

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

STEVE OBSITNIK FOR CONGRESS, INC

ADDRESS (number and street)

8 Imperial Landing

Check if different than previously reported. (ACC)

Westport

CT

06880

2. FEC IDENTIFICATION NUMBER ▼

C C00504357

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CT

04

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
01 / 01 / 2013

through

M M / D D / Y Y Y Y
03 / 31 / 2013

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 BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 13 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

STEVE OBSITNIK FOR CONGRESS, INC

Report Covering the Period: From: / / To: / /

	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	1384057.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	69397.19
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	1314660.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4658.39	1405471.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	10413.49	3198.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-5755.10	1402273.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9468.14	
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).....	133793.06	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

STEVE OBSITNIK FOR CONGRESS, INC

Report Covering the Period: From: / / To: / /

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	1258856.92
(ii) Unitemized.....	0.00	73321.23
(iii) TOTAL of contributions from individuals ▶	0.00	1332178.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	51879.39
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1384057.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	333793.06
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	333793.06
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	10413.49	3198.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10413.49	1721048.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4658.39	1405471.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	68397.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	69397.19
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4658.39	1474868.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3713.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10413.49
25. SUBTOTAL (add Line 23 and Line 24).....	14126.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4658.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9468.14

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
STEVE OBSITNIK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
LAPINE ASSOCIATES, INC

Mailing Address 15 COMMERCE RD
P.O. BOX 10050

City State Zip Code
STAMFORD CT 06902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10214.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 08 / 2013

Transaction ID : SA14.9569

Amount of Each Receipt this Period
10214.00

VENDOR REFUND: PRINTING AND DESIGN SERVICES

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....

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

10214.00

10214.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
STEVE OBSITNIK FOR CONGRESS, INC

A. ADMINISTRATOR, UNEMPLOYMENT COMPENSATION

Full Name (Last, First, Middle Initial)
STATE OF CONNECTICUT DEPARTMENT OF
200 FOLLY BROOK BLVD.

City: WETHERSFIELD State: CT Zip Code: 06109

Purpose of Disbursement: TAXES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 03 / 05 / 2013

Amount of Each Disbursement this Period: 648.92

Transaction ID : SB17.9567

B. CABLEVISION

Full Name (Last, First, Middle Initial)
1 DR. MARTIN LUTHER KING JR DR

City: NORWALK State: CT Zip Code: 06854

Purpose of Disbursement: BROADBAND SERVICES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 01 / 04 / 2013

Amount of Each Disbursement this Period: 259.21

Transaction ID : SB17.9559

C. DIRECT MAIL SYSTEMS

Full Name (Last, First, Middle Initial)
12450 Automobile Boulevard

City: Clearwater State: FL Zip Code: 33762

Purpose of Disbursement: PPV: PRINTING AND DESIGN SERVICES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: _____ District: _____

Date of Disbursement: 02 / 21 / 2013

Amount of Each Disbursement this Period: -496.74

Transaction ID : SB17.9555

SUBTOTAL of Disbursements This Page (optional) 411.39

TOTAL This Period (last page this line number only)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9555

ORIGINAL CHECK DATE (1/24/2012) SERVICES NOT RENDERED

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
STEVE OBSITNIK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. PATTON BOGGS LLP			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2013	
Mailing Address 2550 M STREET, NW			Amount of Each Disbursement this Period 4095.00	
City WASHINGTON	State DC	Zip Code 20037	Transaction ID : SB17.9564	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. PIRYX INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2013	
Mailing Address 144 SECOND STREET 1ST FLOOR			Amount of Each Disbursement this Period 29.00	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.9562	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PIRYX INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013	
Mailing Address 144 SECOND STREET 1ST FLOOR			Amount of Each Disbursement this Period 29.00	
City SAN FRANCISCO	State CA	Zip Code 94105	Transaction ID : SB17.9563	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4153.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
STEVE OBSITNIK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) A. PIRYX INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 144 SECOND STREET 1ST FLOOR		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO State CA Zip Code 94105	Category/ Type	
Purpose of Disbursement MERCHANT FEES		Transaction ID : SB17.9565
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	29.00
TOTAL This Period (last page this line number only).....	4593.39

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OBSITNIK FOR CONGRESS, INC** Transaction ID : **SC/10.4602**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN OBSITNIK	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Mailing Address 8 IMPERIAL LANDING		

City	State	ZIP Code
WESTPORT	CT	06880

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 05 / 2011	1/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	1200.00
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)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OBSITNIK FOR CONGRESS, INC** Transaction ID : **SC/10.4605**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN OBSITNIK	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Mailing Address 8 IMPERIAL LANDING		

City	State	ZIP Code
WESTPORT	CT	06880

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1250.00	0.00	1250.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 05 / 2011	1/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	1250.00
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)
LOANS**

NAME OF COMMITTEE (In Full) **STEVE OBSITNIK FOR CONGRESS, INC** Transaction ID : **SC/10.4608**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN OBSITNIK	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Mailing Address 8 IMPERIAL LANDING		

City	State	ZIP Code
WESTPORT	CT	06880

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
531.75	0.00	531.75

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 06 / 2011	1/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	531.75
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)
LOANS**

NAME OF COMMITTEE (In Full) **STEVE OBSITNIK FOR CONGRESS, INC** Transaction ID : **SC/10.4607**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN OBSITNIK	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention
Mailing Address 8 IMPERIAL LANDING		

City	State	ZIP Code
WESTPORT	CT	06880

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
713.61	0.00	713.61

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	11 / 09 / 2011	1/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="713.61"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
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)
LOANS**

NAME OF COMMITTEE (In Full) **STEVE OBSITNIK FOR CONGRESS, INC** Transaction ID : **SC/10.4606**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN OBSITNIK	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Mailing Address 8 IMPERIAL LANDING		

City	State	ZIP Code
WESTPORT	CT	06880

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
97.70	0.00	97.70

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 17 / Y 2011	M M / D D / Y 1/31/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	97.70
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)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OBSITNIK FOR CONGRESS, INC** Transaction ID : **SC/10.5317**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN OBSITNIK	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
Mailing Address 8 IMPERIAL LANDING		

City	State	ZIP Code
WESTPORT	CT	06880

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
130000.00	0.00	130000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2012	M M / D D / Y 1/31/2015			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	130000.00
TOTALS This Period (last page in this line only).....	▶	133793.06
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		