



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Steve Obsitnik for Connecticut			<input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Joseph	MI	Last Sledge		Suffix	
4. TREASURER ADDRESS					
Street Address 46 Kings Hwy N	City Westport	State CT	Zip Code 06880		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) Undetermined		7. DISTRICT NUMBER (if applicable)		
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Steve	MI	Last Obsitnik		Suffix	
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
04/01/2017		thru		06/30/2017	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing	Joseph Sledge	07/10/2017 11:15:07PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Steve Obsitnik for Connecticut	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$88,312.39	
14. Contributions received from Individuals (Section A and B)	\$92,840.00	\$201,567.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$1,088.95
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$92,840.00	\$202,655.95
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$181,152.39	\$202,655.95
20. Expenses Paid by Committee (Section N)	\$71,167.51	\$92,671.07
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$109,984.88	\$109,984.88
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$2,010.04	\$4,047.98
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$1,000.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$1,000.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

Last Name Carter	First Daniel	MI	Contribution ID # 0903
Residential Street Address 14 Katrina Cir	City Bethel	State CT	Zip Code 06801
Principal Occupation Consultant	Name of Employer Carter McBride, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/01/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Pauker	First Dara	MI	Contribution ID # 0904
Residential Street Address 300 W 23rd St # 7G	City New York	State NY	Zip Code 10011
Principal Occupation Consultant	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/01/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Lewis	First Robert	MI	Contribution ID # 0905
Residential Street Address 8360 SW Metolius Loop	City Wilsonville	State OR	Zip Code 97070
Principal Occupation Management	Name of Employer Erickson Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/01/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brecht	First Kirsten	MI	Contribution ID # 0906
Residential Street Address 1816 Redwood Ter	City Washington	State DC	Zip Code 20012
Principal Occupation CEO	Name of Employer Global Professional Search		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/02/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name O'Connell	First Blanche	MI	Contribution ID # 0907
Residential Street Address 69 W Brother Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Realtor	Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/02/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Dabbar	First Michel	MI	Contribution ID # 0908
Residential Street Address 11820 Avenida Del Mundo 1601	City Coronado	State CA	Zip Code 92118
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/02/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Dabbar	First Patricia	MI	Contribution ID # 0909
Residential Street Address 1820 Avenida Del Mundo 1601	City Coronado	State CA	Zip Code 92118
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/02/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ragonese	First Martin	MI	Contribution ID # 0910
Residential Street Address 637 Cove Rd # B15	City Stamford	State CT	Zip Code 06902
Principal Occupation Trainer	Name of Employer Darien Physical Therapy Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Sillo	First Johanna	MI	Contribution ID # 0911
Residential Street Address 691 Old Stamford Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Member	Name of Employer Sillo Construction, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Tsoutsoplides	First Costa	MI	Contribution ID # 0912
Residential Street Address 244 Madison Ave # 15J	City New York	State NY	Zip Code 10016
Principal Occupation Corporate Development	Name of Employer Eagle Shipping Intl.(USA), LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/03/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Lukas	First Bernice	MI	Contribution ID # 0913
Residential Street Address 5 Highgate Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gillespie	First Serena	MI	Contribution ID # 0914
Residential Street Address 47 St George Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Document Reviewer	Name of Employer Aerotek		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ulman	First Mark	MI	Contribution ID # 0915
Residential Street Address 478 Oenoke Rdg	City New Canaan	State CT	Zip Code 06840
Principal Occupation Partner	Name of Employer Charter Oak Equity		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Gibson	First Taylor	MI	Contribution ID # 0916
Residential Street Address 478 Oenoke Rdg	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Smith	First Hunter	MI	Contribution ID # 0917
Residential Street Address 17 Mynos Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Vice President	Name of Employer Celgene		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Coen-Smith	First Marcia	MI	Contribution ID # 0918
Residential Street Address 17 Mynos Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/04/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DiNino	First Giuliano	MI	Contribution ID # 0919
Residential Street Address 190 Prudence Dr	City Stamford	State CT	Zip Code 06907
Principal Occupation Controller	Name of Employer Clipper Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/04/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DiNino	First Amy	MI	Contribution ID # 0920
Residential Street Address 190 Prudence Dr	City Stamford	State CT	Zip Code 06907
Principal Occupation Phlebotamist	Name of Employer Stamford Hospital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/04/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Noonan	First John	MI	Contribution ID # 0921
Residential Street Address 295 Maple Rd	City Easton	State CT	Zip Code 06612
Principal Occupation CEO	Name of Employer Chembulk Maritime USA, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/04/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dunn	First John	MI	Contribution ID # 0922
Residential Street Address 328 Frogtown Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Real Estate Sales	Name of Employer Houlihan Lawrence		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Trevena	First Karin	MI	Contribution ID # 0923
Residential Street Address 154 Blackstone Dr	City Wind Gap	State PA	Zip Code 18091
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/04/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Gany	First Nancy	MI	Contribution ID # 0924
Residential Street Address 66 Little Brook Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/05/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Durkin	First Jennifer	MI	Contribution ID # 0925
Residential Street Address 5 Mystic La	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/05/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Durkin	First Jennifer	MI	Contribution ID # 0926
Residential Street Address 5 Mystic La	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/05/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Rogers	First Brian	MI	Contribution ID # 0927
Residential Street Address 76 Rocky Nook Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation CEO	Name of Employer Stamford Insurance Group, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/06/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rizzo	First Albert	MI	Contribution ID # 0928
Residential Street Address 96 Dickinson Rd	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation Owner/contractor	Name of Employer Albert Rizzo Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/07/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cooper	First David	MI	Contribution ID # 0929
Residential Street Address 5 Hidden HI	City Westport	State CT	Zip Code 06880
Principal Occupation Consultant	Name of Employer Bain & Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/07/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Abrahms	First Aaron	MI	Contribution ID # 0930
Residential Street Address 7 Dundee Rd	City Larchmont	State NY	Zip Code 10538
Principal Occupation Insurance	Name of Employer Winged Keel Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/07/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DeLallo	First Santo	MI	Contribution ID # 0931
Residential Street Address 122 W Norwalk Rd	City Norwalk	State CT	Zip Code 06850
Principal Occupation Dentist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Towers	First Richard	MI	Contribution ID # 0932
Residential Street Address 12 Greens Farms Holw	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Kosinski	First Richard	MI	Contribution ID # 0933
Residential Street Address 470 Valley Rd	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Execkutive	Name of Employer Receptiv		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Samers	First Edith	MI	Contribution ID # 0934
Residential Street Address 180 Big Oak Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Marketing	Name of Employer Russion Media Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Maloney	First Robert	MI	Contribution ID # 0935
Residential Street Address 1460 Mill Hill Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hartch	First Thomas	MI	Contribution ID # 0936
Residential Street Address 19 Greenbriar La	City Greenwich	State CT	Zip Code 06831
Principal Occupation Attorney	Name of Employer WBAM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2017	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

Last Name Hardy	First Edward	MI	Contribution ID # 0937
Residential Street Address 14 Wyant Rd	City Oxford	State CT	Zip Code 06478
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Burns	First Stephen	MI	Contribution ID # 0938
Residential Street Address 78 Cushing Rd	City Friendship	State ME	Zip Code 04547
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Mimms	First Kathryn	MI	Contribution ID # 0939
Residential Street Address 163 Lookout Hill Rd	City Milford	State CT	Zip Code 06461
Principal Occupation Financial Advisor	Name of Employer Northwestern Mutual		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Jamieson	First James	MI	Contribution ID # 0940
Residential Street Address 10 Weston Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Architect	Name of Employer J A Jamieson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sweeney	First Jonathan	MI	Contribution ID # 0941
Residential Street Address 3 Buck Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Landscape contractor	Name of Employer Darren Lawn & Tree Care, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/08/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Valkenbuge	First Roger	MI	Contribution ID # 0942
Residential Street Address 3 Shagbark Pl	City Wilton	State CT	Zip Code 06897
Principal Occupation Attorney	Name of Employer Gregory and Adams, PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Brasco	First Thomas	MI	Contribution ID # 0943
Residential Street Address 39 Laurel Lk E	City Weston	State CT	Zip Code 06883
Principal Occupation Registrar of Voters	Name of Employer Town of Weston		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Brasco	First Frederick	MI	Contribution ID # 0944
Residential Street Address 39 Lauren Lk E	City Weston	State CT	Zip Code 06883
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Winship	First William	MI	Contribution ID # 0945
Residential Street Address 6 Edgehill Dr	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stovell	First Peter	MI	Contribution ID # 0946
Residential Street Address 164 Greenfield Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Physician	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Stovell	First Helen	MI	Contribution ID # 0947
Residential Street Address 164 Greenfield Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Goossen	First Elizabeth	MI	Contribution ID # 0986
Residential Street Address 62 Beacon View Dr	City Fairfield	State CT	Zip Code 06825
Principal Occupation Child Care	Name of Employer Brian and Ashley Welker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$40.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$40.00	

Last Name Evans	First Susan	MI	Contribution ID # 0987
Residential Street Address 114 Glenwood Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/08/2017	Aggregate Contributions \$275.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$275.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cosgrave	First Gary	MI	Contribution ID # 0988
Residential Street Address 6 Imperial Lndg	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Dougal	First Debra	MI	Contribution ID # 0989
Residential Street Address 6 Imperial Lndg	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Barolak	First Robert	MI	Contribution ID # 0948
Residential Street Address 44 Indian Head Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Real Estate	Name of Employer Greystone & Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Barolak	First Ellen	MI	Contribution ID # 0949
Residential Street Address 44 Indian Head Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Burke	First John	MI P	Contribution ID # 0950
Residential Street Address 625 Ridgebury Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

