

# 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 MM / DD / YYYY in the State of

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

- General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
07 / 01 / 2013 through 09 / 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

MM / DD / YYYY  
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								
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**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))....	2500.00	1384057.54
(b) Total Contribution Refunds (from Line 20(d)) .....	7250.00	69397.19
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-4750.00	1314660.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	35.00	1405471.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	4595.65	3198.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-4560.65	1402273.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	164.16	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	134134.58	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2500.00	1258856.92
(ii) Unitemized.....	0.00	73321.23
(iii) TOTAL of contributions from individuals ▶	2500.00	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))..	2500.00	1384057.54
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	4595.65	3198.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7095.65	1721048.60

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35.00	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 .....	4750.00	68397.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	7250.00	69397.19
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7285.00	1474868.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	353.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7095.65
25. SUBTOTAL (add Line 23 and Line 24).....	7449.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7285.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164.16

**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)  
**COURTNEY KREDIET**

Mailing Address 130 LONG NECK POST RD.

City DARIEN State CT Zip Code 06820

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2013

**Transaction ID : SA11AI.9605**

Amount of Each Receipt this Period  
 2500.00  
**GENERAL DEBT REPAYMENT**

**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).....

2500.00

2500.00

**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 6 OF 16
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**ON MESSAGE INC.**

Mailing Address 2130 PRIEST BRIDGE DR.  
#11

City CROFTON State MD Zip Code 21114

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5091.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : SA14.9603**

Amount of Each Receipt this Period  
4595.65

VENDOR REFUND: PLACED MEDIA

**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).....

4595.65

4595.65

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

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

Full Name (Last, First, Middle Initial) <b>A. CHRISTOFFEL KREDIET</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013
Mailing Address 130 LONG NECK POST ROAD		Amount of Each Disbursement this Period 2500.00
City DARIEN State CT Zip Code 06820	Transaction ID : SB20A.9612	
Purpose of Disbursement CONTRIBUTION REFUND		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>B. ROBERT D SCINTO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 1 CORPORATE DRIVE SUITE 100		Amount of Each Disbursement this Period 2000.00
City SHELTON State CT Zip Code 06484	Transaction ID : SB20A.9584	
Purpose of Disbursement CONTRIBUTION REFUND		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>C. ROBERT F SHARPE Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address 723 FLEMING ST		Amount of Each Disbursement this Period 250.00
City KEY WEST State FL Zip Code 33040	Transaction ID : SB20A.9613	
Purpose of Disbursement CONTRIBUTION REFUND		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4750.00
<b>TOTAL</b> This Period (last page this line number only).....	4750.00

**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 8 OF 16	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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) <b>A. LEADERSHIP CONNECTICUT PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013
Mailing Address 90 GROVE STREET SUITE 101 C/O REYNOLDS & ROWELLA LLP		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20C.9614</b>
City RIDGEFIELD State CT Zip Code 06877	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
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>B.</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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00



**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1200.00
<b>TOTALS</b> 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**

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1250.00
<b>TOTALS</b> 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**

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	531.75
<b>TOTALS</b> 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**

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

<b>SUBTOTALS</b> This Period This Page (optional).....	713.61
<b>TOTALS</b> 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**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4606

**STEVE OBSITNIK FOR CONGRESS, INC**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**STEPHEN OBSITNIK**

Primary

General

Other (specify) ▼

Convention

Mailing Address

8 IMPERIAL LANDING

City

State

ZIP Code

WESTPORT

CT

06880

Original Amount of Loan

97.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

97.70

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 11 /

D 17 /

Y 2011 Y

M M /

D D /

Y 1/31/2015 Y

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)..... ▶

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**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>STEPHEN OBSITNIK</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>
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:
03 / 31 / 2012	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	121541.52
<b>TOTALS</b> This Period (last page in this line only).....	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)

FOR LINE NUMBER: (check only one)

9  
 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**

Mailing Address 320 1ST STREET SE

City State Zip Code  
WASHINGTON DC 20003

Nature of Debt (Purpose):  
CONTRIBUTION REFUND

Outstanding Balance Beginning This Period **5000.00** Transaction ID : SD10.9591

Amount Incurred This Period **0.00** 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**

Mailing Address 7908 CINCINATTI DAYTON ROAD SUITE I

City State Zip Code  
WEST CHESTER OH 45069

Nature of Debt (Purpose):  
CONTRIBUTION REFUND

Outstanding Balance Beginning This Period **2000.00** Transaction ID : SD10.9592

Amount Incurred This Period **0.00** 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**

Mailing Address 20 JUNIPER ROAD

City State Zip Code  
DARIEN CT 06820

Nature of Debt (Purpose):  
CONTRIBUTION REFUND

Outstanding Balance Beginning This Period **1800.00** Transaction ID : SD10.9590

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **1800.00**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>8800.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**STEVE OBSITNIK FOR CONGRESS, INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CHRISTOFFEL KREDIET**

Mailing Address 130 LONG NECK POST ROAD

City State Zip Code  
DARIEN CT 06820

Nature of Debt (Purpose):  
CONTRIBUTION REFUND

Outstanding Balance Beginning This Period **Transaction ID : SD10.9594**  
2500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 2500.00 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LEADERSHIP CONNECTICUT PAC**

Mailing Address 90 GROVE STREET SUITE 101  
C/O REYNOLDS & ROWELLA LLP

City State Zip Code  
RIDGEFIELD CT 06877

Nature of Debt (Purpose):  
CONTRIBUTION REFUND

Outstanding Balance Beginning This Period **Transaction ID : SD10.9593**  
2500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 2500.00 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**ROBERT F SHARPE Jr.**

Mailing Address 723 FLEMING ST

City State Zip Code  
KEY WEST FL 33040

Nature of Debt (Purpose):  
CONTRIBUTION REFUND

Outstanding Balance Beginning This Period **Transaction ID : SD10.9595**  
250.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 250.00 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	8800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	125334.58
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	134134.58