | Zip Code<br>06103-2807 |
| Description<br>Lodging at convention  |                                  | Event #   |               |                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  | Other Candidate(s) Name                             | Office Sought |                        |
|   |                                  |   | \$944.03      |                        |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount        |                         |
|---|--------------------------------|---|---------------|-------------------------|
| Kirsten Griebel   | 06/08/2010                     | <input checked="" type="checkbox"/> Check #<br>1122 |               |                         |
| Secondary Payee<br>Convention Center Parking  | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>100 Columbus Blvd   | City<br>Hartford               | State<br>CT   |               | Zip Code<br>06106       |
| Description<br>parking expense from Convention  |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$41.00       |                         |
| Christopher Ford  | 06/11/2010                     | <input checked="" type="checkbox"/> Check #<br>1126 |               |                         |
| Secondary Payee   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address  | City                           | State   |               | Zip Code                |
| Description<br>mileage  |                                |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                |   |               | Other Candidate(s) Name |
|   |                                |   | Office Sought |                         |
|   |                                |   | \$35.35       |                         |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                  | Method of Payment                                   | Amount        |                         |
|---|----------------------------------|---|---------------|-------------------------|
| Christopher Ford  | 06/11/2010                       | <input checked="" type="checkbox"/> Check #<br>1126 |               |                         |
| Secondary Payee<br>Office Depot   | Purpose of Expenditure<br>OFFICE | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address<br>1451 New Britain Ave  | City<br>West Hartford            | State<br>CT   |               | Zip Code<br>06110       |
| Description<br>Misc Supplies  |                                  |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  |   |               | Other Candidate(s) Name |
|   |                                  |   | Office Sought |                         |
|   |                                  |   | \$116.56      |                         |
| Christopher Ford  | 06/18/2010                       | <input checked="" type="checkbox"/> Check #<br>1132 |               |                         |
| Secondary Payee   | Purpose of Expenditure<br>A-ATM  | <input type="checkbox"/> Debit Card                 |               |                         |
| Street Address  | City                             | State   |               | Zip Code                |
| Description<br>telemarketing phones   |                                  |   |               | Event #                 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                  |   |               | Other Candidate(s) Name |
|   |                                  |   | Office Sought |                         |
|   |                                  |   | \$254.36      |                         |

### IV. EXPENDITURES

|                       |                     |
|-----------------------|---------------------|
| NAME OF COMMITTEE     | FILING DUE DATE     |
| Oz For Governor, Inc. | Original 07/12/2010 |

#### R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant   | Date of Payment                | Method of Payment                                   | Amount             |
|---|--------------------------------|---|--------------------|
| Christoher Ford   | 06/18/2010                     | <input checked="" type="checkbox"/> Check #<br>1132 |                    |
| Secondary Payee   | Purpose of Expenditure<br>TRVL | <input type="checkbox"/> Debit Card                 |                    |
| Street Address  | City                           | State   | Zip Code           |
| Description<br>mileage  |                                |   | Event #            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Other Candidate(s) Name        | Office Sought                                       |                    |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                                |   | \$68.01            |
| <b>Total of Section R</b>   |                                |   | <b>\$27,907.19</b> |

| <b>IV. EXPENDITURES</b>                                   |      |       |          |  |
|---|------|-------|----------|--|
| NAME OF COMMITTEE   |      |       |          | FILING DUE DATE                        |
| Oz For Governor, Inc.                                     |      |       |          | Original 07/12/2010                    |
| <b>S. Surplus Distribution of Equipment and Furniture</b> |      |       |          |  |
| Name of Recipient   |      |       |          | Original<br>Purchase<br>Amount of Item |
| Street Address  | City | State | Zip Code |  |
| Description   |      |       |          |  |
| <b>Total of Section S</b>                                 |      |       |          |  |