Last Name Burke	First Lindsley	MI	Contribution ID # 0951
Residential Street Address 625 Ridgebury Rd	City Ridgefield	State CT	Zip Code 06878
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Melvin	First Virginia	MI	Contribution ID # 0952
Residential Street Address 4 Glen Avon Dr	City Riverside	State CT	Zip Code 06878
Principal Occupation Attorney	Name of Employer Mayer Brown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Cifatte	First Paul	MI	Contribution ID # 0953
Residential Street Address 18 Granite Dr	City Norwalk	State CT	Zip Code 06851
Principal Occupation Dentist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Geercken	First Karl	MI	Contribution ID # 0954
Residential Street Address 6 Richards Ave	City Norwalk	State CT	Zip Code 06854
Principal Occupation Attorney	Name of Employer Austin & Bird, LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/09/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Simon	First Matt	MI	Contribution ID # 0955
Residential Street Address 4 Holly Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consultant	Name of Employer Ashland Consulting, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carlson	First Laurel	MI L	Contribution ID # 0956
Residential Street Address 142 Sleepy Hollow Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Benton	First Jayne	MI L	Contribution ID # 0957
Residential Street Address 106 Adams La	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Hoomemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Milligan	First Jason	MI	Contribution ID # 0958
Residential Street Address 25 Village Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Real Estate	Name of Employer Milligan Realty		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04052017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gaynor	First Alan	MI	Contribution ID # 0959
Residential Street Address 18 Seminary St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Human Resources Executive	Name of Employer Gaynor Consulting		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04052017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bowling	First Theresa	MI	Contribution ID # 0960
Residential Street Address 627 Laurel Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Physician	Name of Employer Integrated Anesthetic Assoc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04052017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dusek	First David	MI L	Contribution ID # 0961
Residential Street Address 339 White Oak Shade Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Managing Director	Name of Employer Jones Lang Lasalle		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04052017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bell	First Andrew	MI L	Contribution ID # 0962
Residential Street Address 985 New Norwalk Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Equity Trading	Name of Employer Blkuecrest		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>04052017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name O'Hara	First James	MI CT	Contribution ID # 0963
Residential Street Address 382 White Oak Shade La	City New Canaan	State CT	Zip Code 06840
Principal Occupation Representative	Name of Employer Irish Stock Exchange		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>04052017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Burgess	First Nancy	MI L	Contribution ID # 0964
Residential Street Address 204 Marvin Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>04052017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Riles	First Thomas	MI CT	Contribution ID # 0965
Residential Street Address 17 Jones Park Dr	City Riverside	State CT	Zip Code 06878
Principal Occupation Physician	Name of Employer NYU Lagone Medical Center		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>04022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lawrence	First Robert	MI	Contribution ID # 0966
Residential Street Address 3 Seagate Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mullaney	First Thomas	MI	Contribution ID # 0967
Residential Street Address 9 Contentment Island Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Management Consultant	Name of Employer Jones Lang Lasalle, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carlson	First James	MI	Contribution ID # 0968
Residential Street Address 14 Indian Cv	City Mamronick	State NY	Zip Code 10543
Principal Occupation Lawyer	Name of Employer Mayer Brown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Lawrence	First Gale	MI	Contribution ID # 0969
Residential Street Address 3 Seagate Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sherr	First Peter	MI	Contribution ID # 0970
Residential Street Address 55 Long Meadow Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Software	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sherr	First Karen	MI	Contribution ID # 0971
Residential Street Address 55 Long Meadow Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04022017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sweeney	First Michael	MI	Contribution ID # 0972
Residential Street Address 112 Hillcrest Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney/Partner	Name of Employer Carmody Torrance		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Zabrocky	First Frank	MI	Contribution ID # 0973
Residential Street Address 67 Hoyt St	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DeCostanzo	First Frank	MI	Contribution ID # 0974
Residential Street Address 21 Eastover Rd	City Stamford	State CT	Zip Code 06905
Principal Occupation CFO	Name of Employer Eagle Bulk Shipping		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>		Date Received 04/10/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Whitcomb	First Jonathan	MI	Contribution ID # 0975
Residential Street Address 107 Fox Run Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Diserio		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>		Date Received 04/10/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Sorenson	First Soren	MI	Contribution ID # 0976
Residential Street Address 204 Vanrensselaer Ave	City Stamford	State CT	Zip Code 06902
Principal Occupation Managing Director	Name of Employer Peraco Chartering		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>		Date Received 04/10/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Chieco	First Michael	MI	Contribution ID # 0977
Residential Street Address 1 Serenity La	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>		Date Received 04/10/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Schmidt	First Karl	MI	Contribution ID # 0978
Residential Street Address 370 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Ship Broker	Name of Employer Petraco Chartering		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>		Date Received 04/10/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Riley	First Michelle	MI	Contribution ID # 0979
Residential Street Address 441 Brookside Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>		Date Received 04/10/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Arntzen	First Morten	MI	Contribution ID # 0980
Residential Street Address 52 Rowayton Ave	City Norwalk	State CT	Zip Code 06853
Principal Occupation Chairman	Name of Employer Team Tankers International		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04032017A</u>		Date Received 04/10/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Spencer	First Jeffrey	MI	Contribution ID # 0990
Residential Street Address 95 Salem Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Bond salesman	Name of Employer Oppenheimer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/10/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Spencer	First Jeffrey	MI	Contribution ID # 0991
Residential Street Address 95 Salem Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Bond salesman	Name of Employer Oppenheimer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$100.00

Last Name Beeler	First Charles	MI	Contribution ID # 0992
Residential Street Address 229 Princeton Rd	City Menlo Park	State CA	Zip Code 94025
Principal Occupation Venture Capital	Name of Employer Rally Ventures		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Becker	First William	MI	Contribution ID # 0993
Residential Street Address 43094 Rocky Ridge Ct	City Leesburg	State VA	Zip Code 20176
Principal Occupation Professor	Name of Employer Virginia Tech		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/10/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Kendall	First Donald	MI	Contribution ID # 0994
Residential Street Address 10 Old Easton Tpke	City Weston	State CT	Zip Code 06883
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/11/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wolf	First Leslie	MI	Contribution ID # 0981
Residential Street Address 43 Whitney Gln	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/11/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Williamson	First Laurie	MI E	Contribution ID # 0982
Residential Street Address 2 Tinywood Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Lawyer	Name of Employer Laurie E Williamson, Esq		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/11/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Drumm	First Holly	MI	Contribution ID # 0983
Residential Street Address 53 Parker Pl # C416	City Wallingford	State CT	Zip Code 06492
Principal Occupation Educator	Name of Employer Middletown Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/12/2017
		Aggregate Contributions \$20.00	Amount of Contribution \$20.00

Last Name Murphy	First David	MI B	Contribution ID # 0984
Residential Street Address 5 Stony Point Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Trader	Name of Employer Saugatuck Energy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/12/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Horowitz	First Marshall	MI	Contribution ID # 0995
Residential Street Address 533 San Marino Ave	City San Marino	State CA	Zip Code 91108
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/12/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Link	First Alan	MI	Contribution ID # 0996
Residential Street Address 24 Sandy Ln	City Stamford	State CT	Zip Code 06902
Principal Occupation Attorney	Name of Employer Law Office of Alan P Link, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/12/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gardner	First Chris	MI	Contribution ID # 0997
Residential Street Address 48 Quail Ridge Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Consultant	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name James	First Robert	MI G	Contribution ID # 0985
Residential Street Address 122 Palmers Hill Rd # 1209	City Stamford	State CT	Zip Code 06902
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/13/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Blansfield	First David	MI	Contribution ID # 0998
Residential Street Address 20 Evergreen Pkwy	City Westport	State CT	Zip Code 06880
Principal Occupation Exec Mgmt	Name of Employer Northstar Travel Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Russnok	First Michael	MI	Contribution ID # 0999
Residential Street Address 71 Saint Johns Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Accountant	Name of Employer Avon		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Pierpont	First Samuel	MI L	Contribution ID # 1000
Residential Street Address 19 Five Mile River Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Real Estate	Name of Employer Bridgeport Innovation Center		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kernan	First Gilbert	MI S	Contribution ID # 1001
Residential Street Address 74 Rowayton Ave	City Norwalk	State CT	Zip Code 06853
Principal Occupation Business owner/COO	Name of Employer Jnana Organics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 04/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Carlson	First Brian	MI	Contribution ID # 1006
Residential Street Address 142 Sleepy Hollow Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Financial Manager	Name of Employer BNY Mellon		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/15/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Rieger	First L George	MI	Contribution ID # 1007
Residential Street Address 28 Home Pl # C2	City Greenwich	State CT	Zip Code 06830
Principal Occupation Advisor	Name of Employer Greenwich Investment Management		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/17/2017	Aggregate Contributions \$275.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$275.00	

Last Name Skakel	First George	MI	Contribution ID # 1008
Residential Street Address 81 Holly Hill Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation CEO	Name of Employer FinFit		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05302017A</u>		Date Received 04/17/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Liesandt	First Helga	MI	Contribution ID # 1009
Residential Street Address 20-39 147th St	City Whitestone	State NY	Zip Code 11357
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/18/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Johnson	First Gary	MI	Contribution ID # 1010
Residential Street Address 1051 Cedar Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Marketing	Name of Employer CAN Capital Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Johnson	First Barbara	MI	Contribution ID # 1011
Residential Street Address 1051 Cedar Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Owner	Name of Employer Mama Janes Global Boutique		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/18/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Ruden	First Morton	MI	Contribution ID # 1012
Residential Street Address 435 Danbury Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/19/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name DAusilio	First David	MI	Contribution ID # 1013
Residential Street Address 6020 Main St	City Stratford	State CT	Zip Code 06614
Principal Occupation Realtor	Name of Employer William Raveis Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/20/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Peressutti	First Gian-Carlo	MI	Contribution ID # 1014
Residential Street Address 29 Farm Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Executive	Name of Employer PepsiCo		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/20/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Metrick	First Mary	MI	Contribution ID # 1015
Residential Street Address 267 Ivy Hill Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/20/2017	Aggregate Contributions \$350.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$350.00	

