

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DOCTOR OZ FOR SENATE

ADDRESS (number and street)

PO BOX 576



Check if different
than previously
reported. (ACC)

HUNTINGDON VALLEY

PA

19006

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00795930

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

PA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

(c) 30-Day **POST**-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

PURPURA, SALVATORE, , MR.,

Signature of Treasurer

PURPURA, SALVATORE, , MR.,

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DOCTOR OZ FOR SENATE

Report Covering the Period: From: 07 / 01 / 2024 To: 09 / 30 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	21326426.10
(b) Total Contribution Refunds (from Line 20(d))	0.00	59891.24
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	21266534.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4313.60	46977877.12
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	108000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4313.60	46869877.12
8. Cash on Hand at Close of Reporting Period (from Line 27)	70877.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	25513728.81	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DOCTOR OZ FOR SENATE

Report Covering the Period: From: 07 / 01 / 2024 To: 09 / 30 / 2024

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	13007826.33
(ii) Unitemized	0.00	7697774.77
(iii) TOTAL of contributions from individuals	0.00	20705601.10
(b) Political Party Committees.....	0.00	55200.00
(c) Other Political Committees (such as PACs)	0.00	565625.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	21326426.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	2186792.03
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	26796343.81
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	26796343.81
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	108000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	50000.00	438509.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	50000.00	50856071.24

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

4313.60

46977877.12

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

270.30

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

50000.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

50000.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

39091.24

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

20800.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

59891.24

21. OTHER DISBURSEMENTS

0.00

321001.39

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

54313.60

47359040.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

75190.73

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

50000.00

25. SUBTOTAL (add Line 23 and Line 24).....

125190.73

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

54313.60

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

70877.13

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 33

☐ 11a	☐ 11b	☐ 11c	☐ 11d
☐ 12	☐ 13a	☐ 13b	☐ 14
☒ 15			

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NAME OF COMMITTEE (In Full)

DOCTOR OZ FOR SENATE

Full Name (Last, First, Middle Initial)

TAG LLC

A.

Mailing Address PO BOX 1243

City

ALEXANDRIA

State

VA

Zip Code

22313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

332439.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 11 2024

Transaction ID : SA15.73

Amount of Each Receipt this Period

50000.00

☐ Memo Item

LIST RENTAL/SALE INCOME

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

50000.00

50000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 33

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DOCTOR OZ FOR SENATE

Full Name (Last, First, Middle Initial)

A. PURPURA, SALVATORE, , ,

Mailing Address 6334 PUMPERNICKEL LANE

City
MONROEState
NCZip Code
28110Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

337.50

Transaction ID : SB17.4

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PURPURA, SALVATORE, , ,

Mailing Address 6334 PUMPERNICKEL LANE

City
MONROEState
NCZip Code
28110Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

525.00

Transaction ID : SB17.5

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PURPURA, SALVATORE, , ,

Mailing Address 6334 PUMPERNICKEL LANE

City
MONROEState
NCZip Code
28110Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

262.50

Transaction ID : SB17.6

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1125.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 33

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DOCTOR OZ FOR SENATE

Full Name (Last, First, Middle Initial)

A. PURPURA, SALVATORE, , ,

Mailing Address 6334 PUMPERNICKEL LANE

City
MONROEState
NCZip Code
28110Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

375.00

Transaction ID : SB17.7

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLINE AVE

City
MCLEANState
VAZip Code
22101Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.1

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.2

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 33

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DOCTOR OZ FOR SENATE

Full Name (Last, First, Middle Initial)

A. JONES DAYMailing Address PO BOX 7805
BEN FRANKLIN STATIONCity
WASHINGTONState
DCZip Code
20044Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

325.00

Transaction ID : SB17.3

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TAG LLC

Mailing Address PO BOX 1243

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
WEB SVC

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

421.20

Transaction ID : SB17.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TAG LLC

Mailing Address PO BOX 1243

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
WEB SVC

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

421.20

Transaction ID : SB17.8

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1167.40

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 33

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DOCTOR OZ FOR SENATE

Full Name (Last, First, Middle Initial)

A. TAG LLC

Mailing Address PO BOX 1243

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
WEB SVC

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

421.20

Transaction ID : SB17.9

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

421.20

TOTAL This Period (last page this line number only).....▶

4313.60

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 33

☐ 17	☐ 18	☒ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DOCTOR OZ FOR SENATE

Full Name (Last, First, Middle Initial)

A. OZ, MEHMET, , DR,

Mailing Address PO BOX 906

City
BRYN ATHYNState
PAZip Code
19009Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2022

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

50000.00

Transaction ID : SB19A.1

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

50000.00

TOTAL This Period (last page this line number only).....▶

50000.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.1

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

5000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 30 / 2021

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.3

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

OZ, MEHMET, , DR.,

☒ Primary CANDIDATE LOAN
☐ General THRU IN KIND SEE
ITEMIZATION ON SCHEDULE D
☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

205915.56

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

205915.56

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 30 / 2021

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

205915.56

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.2

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 10 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 14 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.5

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 08 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.6

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 11 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.7

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 28 / 2022M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.8

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1350000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1350000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 24 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1350000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.9

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 11 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.10

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1300000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 28 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1300000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.11

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary CANDIDATE LOAN☐ General☐ Other (specify) ▼

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 03 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

400000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.12

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

OZ, MEHMET, , DR.,

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

500000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 29 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.13

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼☒ Personal Funds of the Candidate

Original Amount of Loan

239909.00

Cumulative Payment To Date

239909.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 06 / 2022M M / D D / Y Y Y Y
N/AM M / D D / Y Y Y Y
N/A

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.14

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

OZ, MEHMET, , DR.,

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1300000.00

Cumulative Payment To Date

542706.00

Balance Outstanding at Close of This Period

757294.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 25 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

757294.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.15

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 02 / 2022M M / D D / Y Y Y Y
N/AM M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.16

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1300000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 08 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1300000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.17

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼☒ Personal Funds of the Candidate

Original Amount of Loan

1157042.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1157042.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 14 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1157042.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.18

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

OZ, MEHMET, , DR.,

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

974814.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

974814.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 / 22 / 2022M M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/A

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

974814.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.19

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1035503.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1035503.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 29 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1035503.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.20

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

933160.25

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

933160.25

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 05 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

933160.25

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.21

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

600000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 13 / 2022

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

600000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.22

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 20 / 2022M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 32 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.23

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 24 / 2022M M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 33 OF 33

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.24

DOCTOR OZ FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

OZ, MEHMET, , DR.,

Mailing Address

PO BOX 576

City

HUNTINGDON VALLEY

State

PA

ZIP Code

19006

Election: 2022

☐ Primary CANDIDATE LOAN☒ General☐ Other (specify) ▼☒ Personal Funds of the Candidate

Original Amount of Loan

2000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 25 / 2022M M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/AM M / D D / Y Y Y Y
/ / N/A

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000000.00

TOTALS This Period (last page in this line only).....▶

25513728.81

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.