Image# 12970792179 PAGE 1 / 4

## STATEMENT OF

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FORM 1		ORGAN	IIZAT	ION									
NAME OF COMMITTEE (ir	n full)	(Check if nar		Example:If		/ре	12FE	4M5	Office	Use Only	/		
		K FOR CO	NGRE	ESS,	INC								
ADDRESS (number a	nd street)	8 IMPERIAL LANDIN	IG										
(Check if ar is changed)		WESTPORT					СТ		06880		<u> </u>  - [		
			CITY	,			STATE			ZIP C	ODE		
COMMITTEE'S E-MA  (Check if is change)  COMMITTEE'S WEB	address d)	S (Please provide only OBSITNIK@REDCL  OBSITNIK@REDCL  RESS (URL)  WWW.OBSITNIK.CO	JRVE.COM	address)									
(Check if is change													
2. DATE 03	M / D 22	2012											
3. FEC IDENTIFIC	CATION NU	MBER	C C0050	4357									
4. IS THIS STATE	MENT	NEW (N)	OR	X	MENDED	(A)							
I certify that I have a		s Statement and to th		ny knowle	dge and l	belief it i	is true, c	correct	and co	mplete.			
Signature of Treasure	BRADLI er	EY T CRATE		[Elect	ronically F	iled]	Date	03	/ D	26	Y	2012	2
NOTE: Submission of		ous, or incomplete infor				-			the pen	alties of	2 U.S	S.C. §	437g.

C	Office		For further information contact:	FEC FORM 1
	Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2009)

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE	
Can		e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below	1.)
(b) Name	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
	lidate	STEPHEN OBSITNIK	
	lidate ⁄ Affiliati	on REP Office Sought: X House Senate President	State CT
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand	e of lidate		
Part	ty Con	nmittee:	_
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		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 scommittee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFO Farm 4 (David and 03/0900)	Dans 2
FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page 3
STEVE OBSITNIK FOR CONGRESS, INC	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in phooks and records.	cossession of committee
BRADLEY T CRATE	1
Full Name138 CONANT ST	
Mailing Address	
BEVERI Y	
BEVERLY MA 01915	
Title or Position CITY STATE	ZIP CODE
TREASURER Telephone number	848 8887
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	name and address of
Full Name BRADLEY T CRATE	1
of Treasurer	
Mailing Address [138 CONANT ST	
BEVERLY MA 01915	
CITY STATE  Title or Position TREASURER  CITY STATE	ZIP CODE 848   8887
Telephone number	

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxe Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, es or maintains funds.  Pepository, etc.  TD BANK	
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	
safety deposit boxe Name of Bank, De	es or maintains funds.  Epository, etc.  TD BANK	
safety deposit boxe Name of Bank, De	es or maintains funds.  Epository, etc.  TD BANK	
safety deposit boxe Name of Bank, De - L	es or maintains funds.  epository, etc.  TD BANK  PO BOX 1377	
safety deposit boxe Name of Bank, De	es or maintains funds.  Po BANK  PO BOX 1377  LEWISTON  ME 042	243
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	es or maintains funds.  Po BANK  PO BOX 1377  LEWISTON  ME 042	243
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	es or maintains funds.  Pository, etc.  PO BOX 1377  LEWISTON  CITY  STATE  Pository, etc.	243
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	es or maintains funds.  Pository, etc.  PO BOX 1377  LEWISTON  CITY  STATE  POSITORY, etc.	243
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	PO BOX 1377  LEWISTON  CITY  STATE  CHAIN BRIDGE BANK  1445-A LAUGHLIN AVE	243 ZIP CODE
safety deposit boxe Name of Bank, De  Mailing Address  Name of Bank, De	es or maintains funds.  Pository, etc.  PO BOX 1377  LEWISTON  CITY  STATE  POSITORY, etc.	243 ZIP CODE