Last Name Pike	First William	MI E	Contribution ID # 1002
Residential Street Address 79 Indian Waters Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/20/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Persico	First Charles	MI J	Contribution ID # 1003
Residential Street Address 510 Round Hill Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Real Estate Developer	Name of Employer Charles J Persico & Assoc, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/20/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Matteson	First Chris	MI	Contribution ID # 1016
Residential Street Address 330 Middlesex Rd	City Darien	State CT	Zip Code 06820
Principal Occupation In House Counsel	Name of Employer Duff & Phelps		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/21/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Loselle	First Dewey	MI J	Contribution ID # 1004
Residential Street Address 25 Regents Park	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/22/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Loselle	First Susan	MI E	Contribution ID # 1005
Residential Street Address 25 Regents Park	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/22/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Hardy	First Stephen	MI	Contribution ID # 1020
Residential Street Address 22 Peach Hill Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Banker	Name of Employer Wells Fargo		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 04/22/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stuckey	First Charles	MI	Contribution ID # 1021
Residential Street Address 14 Old Farm Ln	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stuckey	First Sara	MI	Contribution ID # 1022
Residential Street Address 14 Old Farm Ln	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Business Executive	Name of Employer Greyhawke Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/22/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rosen	First Robert	MI	Contribution ID # 1023
Residential Street Address 1127 Lake Ave	City Greenwich	State CT	Zip Code 06831
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/23/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rosen	First Nancy	MI	Contribution ID # 1024
Residential Street Address 1127 Laake Ave	City Greenwich	State CT	Zip Code 06831
Principal Occupation Entrepreneur/President	Name of Employer Cooper River Holdings, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/23/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Butcher	First John	MI	Contribution ID # 1025
Residential Street Address 1174 S Los Robles Ave	City Pasadena	State CA	Zip Code 91106
Principal Occupation CEO	Name of Employer The Marlin Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/23/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kenna	First Frank	MI	Contribution ID # 1026
Residential Street Address 15 Waterside Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/24/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$275.00	

Last Name Werner	First Mark	MI	Contribution ID # 1027
Residential Street Address 18 Douglas Ln	City New Fairfield	State CT	Zip Code 06812
Principal Occupation Co-Owner/CEO	Name of Employer Prospectiv Direct		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/25/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Lukens	First Timothy	MI	Contribution ID # 1028
Residential Street Address 5 Christmas Lake Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Chairman & Founder	Name of Employer Metrowine		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Baugier	First Patrick	MI	Contribution ID # 1029
Residential Street Address 510 North Ave	City New Rochelle	State NY	Zip Code 10801
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Snow	First Nick	MI	Contribution ID # 1030
Residential Street Address 216 Lansdowne Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Busby	First Nicole	MI	Contribution ID # 1031
Residential Street Address 223 Marvin Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Director	Name of Employer Ecolab		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Burger	First Gary	MI	Contribution ID # 1032
Residential Street Address 7620 Windsor Ct	City Chanhassen	State MN	Zip Code 55317
Principal Occupation Director of Sales	Name of Employer Cisco Systems, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ungerleider	First Matthew	MI	Contribution ID # 1033
Residential Street Address 1315 Woodland Greens Blvd	City Springboro	State OH	Zip Code 45066
Principal Occupation Systems development	Name of Employer G A Baird Partners & Co LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Baird	First Gordon	MI	Contribution ID # 1034
Residential Street Address 33 Christie Hill Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Cyber Security	Name of Employer PwC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Scott	First Vincent	MI	Contribution ID # 1035
Residential Street Address 3485 Linwood Ave	City Cincinnati	State OH	Zip Code 45226
Principal Occupation CEO	Name of Employer Apana Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Rose	First Matt	MI	Contribution ID # 1036
Residential Street Address 700 Highland Dr	City Bellingham	State WA	Zip Code 98225
Principal Occupation Software development executive	Name of Employer Everi		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Newsom	First Victor	MI	Contribution ID # 1037
Residential Street Address 1135 Kava Kava St	City Henderson	State NV	Zip Code 89015
Principal Occupation CEO	Name of Employer Delta Career Education Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Olsen	First John	MI	Contribution ID # 1038
Residential Street Address 512 Duke St	City Alexandria	State VA	Zip Code 22314
Principal Occupation Sales	Name of Employer Quad		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Vogel	First David	MI	Contribution ID # 1039
Residential Street Address 67 Boulder Ridge Rd	City Scarsdale	State NY	Zip Code 10583
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name SeEVERS	First Gary	MI	Contribution ID # 1040
Residential Street Address 73 Morningside Dr S	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vogel	First Shelley	MI	Contribution ID # 1041
Residential Street Address 14 Adams Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Sr. Systems Engineer	Name of Employer Jacobs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Tengonciang	First Jeffrey	MI	Contribution ID # 1042
Residential Street Address 1389 Parish Ave	City Claymont	State DE	Zip Code 19703
Principal Occupation Investments	Name of Employer Cramer, Rosenthal, McGlynn, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Marder	First Blaine	MI	Contribution ID # 1043
Residential Street Address 38 Byfield Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Marder	First Noelle	MI	Contribution ID # 1044
Residential Street Address 38 Byfield Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Engineer	Name of Employer Illimina		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Barnes	First Erik	MI	Contribution ID # 1045
Residential Street Address 640 N Granados Ave	City Solana Beach	State CA	Zip Code 92075
Principal Occupation Pilot	Name of Employer USAF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Suro	First Roger	MI	Contribution ID # 1046
Residential Street Address 983 Oak Park	City Schertz	State TX	Zip Code 78154
Principal Occupation Engineer	Name of Employer Interface		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bradley	First Horace	MI	Contribution ID # 1047
Residential Street Address 123 Freedom Way	City Lagrange	State GA	Zip Code 30240
Principal Occupation Executive	Name of Employer Curtis Packaging		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Droppo	First Donald	MI	Contribution ID # 1048
Residential Street Address 8 Pembroke Dr	City Avon	State CT	Zip Code 06001
Principal Occupation Finance	Name of Employer Solar Capital Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/28/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rosen	First Scott	MI	Contribution ID # 1049
Residential Street Address 14 Golf Club Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Business consultant	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Mifflin	First Kenneth	MI	Contribution ID # 1050
Residential Street Address 34 Anderson Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/28/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Obeney	First Gail	MI	Contribution ID # 1051
Residential Street Address 16774 W Mohave St	City Goodyear	State AZ	Zip Code 85338
Principal Occupation COO	Name of Employer Aubene Investments Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Obeney	First Geoff	MI	Contribution ID # 1052
Residential Street Address 16774 W Mohave St	City Goodyear	State AZ	Zip Code 85338
Principal Occupation Schedules Officer	Name of Employer Department of the Navy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sisson	First Elliot	MI H	Contribution ID # 1017
Residential Street Address 676 Ponus Rdg	City New Canaan	State CT	Zip Code 06840
Principal Occupation Real Estate Broker	Name of Employer Sisson Realty LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/28/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Bunder	First Debbie	MI NY	Contribution ID # 1018
Residential Street Address 1085 Bay Head Dr	City Mamaroneck	State NY	Zip Code 10543
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Loughran	First Barbara	MI D	Contribution ID # 1019
Residential Street Address 11 Sun Dance Cir	City Stamford	State CT	Zip Code 06905
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/28/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Zameska	First Peter	MI FL	Contribution ID # 1053
Residential Street Address 4202 N Cambridge Way	City Milton	State FL	Zip Code 32571
Principal Occupation Airline pilot	Name of Employer United Airlines		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 04/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Burr	First Thaddeus	MI	Contribution ID # 1054
Residential Street Address 88 Sylvan Crest Dr	City Southbury	State CT	Zip Code 06488
Principal Occupation Pilot	Name of Employer Amgen		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Ellsworth	First Jeff	MI	Contribution ID # 1055
Residential Street Address 1180 Pan Ct	City Newbury Park	State CA	Zip Code 91320
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Mackenzie	First Gordon	MI	Contribution ID # 1056
Residential Street Address 11 Palmer Brg	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/29/2017	Aggregate Contributions \$150.00
			Amount of Contribution \$100.00

