

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 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 through M M / D D / Y Y Y Y
04 / 01 / 2013 through 06 / 30 / 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.

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))....	2250.00	1384057.54
(b) Total Contribution Refunds (from Line 20(d))	250.00	69397.19
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2000.00	1314660.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2656.15	1405471.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3198.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2656.15	1402273.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	353.51	
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).....	139384.58	

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).....	2250.00	1258856.92
(ii) Unitemized.....	0.00	73321.23
(iii) TOTAL of contributions from individuals ▶	2250.00	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))..	2250.00	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.)	0.00	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)..... ▶	2250.00	1721048.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2656.15	1405471.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	8458.48	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	8458.48	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	250.00	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)).....	250.00	69397.19
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11364.63	1474868.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9468.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2250.00
25. SUBTOTAL (add Line 23 and Line 24).....	11718.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11364.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	353.51

**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 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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)
RUTH L CHIUSANO

Mailing Address 495 JOAN DR

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11AI.9597

Amount of Each Receipt this Period
250.00
GENERAL DEBT REPAYMENT

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

Mailing Address 144 OLD ACADEMY RD

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2013

Transaction ID : SA11AI.9596

Amount of Each Receipt this Period
2000.00
GENERAL DEBT REPAYMENT

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).....

2250.00

2250.00

**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 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013
Mailing Address 138 CONANT ST 1ST FLOOR		Amount of Each Disbursement this Period 2259.66
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement COMPLIANCE CONSULTIN		Transaction ID : SB17.9580
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. UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address INTERNAL REVENUE SERVICE		Amount of Each Disbursement this Period 396.49
City CINCINNATI State OH Zip Code 45999	Category/Type	
Purpose of Disbursement PAYROLL SERVICES/TAX		Transaction ID : SB17.9582
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.		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		Transaction ID
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).....	2656.15
TOTAL This Period (last page this line number only).....	2656.15

**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 7 OF 16	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. STEPHEN OBSITNIK		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013
Mailing Address 8 IMPERIAL LANDING		Amount of Each Disbursement this Period 8458.48
City WESTPORT State CT Zip Code 06880	Purpose of Disbursement CANDIDATE LOAN REPAYMENT	
Candidate Name	Category/Type	Transaction ID : SB19A.9585
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8458.48
TOTAL This Period (last page this line number only).....	8458.48

**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 16	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) A. CHARLES F CHIUSANO			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013	
Mailing Address 495 JOAN DRIVE			Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.9583	
City FAIRFIELD	State CT	Zip Code 06824		
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:		Category/ Type		

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		
Purpose of Disbursement		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:		Category/ Type		

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		
Purpose of Disbursement		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:		Category/ Type		

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

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:
M 10 / D 05 / Y 2011	M / 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).....	▶	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) 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: []
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).....	713.61
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/10.4606**

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:
11 / 17 / 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).....	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	8458.48	121541.52

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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="121541.52"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="125334.58"/>

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

STEVE OBSITNIK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FREEDOM PROJECT; THE	Nature of Debt (Purpose): CONTRIBUTION REFUND
Mailing Address 320 1ST STREET SE	
City State Zip Code WASHINGTON DC 20003	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9591	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FRIENDS OF JOHN BOEHNER	Nature of Debt (Purpose): CONTRIBUTION REFUND
Mailing Address 7908 CINCINATTI DAYTON ROAD SUITE I	
City State Zip Code WEST CHESTER OH 45069	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9592	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PAUL HUFFARD	Nature of Debt (Purpose): CONTRIBUTION REFUND
Mailing Address 20 JUNIPER ROAD	
City State Zip Code DARIEN CT 06820	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9590	
Amount Incurred This Period 1800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1800.00

1) SUBTOTALS This Period This Page (optional)	8800.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 16
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

STEVE OBSITNIK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CHRISTOFFEL KREDIET		Nature of Debt (Purpose): CONTRIBUTION REFUND
Mailing Address 130 LONG NECK POST ROAD		
City	State	Zip Code
DARIEN	CT	06820

Outstanding Balance Beginning This Period	Transaction ID : SD10.9594	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEADERSHIP CONNECTICUT PAC		Nature of Debt (Purpose): CONTRIBUTION REFUND
Mailing Address 90 GROVE STREET SUITE 101 C/O REYNOLDS & ROWELLA LLP		
City	State	Zip Code
RIDGEFIELD	CT	06877

Outstanding Balance Beginning This Period	Transaction ID : SD10.9593	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT F SHARPE Jr.		Nature of Debt (Purpose): CONTRIBUTION REFUND
Mailing Address 723 FLEMING ST		
City	State	Zip Code
KEY WEST	FL	33040

Outstanding Balance Beginning This Period	Transaction ID : SD10.9595	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="250.00"/>	<input type="text" value="0.00"/>	<input type="text" value="250.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5250.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="14050.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="125334.58"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="139384.58"/>