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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. DOCTOR OZ FOR SENATE PO BOX 576 ADDRESS (number and street) (Check if address is changed) **HUNTINGDON VALLEY** 19006 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS SALPURPURA2010@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.doctoroz.com (Check if address is changed) DATE 16 2022 C00795930 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. PURPURA, SALVATORE, , MR., Type or Print Name of Treasurer PURPURA, SALVATORE, , MR., [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	ıdidate
	Name of Candidate OZ, MEHMET, , DR,	
	Party Affiliation REP Sought: House Senate President	State PA
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organia	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

	EEC Earm 4 /Da to the	02/2000)	Dawa 9
- \/	FEC Form 1 (Revised Write or Type Committee Name	•	Page 3
٧		FOR SENATE	
6.		TUR SEINAIE Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadershin PAC Sponsor
J.	2022 Founders Com		וטפווטעט ארו איייסייסיים
	Mailing Address	1305 W 11th St, #213	
		Houston	77008
		CITY ▲ STATE ▲	ZIP CODE ▲
	Dalation of the Control		
	Relationship: Connected	d Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
_			
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in	n possession of committee
	PURPUR <i>A</i>	A, SALVATORE, , Mr.,	
	Full Name	 	
	Mailing Address	6334 PUMPERNICKEL LN	
		MONROE	28110
		OITV A	710 0005 1
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	TREASURER	1 70-	4     668     1993
		Telephone number	
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
		A, SALVATORE, , Mr.,	
	Full Name PURPURA of Treasurer		<u> </u>
	Mailing Address	6334 PUMPERNICKEL LN	
		MONROE	28110
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER		4  -  668  -  1993

FEC Form 1 (Revised 0	2/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		lephone number	-
Banks or Other Depositorions safety deposit boxes or main	es: List all banks or other depositories in which tains funds.	the committee deposits funds,	holds accounts, rents
Name of Bank, Depository, e	tc.		
CHAIN	BRIDGE BANK		
Mailing Address	1445 LAUGHLIN AVE		
	MCLEAN	VA22	2101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	tc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_\_ **of** \_\_\_\_\_

or(h). <b>Joint Fundrais</b>	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
CORNYN VICTO	ORY COMMITTEE		
	PO Box 13026		
Mailing Address	- C 50X 10025		
	Austin	TX	78711
Dollard and the	CITY ▲	STATE ▲	ZIP CODE ▲
	ted Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Ident		Fundraising Represent	ative Leadership PAC Spons
Connect  Designated Agent: Ident	ted Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Ident	ted Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Ident	ted Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponse
Designated Agent: Ident	Affiliated Committee   Joint   Gify by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sponse
Designated Agent: Ident Full Name Mailing Address	Affiliated Committee		
Designated Agent: Ident Full Name Mailing Address  TITLE OR POSITIO	Affiliated Committee	STATE A	ZIP CODE A
Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Banks or Other Depositions afety deposit boxes or responsible to the position of Bank, Depository, etc.	Affiliated Committee	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

5(g) or	(h). <b>Joint Fundraisi</b> n	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
-				
6. I		Organization, Affiliated Committee, Joint Fundra		e, or Leadership PAC Sponsor
	OZ FOR PA SEN	ATE REPUBLICAN NOMINEE FUND	) 2022 	
		PO BOX 9891		
	Mailing Address			
		ADI NOTON		00040
		ARLINGTON	VA	22219
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
-				
- 8. [	Designated Agent: Identify	y by name, address (phone number – optional)		
- 8. <b>[</b>		y by name, address (phone number – optional)		
- 8. <b>[</b>	Full Name	y by name, address (phone number – optional)		
- 8. <b>[</b>	Full Name			
- 8. <b>[</b>	Full Name	CITY A	STATE A	ZIP CODE A
- 8. <b>[</b>	Full Name	CITY A	STATE A	
_ 9. <b>8</b> 9. 9	Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tel  ries: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦
_ 9. <b>8</b> 9. 9	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mainly deposit boxes or mainly depository, etc.	CITY   CITY   Tel  ries: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Spon
	TORY COMMITTEE		
Mailing Address	PO BOX 1243		
	ALEXANDRIA	, ,   VA	22313
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY	STATE A	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

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(h). <b>Joint Fundraisi</b>	3		
1.		FEC ID number	С
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lame of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representativ	ve, or Leadership PAC Spons
Mailing Address	PO BOX 1243		
	ALEXANDRIA	L VA	22313
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X Jo	int Fundraising Represen	tative Leadership PAC Sp
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resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)  CITY		
resignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or make the property of the property of the position of the property of the position of the property of the propert	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.  Mailing Address	▼  bries: List all banks	CITY A s or other depositories in whi	STATE A	ZIP CODE A  Desits funds, holds accounts, rent
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Full Name				
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Relationship:		CITY A	STATE	
	ARLINGTON		ı VA	22219
aig / adioso				
Mailing Address	PO BOX 9891			
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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h). <b>Joint Fundraisi</b>	·9 · ······		
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3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	PO Box 13026		
	Austin	, , , , , , , , , , , , , , , , , , ,	<sup>78711</sup> 
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee  Joint	t Fundraising Representation	Leadership PAC Sp
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esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  y Joint  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  y Joint  y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A