Last Name Bell	First James	MI	Contribution ID # 1078
Residential Street Address 2605 S Arthur St	City Spokane	State WA	Zip Code 99203
Principal Occupation CFO	Name of Employer PF Changs		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mula	First Mark	MI	Contribution ID # 1079
Residential Street Address 46 Reichert Cir	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Bushing	First Sarah	MI	Contribution ID # 1080
Residential Street Address 6 Old Stone Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 04/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hermstedt	First Matthew	MI	Contribution ID # 1081
Residential Street Address 2602 W 160th Ter	City Stilwell	State KS	Zip Code 66085
Principal Occupation Director, PMO	Name of Employer Accudyne Industries		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/01/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Gau	First Jack	MI	Contribution ID # 1082
Residential Street Address 168 Cannon Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/01/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dixon	First Bruce	MI	Contribution ID # 1083
Residential Street Address 9 Maher Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/01/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bayne	First William	MI	Contribution ID # 1084
Residential Street Address 57 Charolais Way	City Burlington	State CT	Zip Code 06013
Principal Occupation Executive	Name of Employer Transit Wireless		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Geiger	First Will	MI	Contribution ID # 1085
Residential Street Address 65 Linden St	City New Haven	State CT	Zip Code 06511
Principal Occupation Associate Director	Name of Employer Hopkins School		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Barker	First James	MI	Contribution ID # 1086
Residential Street Address 180 Long Neck Pt	City Darien	State CT	Zip Code 06820
Principal Occupation Vice Chairman	Name of Employer Mormac Marine Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ertel	First Michael	MI	Contribution ID # 1087
Residential Street Address 375 S Benson Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Software Developer	Name of Employer Apollo Global Mgmt		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Heidenreich	First Per	MI	Contribution ID # 1088
Residential Street Address 4 Sound Shore Dr # 23	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investment Executive	Name of Employer Heidenreich Enterprises LP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Franchini	First John	MI	Contribution ID # 1089
Residential Street Address 2682 Burr St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Business Broker	Name of Employer LexGroup LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Rhodes	First Jonathan	MI	Contribution ID # 1090
Residential Street Address 17 Clark St # 1	City New Haven	State CT	Zip Code 06511
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Alpert	First Michael	MI	Contribution ID # 1091
Residential Street Address 14 Jennings Ct	City Westport	State CT	Zip Code 06880
Principal Occupation Portfolio Manager	Name of Employer Stralem & Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Owens	First Christopher	MI	Contribution ID # 1092
Residential Street Address 1909 Hidden Point Rd	City Annapolis	State MD	Zip Code 21409
Principal Occupation COO	Name of Employer BGI, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Smith	First Elizabeth	MI	Contribution ID # 1093
Residential Street Address 37 Holly Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Board Director	Name of Employer PEDEVCO Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hardy	First Cindy	MI	Contribution ID # 1094
Residential Street Address 22 Peach Hill Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bealle	First Preston	MI	Contribution ID # 1095
Residential Street Address 54 Brookside Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Duda	First Michael	MI	Contribution ID # 1096
Residential Street Address 12 Lockwood Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Gibbons	First Nathaniel	MI	Contribution ID # 1057
Residential Street Address 241 Greens Farms Rd	City Greens Farms	State CT	Zip Code 06838
Principal Occupation Fire Marshall	Name of Employer Town of Westport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Banker	First Stephen	MI M	Contribution ID # 1058
Residential Street Address 49 W Brother Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Executive Managing Director	Name of Employer Newmark Grub Knight Frank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/03/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dutches	First Debra	MI L	Contribution ID # 1059
Residential Street Address 15 Hearthstone Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05012017A</u>		Date Received 05/03/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Dewahl	First David	MI	Contribution ID # 1060
Residential Street Address 102 Park Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation CEO	Name of Employer Ischemix		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05022017A</u>		Date Received 05/03/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Daddino	First Anthony	MI F	Contribution ID # 1061
Residential Street Address 90 Field Point Cir	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05022017A</u>		Date Received 05/03/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Prince	First Lolly	MI	Contribution ID # 1062
Residential Street Address 42 Woodside Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05022017A</u>		Date Received 05/03/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brien	First Ronald	MI J	Contribution ID # 1063
Residential Street Address 20 Old Maramoneck Rd	City White Plains	State NY	Zip Code 10605
Principal Occupation Attorney	Name of Employer Law office of Ronald J Brien, iNC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05022017A		Date Received 05/03/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Mann	First Robert	MI M	Contribution ID # 1064
Residential Street Address 30 Robertson Ln	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Consultant	Name of Employer North Highland		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05022017A		Date Received 05/03/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Koopman	First Cassidy	MI L	Contribution ID # 1065
Residential Street Address 150 Center St	City Easton	State CT	Zip Code 06612
Principal Occupation Student	Name of Employer Connecticut Golf Club		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05042017A		Date Received 05/04/2017	Aggregate Contributions \$30.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$30.00	

Last Name Connor	First Thomas	MI L	Contribution ID # 1066
Residential Street Address 1015 Valley Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Writer	Name of Employer Tom Connor & Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05042017A		Date Received 05/04/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hines	First Maureen	MI	Contribution ID # 1067
Residential Street Address 44 Bridge St	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05042017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Smith	First Shannon	MI P	Contribution ID # 1068
Residential Street Address 96 Compo Rd N	City Westport	State CT	Zip Code 06880
Principal Occupation Marketing	Name of Employer Social Flow		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05042017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Smilow	First Richard	MI	Contribution ID # 1069
Residential Street Address 89 Morningside Dr S	City Westport	State CT	Zip Code 06880
Principal Occupation CEO	Name of Employer Institute of Culinary Education		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05042017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$275.00	

Last Name Bruce	First Iain	MI H	Contribution ID # 1070
Residential Street Address 9 Winding	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05042017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brighton	First Renfrew	MI	Contribution ID # 1097
Residential Street Address 161 Long Neck Point Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Laudonia	First Anthony	MI	Contribution ID # 1098
Residential Street Address 49 Harold St # 2	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Tax Collector	Name of Employer Town of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Peterson	First Carl	MI	Contribution ID # 1099
Residential Street Address 190 Imperial Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Managing Principal	Name of Employer Lindberg & Ripple		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Beauclair	First Cathi	MI	Contribution ID # 1100
Residential Street Address 4728 Gould Ave	City La Canada Flintridge	State CA	Zip Code 91011
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Phelan	First Christopher	MI	Contribution ID # 1101
Residential Street Address 100 Jennie Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Investment Mgmt	Name of Employer Millennium Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Moore	First David	MI	Contribution ID # 1102
Residential Street Address 2 Baker Ave # A	City Westport	State CT	Zip Code 06880
Principal Occupation Sales	Name of Employer Midland Paper		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cullen	First Christopher	MI	Contribution ID # 1103
Residential Street Address 244 Wilton Rd	City Westport	State CT	Zip Code 06880
Principal Occupation President	Name of Employer Lagos, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/04/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Baker	First Garrett	MI	Contribution ID # 1104
Residential Street Address 439 Brookside Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Investment Banker	Name of Employer Lazard		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Baker	First Melissa	MI	Contribution ID # 1105
Residential Street Address 439 Brookside Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Levy	First Leora	MI	Contribution ID # 1106
Residential Street Address 59 Peckslad Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Rhodes	First Cassidy	MI	Contribution ID # 1107
Residential Street Address 17 Clark St # 1	City New Haven	State CT	Zip Code 06511
Principal Occupation Administrative Asst	Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Obsitnik	First Christopher	MI P	Contribution ID # 1071
Residential Street Address 319 South Ave	City Alama	State CA	Zip Code 94507
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017
		Aggregate Contributions \$30.00	Amount of Contribution \$30.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Obsitnik	First Benjamin	MI M	Contribution ID # 1072
Residential Street Address 319 South Ave	City Alamo	State CA	Zip Code 94507
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

Last Name Obsitnik	First Nicholas	MI M	Contribution ID # 1073
Residential Street Address 319 South Ave	City Alamo	State CA	Zip Code 94507
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/05/2017	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

Last Name Duff	First Alice	MI	Contribution ID # 1074
Residential Street Address 63 Midwood Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Realtor	Name of Employer Sotheby's International Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Heibold	First Monika	MI	Contribution ID # 1075
Residential Street Address 19 Pilot Rock Ln	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McInerney	First Thomas	MI E	Contribution ID # 1076
Residential Street Address 2 Manitou Ct	City Westport	State CT	Zip Code 06880
Principal Occupation Investor	Name of Employer Bluff Point Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/06/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name McInerney	First Paula	MI G	Contribution ID # 1077
Residential Street Address 2 Manitou Ct	City Westport	State CT	Zip Code 06880
Principal Occupation Investor	Name of Employer Bluff Point Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/06/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Nevin	First John	MI	Contribution ID # 1120
Residential Street Address 15 Old Hill Farms Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Investment Manager	Name of Employer Ayrshire Capital Management LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/07/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Davitz	First Jeffrey	MI	Contribution ID # 1121
Residential Street Address 60 Heather Garden Ln	City Danville	State CA	Zip Code 94506
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/08/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vengrow	First Adam	MI	Contribution ID # 1122
Residential Street Address 6 Juniper Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Finance	Name of Employer Cantor Fitzgerald		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Cooke	First Len	MI	Contribution ID # 1123
Residential Street Address 14 Skyline Dr	City North Windham	State CT	Zip Code 06256
Principal Occupation Teacher	Name of Employer Manchester Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Rowe	First Doris	MI J	Contribution ID # 1108
Residential Street Address 1428 Stratfield Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Realtor/Broker	Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05072017A</u>		Date Received 05/08/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Horton	First Kristen	MI L	Contribution ID # 1109
Residential Street Address 27 Jennie Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Marketing	Name of Employer High Ridge Brands		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/09/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Horton	First Alexander	MI R	Contribution ID # 1110
Residential Street Address 27 Jennie Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Insurance	Name of Employer BRBG Insurance, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/09/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Sugarman	First Erie	MI CT	Contribution ID # 1111
Residential Street Address 18 Bermuda Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Commodities	Name of Employer Gerald Metals, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/09/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Crumbine	First Beatrice	MI J	Contribution ID # 1112
Residential Street Address 3 Copper Beach Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/09/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Crumbine	First Peter	MI J	Contribution ID # 1113
Residential Street Address 3 Copper Beach Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/09/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pearl	First John	MI J	Contribution ID # 1114
Residential Street Address 46 Arcadia Rd	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Consultant	Name of Employer Pearl Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Davis	First Steven	MI	Contribution ID # 1124
Residential Street Address 51 Daniel St	City Newton Center	State MA	Zip Code 02459
Principal Occupation Advisor	Name of Employer Self-employed/Individual investor		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Ritman	First James	MI	Contribution ID # 1125
Residential Street Address 222 Overlook Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Real estate	Name of Employer Newmark		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Greenlee	First Melinda	MI	Contribution ID # 1126
Residential Street Address 7 Spring Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Burke	First Tyler	MI	Contribution ID # 1127
Residential Street Address 19 Fox Hunt Way	City Harwinton	State CT	Zip Code 06791
Principal Occupation President & CEO	Name of Employer Turbine Technologies, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/09/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cohen	First Karla	MI	Contribution ID # 1128
Residential Street Address 51 Ludlow Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Attorney	Name of Employer Edgewell Personal Care		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/10/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Carillo	First Jared	MI	Contribution ID # 1129
Residential Street Address 2077 Main St	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Insurance	Name of Employer Smith Brothers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/11/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Haroun	First Rob	MI	Contribution ID # 1130
Residential Street Address 943 Post Rd E	City Westport	State CT	Zip Code 06880
Principal Occupation Managing Member	Name of Employer SIR Development		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/12/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hosley	First William	MI	Contribution ID # 1131
Residential Street Address 30 Old Abbe Rd	City Enfield	State CT	Zip Code 06082
Principal Occupation Educator/consultant	Name of Employer Terra Firma Northeast		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/12/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Weinberg	First James	MI R	Contribution ID # 1115
Residential Street Address 59 Rowledge Pond Rd	City Sandy Hook	State CT	Zip Code 06482
Principal Occupation President/Owner	Name of Employer Safe Harbor Tanker Charter LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05012017A</u>		Date Received 05/13/2017	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Kellogg	First Kenneth	MI M	Contribution ID # 1116
Residential Street Address 540 Barn Hill Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation Consulting	Name of Employer Kellogg Professional Services, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05012017A</u>		Date Received 05/13/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name O'Rourke	First Sean	MI P	Contribution ID # 1117
Residential Street Address 10 Falls Brook Cir	City Monroe	State CT	Zip Code 06468
Principal Occupation Ship Broker	Name of Employer Safe Harbour Tank Chartering LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05012017A</u>		Date Received 05/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dutches	First Francis	MI A	Contribution ID # 1118
Residential Street Address 15 Hearthstone Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05012017A</u>		Date Received 05/13/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Sobel	First Paul	MI CT	Contribution ID # 1119
Residential Street Address 87 Red Barn Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation Lawyer	Name of Employer Green and Gross		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05012017A</u>		Date Received 05/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Kieburtz	First Geoff	MI CT	Contribution ID # 1132
Residential Street Address 3 Rowayton Avenue	City Rowayton	State CT	Zip Code 06853
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05152017A</u>		Date Received 05/15/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Kearney	First Keith	MI L	Contribution ID # 1133
Residential Street Address 45 Contentment Island Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05152017A</u>		Date Received 05/15/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Meek	First Bryan	MI	Contribution ID # 1134
Residential Street Address 11 Cranbury Woods Rd	City Norwalk	State CT	Zip Code 06851
Principal Occupation CPA	Name of Employer Oracle USA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05152017A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Brennan	First Martin	MI A	Contribution ID # 1135
Residential Street Address 134 Ridge Acres Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Real Estate Investor	Name of Employer Aldgate Capital LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05152017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Fairchild	First Louis	MI	Contribution ID # 1136
Residential Street Address 5 Yarmouth Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Sales Director	Name of Employer Quest Diagnostics		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05152017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Hawes	First David	MI K	Contribution ID # 1137
Residential Street Address 2269 Boston Post Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Realtor	Name of Employer DK Hawes Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05152017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Keller		First Thomas		MI J	Contribution ID # 1138
Residential Street Address 43 Rowayton Ave		City Norwalk		State CT	Zip Code 06853
Principal Occupation Manager			Name of Employer Moodys Investors Service		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05152017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/15/2017 Aggregate Contributions \$200.00	
Last Name Winn		First Paul		MI T	Contribution ID # 1139
Residential Street Address 11 Meredian Rd		City Rowayton		State CT	Zip Code 06853
Principal Occupation Executive			Name of Employer Recycle Brands, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05152017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/15/2017 Aggregate Contributions \$250.00	
Last Name Dudley		First Bonnie		MI	Contribution ID # 1140
Residential Street Address 45 Rowayton Ave		City Norwalk		State CT	Zip Code 06853
Principal Occupation Homemaker			Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05152017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/15/2017 Aggregate Contributions \$250.00	
Last Name Bellafore		First Barbara		MI	Contribution ID # 1153
Residential Street Address 37 Davenport		City Greenwich		State CT	Zip Code 06830
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/15/2017 Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brown	First Jennie	MI	Contribution ID # 1154
Residential Street Address 165 Litchfield Rd	City Norfolk	State CT	Zip Code 06058
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Brown	First William G	MI	Contribution ID # 1155
Residential Street Address 165 Litchfield Rd	City Norfolk	State CT	Zip Code 06058
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lawrence	First Larry	MI	Contribution ID # 1156
Residential Street Address 40 Brookridge Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lawrence	First Sally	MI	Contribution ID # 1157
Residential Street Address 40 Brookridge Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kwon	First OhSang	MI	Contribution ID # 1158
Residential Street Address 38 Warren St # 5C	City New York	State NY	Zip Code 10007
Principal Occupation Private investor	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Dudley	First Richard	MI	Contribution ID # 1159
Residential Street Address 45 Rowayton Ave	City Norwalk	State CT	Zip Code 06853
Principal Occupation Chairman & CEO	Name of Employer Octagon Worldwide		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Brennan	First Martin	MI	Contribution ID # 1160
Residential Street Address 134 Ridge Acres Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Student	Name of Employer Bucknell University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kreitler	First John	MI	Contribution ID # 1161
Residential Street Address 745 Verna Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kurfehs	First Harold	MI	Contribution ID # 1162
Residential Street Address 42 Obtuse Rd N	City Brookfield	State CT	Zip Code 06804
Principal Occupation Commercial Real Estate	Name of Employer Coldwell Banker Commercial		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name McKeon	First Ross	MI	Contribution ID # 1163
Residential Street Address 2 Adams Farm Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Escherich	First Carolyn	MI	Contribution ID # 1164
Residential Street Address 16 Brooks Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sidhu	First Samvir	MI	Contribution ID # 1165
Residential Street Address 60 E 42nd St # 3110	City New York	State NY	Zip Code 10165
Principal Occupation Real Estate	Name of Employer Megalith Capital Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/16/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Robb	First Dennis	MI G	Contribution ID # 1141
Residential Street Address 131 Nonopage Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Regional Sales Manager	Name of Employer Titan LED		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017A</u>		Date Received 05/16/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Nevas	First Scott	MI C	Contribution ID # 1142
Residential Street Address 25 Rainbow Dr	City Riverside	State CT	Zip Code 06878
Principal Occupation Financial Advisor	Name of Employer Bernstein		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017A</u>		Date Received 05/16/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DeLeo	First John	MI J	Contribution ID # 1143
Residential Street Address 124 Benz St	City Ansonia	State CT	Zip Code 06401
Principal Occupation Investment Advisor	Name of Employer Ion Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017A</u>		Date Received 05/16/2017	Aggregate Contributions \$25.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Shawah	First Robert	MI	Contribution ID # 1144
Residential Street Address 11 Crestwood Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation Real Estate Agent	Name of Employer Baldwin Pearson & Co, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017A</u>		Date Received 05/16/2017	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jackson	First Richard	MI J	Contribution ID # 1145
Residential Street Address 106 Monroe Blvd	City Long Beach	State NY	Zip Code 11561
Principal Occupation Financial Planner	Name of Employer Mass Mutual		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017A</u>		Date Received 05/16/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Howe	First Edward	MI J	Contribution ID # 1146
Residential Street Address 25 Old Lamp Ln	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Banker	Name of Employer NCB		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05172017A</u>		Date Received 05/17/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Dunlap	First Dirk	MI L	Contribution ID # 1147
Residential Street Address 85 Southwood Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Executive	Name of Employer NB Sport, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05172017A</u>		Date Received 05/17/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Laux	First Edward	MI J	Contribution ID # 1148
Residential Street Address 71 Porchuck Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Equity Trader	Name of Employer IJA Trading Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05172017A</u>		Date Received 05/17/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lesueur	First Andrew	MI J	Contribution ID # 1149
Residential Street Address 12 Annjim Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Consultant	Name of Employer Heidrick & Struggles		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05172017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name DiRusso	First Elizabeth	MI A	Contribution ID # 1150
Residential Street Address 90 Southwood Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer DiRusso & Grove Law Group, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05172017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Greenauer	First Mark	MI D	Contribution ID # 1151
Residential Street Address 90 Southwood Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Agent	Name of Employer Greenauer Insurance Agency, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05172017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Gardner	First William	MI D	Contribution ID # 1152
Residential Street Address 70 Graystone Cir	City New Canaan	State CT	Zip Code 06840
Principal Occupation Lawyer	Name of Employer Law office of William D Gardner		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05172017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/17/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McClure	First Michael	MI	Contribution ID # 1166
Residential Street Address 32 Margaret Dr	City Shelton	State CT	Zip Code 06484
Principal Occupation Managment	Name of Employer Cometa Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Stern	First Ed	MI	Contribution ID # 1167
Residential Street Address 932 Mill Hill Rd	City Southport	State CT	Zip Code 06890
Principal Occupation President & CEO	Name of Employer PowerBridge, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Fox	First Michael	MI	Contribution ID # 1168
Residential Street Address 40 Old Hickory Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation PR consultant	Name of Employer ICR, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lutz	First John	MI	Contribution ID # 1169
Residential Street Address 862 Scioto Dr	City Franklin Lakes	State NJ	Zip Code 07417
Principal Occupation Attorney	Name of Employer McDermott Will & Emery		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Spadacenta	First Marco	MI	Contribution ID # 1170
Residential Street Address 3 Burr School Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Insurance	Name of Employer AIG		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/18/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Foster	First Richard	MI	Contribution ID # 1171
Residential Street Address 12 E 79th St	City New York	State NY	Zip Code 10075
Principal Occupation Director	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kalman	First David	MI	Contribution ID # 1172
Residential Street Address 7 Raphael Way	City Westport	State CT	Zip Code 06880
Principal Occupation Sales	Name of Employer Hot Dog Marketing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Obsitnik	First Anne	MI	Contribution ID # 1196
Residential Street Address 70 Jean Ct	City Moraga	State CA	Zip Code 94556
Principal Occupation Consultant	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/21/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pye	First Walter	MI	Contribution ID # 1197
Residential Street Address 4 Steep Hollow Ln	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Finance	Name of Employer Macquarie		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/21/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$100.00

Last Name Patterson	First Sean	MI	Contribution ID # 1198
Residential Street Address 16 Julia Rd	City Tolland	State CT	Zip Code 06084
Principal Occupation Director	Name of Employer Amazon		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/21/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Wendell	First Jonathan	MI	Contribution ID # 1199
Residential Street Address 22 Turner Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Investor	Name of Employer Nassau Point Investors LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/21/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Kohanski	First Renee	MI	Contribution ID # 1200
Residential Street Address 289 New London Tpke	City Norwich	State CT	Zip Code 06360
Principal Occupation Physician	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/21/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Parratto-Wagner	First Nanette	MI	Contribution ID # 1201
Residential Street Address 14349 Chinese Elm Dr	City Orlando	State FL	Zip Code 32828
Principal Occupation Veterinarian	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/21/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Robertson	First Mary	MI	Contribution ID # 1202
Residential Street Address 28 Jewett Hill Rd	City Sharon	State CT	Zip Code 06069
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/21/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Servidio	First Patrick	MI	Contribution ID # 1203
Residential Street Address 53 Cos Cob Ave	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/22/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Balotescu	First Christina	MI	Contribution ID # 1204
Residential Street Address 1 Norfield Rd	City Weston	State CT	Zip Code 06883
Principal Occupation CEO	Name of Employer 360Alumni, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 05/22/2017	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Moore	First Bruce	MI	Contribution ID # 1205
Residential Street Address 89 West Trl	City Stamford	State CT	Zip Code 06903
Principal Occupation CEO	Name of Employer Eastern Land Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/22/2017	Aggregate Contributions \$150.00
		Amount of Contribution \$50.00	

Last Name Engel	First Johanna	MI	Contribution ID # 1206
Residential Street Address 9 Cricklewood Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Roer	First Michael	MI	Contribution ID # 1207
Residential Street Address 425 Katona Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Steinberg	First Elisabeth	MI	Contribution ID # 1208
Residential Street Address 76 Doral Farm Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Adler	First Bonnie	MI	Contribution ID # 1209
Residential Street Address 7 Owenoke Park	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Scruton	First Brian	MI	Contribution ID # 1210
Residential Street Address 236 Papermill Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Commercial Real Estate Broker	Name of Employer Cushman & Wakefield		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Steinberg	First Brian	MI	Contribution ID # 1211
Residential Street Address 255 Sycamore Ter	City Stamford	State CT	Zip Code 06902
Principal Occupation Journalist	Name of Employer Penske Media Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Curry	First Brian	MI	Contribution ID # 1212
Residential Street Address 32 Knollwood Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Executive Search	Name of Employer Fairfield Partners Executive Search, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bortniker	First Jeffrey	MI	Contribution ID # 1187
Residential Street Address 4 Sasqua Rd	City Norwalk	State CT	Zip Code 06855
Principal Occupation Artist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05232017A</u>		Date Received 05/23/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Perry	First Dennis	MI	Contribution ID # 1188
Residential Street Address 135 Oenoke Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation CEO	Name of Employer Ablis		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05232017A</u>		Date Received 05/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Lowman	First John	MI F	Contribution ID # 1189
Residential Street Address 213 Park St	City New Canaan	State CT	Zip Code 06820
Principal Occupation Financial services	Name of Employer Patrick Capital Markets, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05232017A</u>		Date Received 05/23/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name O'Reilly	First Michael	MI	Contribution ID # 1190
Residential Street Address 18 Duck Pond Rd	City Norwalk	State CT	Zip Code 06855
Principal Occupation Consultant	Name of Employer Paradigm Associates, LLV		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05232017A</u>		Date Received 05/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kabilnitsky	First Michael	MI	Contribution ID # 1191
Residential Street Address 69 Carriage Dr	City Stamford	State CT	Zip Code 06902
Principal Occupation Owner/Beverage importer	Name of Employer Corus, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05232017A</u>		Date Received 05/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Chipman	First Frank	MI	Contribution ID # 1192
Residential Street Address 360 Nutmeg Ln	City Stratford	State CT	Zip Code 06614
Principal Occupation Market Research	Name of Employer Metrix Lab		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05232017A</u>		Date Received 05/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Franco	First Anna	MI	Contribution ID # 1193
Residential Street Address 2 Hill Top Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Market Research Client Service	Name of Employer Metrix Lab		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05232017A</u>		Date Received 05/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Amoruccio	First Vincent	MI	Contribution ID # 1194
Residential Street Address 5 E Wall St	City Norwalk	State CT	Zip Code 06851
Principal Occupation Bio-statistician	Name of Employer Alexion Pharma		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05232017A</u>		Date Received 05/23/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lee	First Adam	MI C	Contribution ID # 1195
Residential Street Address 95 High Rodge Rd	City Easton	State CT	Zip Code 06612
Principal Occupation Consumer Research	Name of Employer Metrix Lab		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05232017A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/23/2017
		Aggregate Contributions \$60.00	Amount of Contribution \$60.00

Last Name Syed	First Salman	MI	Contribution ID # 1213
Residential Street Address 1 Harbor Point Rd # 1805	City Stamford	State CT	Zip Code 06902
Principal Occupation CEO	Name of Employer Arccos Golf		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Connors	First William	MI	Contribution ID # 1214
Residential Street Address 10260 Heritage Bay Blvd # 3511	City Naples	State FL	Zip Code 34120
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Miller	First Linda	MI	Contribution ID # 1215
Residential Street Address 61 Center St	City Westport	State CT	Zip Code 06880
Principal Occupation President	Name of Employer Girlshot		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Schapiro	First Steven	MI	Contribution ID # 1216
Residential Street Address 498 Wire Mill Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation President/Mortgage Broker	Name of Employer Circle S Capital Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Corgel	First James	MI	Contribution ID # 1217
Residential Street Address 20 Broadview Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Joseph	First Daniel	MI	Contribution ID # 1218
Residential Street Address 17 Penwood Rd	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Executive	Name of Employer Corridor Property Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name McNear	First John	MI	Contribution ID # 1219
Residential Street Address 170 Pear Tree Point Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Investments	Name of Employer JPMorgan		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Butler	First Margaret	MI	Contribution ID # 1220
Residential Street Address 12 Park Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Lipner	First Justin	MI	Contribution ID # 1221
Residential Street Address 78 Locust Ave	City Mill Valley	State CA	Zip Code 94941
Principal Occupation Research	Name of Employer Millward Brown		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Morris	First Robert	MI E	Contribution ID # 1173
Residential Street Address 98 Riverside Ave	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Steiger	First Jane	MI I	Contribution ID # 1174
Residential Street Address 38 Hickory Dr	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brown	First Norman	MI H	Contribution ID # 1175
Residential Street Address 204 Ferris Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cooling	First Anne	MI C	Contribution ID # 1176
Residential Street Address 204 Ferris Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kilts	First James	MI M	Contribution ID # 1177
Residential Street Address 96 Conyers Farm Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Partner/Investment Mangement	Name of Employer Centerview Capital, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/24/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cardello	First Joseph	MI	Contribution ID # 1178
Residential Street Address 40 Compo Beach Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Banking/Insurance	Name of Employer Cornerstone Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 05162017B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Luscombe	First Josephone	MI F	Contribution ID # 1179
Residential Street Address 56 Long Lots Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Jones	First J Robert	MI	Contribution ID # 1180
Residential Street Address 9 Hillside Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Koster	First Preston	MI	Contribution ID # 1181
Residential Street Address 71 Long Lots Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Vacheron	First Thomas	MI E	Contribution ID # 1182
Residential Street Address 160 Queens Grant Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Financial Advisor	Name of Employer Merrill-Lynch		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Winn	First Goldie	MI O	Contribution ID # 1183
Residential Street Address 5 Owenoke Park	City Westport	State CT	Zip Code 06880
Principal Occupation Clinical Social Worker	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017B</u>		Date Received 05/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name O'Brien	First William	MI A	Contribution ID # 1184
Residential Street Address 207 Greens Farm Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05162017B</u>		Date Received 05/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Cronin	First Joy	MI H	Contribution ID # 1185
Residential Street Address 603 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Cronin	First Thomas	MI G	Contribution ID # 1186
Residential Street Address 603 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Canuel	First David	MI	Contribution ID # 1222
Residential Street Address 211 Cricket Knl	City Wethersfield	State CT	Zip Code 06109
Principal Occupation Substitute Teacher	Name of Employer Meriden Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$35.00
			Amount of Contribution \$35.00

Last Name Lederer	First Robert	MI	Contribution ID # 1223
Residential Street Address 308 Grand Key Ter	City Palm Beach Gardens	State FL	Zip Code 33418
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Shay	First Allison	MI	Contribution ID # 1224
Residential Street Address 78 Maple St	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Goodwin	First Charles	MI	Contribution ID # 1225
Residential Street Address 164 West Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consultant	Name of Employer Bridgewater Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McNab	First Andy	MI	Contribution ID # 1226
Residential Street Address 302 Wilton Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Operations Manager	Name of Employer Cooley Marine Management, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Benke	First Diane	MI	Contribution ID # 1227
Residential Street Address 122 Old Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Marketing	Name of Employer Dubovy Consulting		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Thrush	First William	MI L	Contribution ID # 1229
Residential Street Address 32 High Point Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Financial Advisor	Name of Employer Thrush Group, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Brennan	First Joanna	MI M	Contribution ID # 1230
Residential Street Address 134 Ridge Acres Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sprung	First Lloyd	MI A	Contribution ID # 1231
Residential Street Address 36 Mooreland Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Investment Banker	Name of Employer Evercore		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 05/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Orr	First Abigail	MI J	Contribution ID # 1232
Residential Street Address 4 Pin Oak Ct	City Vorhees	State NJ	Zip Code 08043
Principal Occupation Fundraising	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05252017A</u>		Date Received 05/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Calagna	First Amy	MI	Contribution ID # 1233
Residential Street Address 279 Stanwich Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Furniture Manufacturer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05252017A</u>		Date Received 05/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Porter	First Fiona	MI C	Contribution ID # 1234
Residential Street Address 22 Greenwood Ave	City Darien	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05252017A</u>		Date Received 05/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fox		First Rose-Marie		MI	Contribution ID # 1235
Residential Street Address 58 Sunswyck Rd		City Darien		State CT	Zip Code 06820
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05252017A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/25/2017	
Last Name Calagna		First Donna		MI M	Contribution ID # 1236
Residential Street Address 279 Stanwich Rd		City Greenwich		State CT	Zip Code 06830
Principal Occupation Hairstylist			Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05252017A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/25/2017	
Last Name Calagna		First Jacqueline		MI	Contribution ID # 1237
Residential Street Address 279 Stanwich Rd		City Greenwich		State CT	Zip Code 06830
Principal Occupation Director of Marketing			Name of Employer Anthony Laurence Belfair		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05252017A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 05/25/2017	
Last Name Frankenfield		First Michael		MI	Contribution ID # 1228
Residential Street Address 70 Thrush Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Entrepreneur			Name of Employer Cactii, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 05/26/2017	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Tehrani	First Michael	MI	Contribution ID # 1252
Residential Street Address 838 High Ridge Rd	City Stamford	State CT	Zip Code 06905
Principal Occupation Designer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/29/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Maitland	First R Ann	MI	Contribution ID # 1253
Residential Street Address 36 Hale Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Seto	First Richard	MI	Contribution ID # 1254
Residential Street Address 133 Easton Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Pilot	Name of Employer Delta Air Lines		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Wetzel	First Robert	MI	Contribution ID # 1255
Residential Street Address 114 Glenn St	City Decatur	State GA	Zip Code 30030
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dapuzzo	First Peter	MI	Contribution ID # 1256
Residential Street Address 18 Pilot Rock Ln	City Riverside	State CT	Zip Code 06878
Principal Occupation Real Estate Investor	Name of Employer Hamilton Point Investments		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sharp	First Matthew	MI	Contribution ID # 1257
Residential Street Address 67 Bill Hill Rd	City Old Lyme	State CT	Zip Code 06371
Principal Occupation Real Estate	Name of Employer Newmark Knight Frank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Frisoli	First Gregory	MI	Contribution ID # 1258
Residential Street Address 14 Dingtletown Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Director; Singer, Educator	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hunter	First Wendy	MI	Contribution ID # 1259
Residential Street Address 3 Chelsea Ct	City Westport	State CT	Zip Code 06880
Principal Occupation Attorney	Name of Employer Coles, Baldwin & Kaiser		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Baldwin	First James	MI	Contribution ID # 1260
Residential Street Address 150 Inwood Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation HR Consultant	Name of Employer Stanton Chase International		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Matthews	First Mary	MI	Contribution ID # 1261
Residential Street Address 29 Joshuatown Rd	City Old Lyme	State CT	Zip Code 06371
Principal Occupation Biotechnology	Name of Employer Accelaron Pharma		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Ertel	First Steven	MI	Contribution ID # 1262
Residential Street Address 37 Halcyon Rd	City Newton Center	State MA	Zip Code 02459
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Chappano	First Ralph	MI	Contribution ID # 1263
Residential Street Address 49 Avalon Dr	City Avon	State CT	Zip Code 06001
Principal Occupation CFO	Name of Employer CMTL, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Broncati	First Elizabeth	MI	Contribution ID # 1264
Residential Street Address 83 Ohio Avenue Ext	City Norwalk	State CT	Zip Code 06851
Principal Occupation Healthcare investments	Name of Employer Pavadi Capital LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Edelman	First Jeffrey	MI	Contribution ID # 1265
Residential Street Address 235 W 76th St	City New York	State NY	Zip Code 10023
Principal Occupation Consultant	Name of Employer Deloitte Consulting		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Coykendall	First John	MI	Contribution ID # 1266
Residential Street Address 28 Island Way	City Westport	State CT	Zip Code 06880
Principal Occupation Consultant	Name of Employer Ernst & Young		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gallagher	First John	MI	Contribution ID # 1267
Residential Street Address 5 Wildwood Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Dean of Graduate Studies	Name of Employer LIM College		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jenkins	First Jacqueline	MI	Contribution ID # 1268
Residential Street Address 470 Malcolm X Blvd	City New York	State NY	Zip Code 10037
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name McNear	First Catherine	MI	Contribution ID # 1269
Residential Street Address 170 Pear Tree Point Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Vivas	First Guillermo	MI	Contribution ID # 1270
Residential Street Address 1201 River Reach Dr # 506	City Fort Lauderdale	State FL	Zip Code 33315
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$15.00

Last Name Vivas	First Guillermo	MI	Contribution ID # 1271
Residential Street Address 1201 River Reach Dr # 506	City Fort Lauderdale	State FL	Zip Code 33315
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wood	First Lance	MI	Contribution ID # 1272
Residential Street Address 133 Regent Pl	City Alamo	State CA	Zip Code 94507
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Skakel	First George	MI	Contribution ID # 1238
Residential Street Address 81 Holly Hill Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Chairman/CEO	Name of Employer FinFit		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05302017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Demenus	First Marlena	MI	Contribution ID # 1239
Residential Street Address 19 Dingtletown Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Real Estate Investments	Name of Employer Sky Lake Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05302017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sennatt	First Timothy	MI	Contribution ID # 1240
Residential Street Address 49 Hunting Ridge Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>05302017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 05/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mallory	First Diane	MI	Contribution ID # 1241
Residential Street Address 20 Lyme St	City Old Lyme	State CT	Zip Code 06371
Principal Occupation Designer	Name of Employer Dini Mallory, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05302017A</u>		Date Received 05/30/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name James	First George	MI	Contribution ID # 1242
Residential Street Address 451 Guards Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05302017A</u>		Date Received 05/30/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Fountain	First Gideon	MI	Contribution ID # 1243
Residential Street Address 324 Riverside Ave	City Riverside	State CT	Zip Code 06878
Principal Occupation Real Estate Agent	Name of Employer Houlihan & Lawrence		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05302017A</u>		Date Received 05/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Gormley	First Tom	MI	Contribution ID # 1244
Residential Street Address 19 Dingtletown Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Real Estate	Name of Employer Sky Lake Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>05302017A</u>		Date Received 05/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wathen	First Jason	MI	Contribution ID # 1273
Residential Street Address 50 Wyndover Ln	City Stamford	State CT	Zip Code 06902
Principal Occupation Financial advisor	Name of Employer Armillary Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Alisberg	First Andrew	MI	Contribution ID # 1274
Residential Street Address 12 Dewart Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Consulting	Name of Employer Bain & Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Savidan	First Abby	MI	Contribution ID # 1275
Residential Street Address 2671 N Lincoln Ave	City Chicago	State IL	Zip Code 60614
Principal Occupation Banking	Name of Employer Barclays		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Howard	First Nicholas	MI	Contribution ID # 1276
Residential Street Address 114 West Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Cummins and Lockwood		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$350.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Seiken	First Andrew	MI	Contribution ID # 1277
Residential Street Address 775 Columbus Ave	City New York	State NY	Zip Code 10025
Principal Occupation Banking	Name of Employer Barclays		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Howard	First Nicholas	MI	Contribution ID # 1278
Residential Street Address 114 West Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$350.00
			Amount of Contribution \$250.00

Last Name Shotton	First Paul	MI	Contribution ID # 1279
Residential Street Address 124 Lukes Wood Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Engineer	Name of Employer UTC/Pratt&Whitney		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hoy	First Eric	MI	Contribution ID # 1280
Residential Street Address 42 Alexander Dr	City East Hartford	State CT	Zip Code 06118
Principal Occupation Investment Banker	Name of Employer Capital Research Partners & Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Romero	First Thomas	MI	Contribution ID # 1281
Residential Street Address 51 Elmwood Dr	City Southport	State CT	Zip Code 06890
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Critelli	First Joyce M	MI	Contribution ID # 1282
Residential Street Address 39 Shields Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Greenlee	First Charles	MI	Contribution ID # 1283
Residential Street Address 7 Spring Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Insurance Agent	Name of Employer John M Glover Agency		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Mocker	First John	MI	Contribution ID # 1284
Residential Street Address 28 Glenbrook Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation Machine Tool Dealer	Name of Employer Hariton Machinery Co., Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hariton	First Mark	MI	Contribution ID # 1285
Residential Street Address 597 Westport Ave	City Norwalk	State CT	Zip Code 06851
Principal Occupation Investment	Name of Employer MIM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kelley	First Chris	MI	Contribution ID # 1286
Residential Street Address 48 Wood Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Noonan	First Robert	MI	Contribution ID # 1287
Residential Street Address 135 Neartwater Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Economist	Name of Employer TD Capital, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Haendler	First Tomas	MI	Contribution ID # 1288
Residential Street Address 31 Cogswell Ln	City Stamford	State CT	Zip Code 06902
Principal Occupation Attorney	Name of Employer Genworth		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Shepherd	First Michael	MI	Contribution ID # 1289
Residential Street Address 230 Grandview Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Corporate Finance	Name of Employer Pickwick Capital Partners, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Walsh	First Teresa	MI	Contribution ID # 1290
Residential Street Address 63 Sturges Hwy	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stuart	First Michele	MI	Contribution ID # 1293
Residential Street Address 389 Erskine Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Banker	Name of Employer Cowen Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Coleman	First Todd	MI	Contribution ID # 1294
Residential Street Address 6 Whitney Street Ext	City Westport	State CT	Zip Code 06880
Principal Occupation Advertising	Name of Employer The Fearless Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Walsh	First Timothy	MI	Contribution ID # 1295
Residential Street Address 63 Sturges Hwy	City Westport	State CT	Zip Code 06880
Principal Occupation Pharmaceutical Sales	Name of Employer Shire Pharmaceuticals		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Smith	First Rachel	MI	Contribution ID # 1296
Residential Street Address 1 Harbor Point Rd # 1805	City Stamford	State CT	Zip Code 06902
Principal Occupation Agriculture Consultant	Name of Employer Dairy Procurement Group, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sweeney	First John	MI	Contribution ID # 1297
Residential Street Address 3051 Lunada Ln	City Alamo	State CA	Zip Code 94507
Principal Occupation Real Estate	Name of Employer Security Properties		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name McGovern	First Edward	MI	Contribution ID # 1298
Residential Street Address 8330 84th Ave SE	City Mercer Island	State WA	Zip Code 98040
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stuck	First Barton	MI	Contribution ID # 1299
Residential Street Address 148 Greens Farms Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name O'Neil	First G Michael	MI	Contribution ID # 1300
Residential Street Address 2255 Post Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Software Integrator	Name of Employer Tectonic		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hackemer	First Glenn	MI	Contribution ID # 1301
Residential Street Address 6150 S Fulton St	City Englewood	State CO	Zip Code 80111
Principal Occupation writer	Name of Employer freelance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Carney	First Andrew	MI	Contribution ID # 1350
Residential Street Address 1140 Hope St Fl 1	City Stamford	State CT	Zip Code 06907
Principal Occupation Real Estate	Name of Employer NAI Signature Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Tomai	First Daniel	MI E	Contribution ID # 1351
Residential Street Address 101 Oceanic Ave	City Staten Island	State NY	Zip Code 10312
Principal Occupation President	Name of Employer Signature Constructioin		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Date Received 06/01/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name O'Malley	First Ariana	MI CT	Contribution ID # 1352
Residential Street Address 27 Driftway Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Real Estate	Name of Employer Houlihan Lawrence		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Date Received 06/01/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Carozza	First Greg	MI CT	Contribution ID # 1353
Residential Street Address 28 Rakoczy Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Treasury	Name of Employer Arcastle		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Date Received 06/01/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Dowline	First David	MI CT	Contribution ID # 1354
Residential Street Address 32 Oval Ave	City Riverside	State CT	Zip Code 06878
Principal Occupation Publisher	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Date Received 06/01/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name O'Neill	First Michael	MI J	Contribution ID # 1355
Residential Street Address 78 Perry St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Construction Executive	Name of Employer Signature Construction Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Stevenson	First Jayne	MI	Contribution ID # 1356
Residential Street Address 65 St Nicholas Rd	City Darien	State CT	Zip Code 06820
Principal Occupation First Selectman	Name of Employer Town of Darien		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Payne	First Pamela	MI	Contribution ID # 1357
Residential Street Address 7 Old Mill Ct	City Norwalk	State CT	Zip Code 06850
Principal Occupation Real Estate	Name of Employer Houlihan Lawrence		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Hawthorn	First Karen	MI	Contribution ID # 1358
Residential Street Address 27 Brookdale Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Managing Director	Name of Employer Brookdale Assoc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Bannerton	First Kevin	MI E	Contribution ID # 1359
Residential Street Address 57 Relihan Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Partner/Software Solutions	Name of Employer Total Bank Solutions		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 06012017A		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$100.00
		Date Received 06/01/2017	Aggregate Contributions \$100.00

Last Name Effren	First Jerry	MI	Contribution ID # 1360
Residential Street Address 1857 Newfield Ave	City Stamford	State CT	Zip Code 06903
Principal Occupation Real Estate Development	Name of Employer The Greyrock Companaies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 06012017A		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$100.00
		Date Received 06/01/2017	Aggregate Contributions \$100.00

Last Name Effren	First Sandra	MI	Contribution ID # 1361
Residential Street Address 1857 Newfield Ave	City Stamford	State CT	Zip Code 06903
Principal Occupation Real Estate dEVELOPMENT	Name of Employer The Greyrock Companies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 06012017A		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$100.00
		Date Received 06/01/2017	Aggregate Contributions \$100.00

Last Name Robinson	First Susie	MI	Contribution ID # 1362
Residential Street Address 4 Rocky Point Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Chief HR Officer	Name of Employer Purdue Pharma		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 06012017A		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$200.00
		Date Received 06/01/2017	Aggregate Contributions \$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sherwood	First Gregory	MI C	Contribution ID # 1363
Residential Street Address 58 Robin Hill Rd	City Newtown	State CT	Zip Code 06470
Principal Occupation General Contractor	Name of Employer Signature Construction Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cahill	First Steven	MI D	Contribution ID # 1364
Residential Street Address 136 Canoe Brook Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation General construction	Name of Employer Signature Construction		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hodgson	First Jasmine	MI M	Contribution ID # 1365
Residential Street Address 11 Linda Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Commercial Real Estate	Name of Employer Choyce Patterson		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$40.00
		Amount of Contribution \$40.00	

Last Name Sulberg	First Jim	MI	Contribution ID # 1366
Residential Street Address 7 Contentment Is	City Darien	State CT	Zip Code 06820
Principal Occupation Investments	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/01/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vanderlande	First Emily	MI E	Contribution ID # 1367
Residential Street Address 14 Mead Ave	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06012017A</u>		Date Received 06/01/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Courtemanche	First George	MI	Contribution ID # 1245
Residential Street Address 15 Nearwater Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022017A</u>		Date Received 06/02/2017	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Sarbinowski	First Amy	MI	Contribution ID # 1246
Residential Street Address 14 Morehouse Dr	City Darien	State CT	Zip Code 06820
Principal Occupation Journalist/freelance writer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022017A</u>		Date Received 06/02/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Kipp	First Susan	MI	Contribution ID # 1247
Residential Street Address 35 Yarmouth Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022017A</u>		Date Received 06/02/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wilson	First William	MI J	Contribution ID # 1248
Residential Street Address 27 Crest Rd	City Rowayton	State CT	Zip Code 06853
Principal Occupation Investment Bankier	Name of Employer Imperial Capital, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022017A</u>		Date Received 06/02/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Works	First Allison	MI N	Contribution ID # 1249
Residential Street Address 38 Nearwater Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022017A</u>		Date Received 06/02/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Kelly	First Amanda	MI	Contribution ID # 1250
Residential Street Address 15 Nearwater Rd	City Rowayton	State CT	Zip Code 06853
Principal Occupation Marketing consultant	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022017A</u>		Date Received 06/02/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Courtemanche	First Howard	MI	Contribution ID # 1251
Residential Street Address 15 Nearwater Rd	City Rowayton	State CT	Zip Code 06853
Principal Occupation Advertising	Name of Employer Young & Rubicam		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06022017A</u>		Date Received 06/02/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Begin	First Cynthia K	MI	Contribution ID # 1302
Residential Street Address 70 Selden Rd	City Old Lyme	State CT	Zip Code 06371
Principal Occupation Finance	Name of Employer White and Case		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Nietsch	First Eric	MI	Contribution ID # 1303
Residential Street Address 67 Old Norwalk Rd	City New Canaan	State CT	Zip Code 06842
Principal Occupation Investment Advisor	Name of Employer Five Mile River		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Robbins	First Thayer	MI	Contribution ID # 1304
Residential Street Address 7 Edgehill Dr	City Darien	State CT	Zip Code 06820
Principal Occupation Executive	Name of Employer Northwell		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Nappi	First Ralph	MI	Contribution ID # 1305
Residential Street Address 22 Par Ct	City Manhasset	State NY	Zip Code 11030
Principal Occupation Ultra Pure, LLC	Name of Employer Chief Strategy Officer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sellhausen	First Stephen	MI	Contribution ID # 1306
Residential Street Address 10 Hillsley Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Real estate	Name of Employer Collins enterprises		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Collins	First Arthur	MI	Contribution ID # 1307
Residential Street Address 1455 E Putnam Ave	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Halstead Properties	Name of Employer Realtor		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Foster	First Kimberly	MI	Contribution ID # 1308
Residential Street Address 100 Goodwives River Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Trader	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hingtgen	First Donald	MI	Contribution ID # 1309
Residential Street Address 11 Topsail Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/02/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Masar	First Catherine	MI	Contribution ID # 1317
Residential Street Address 250 E Roanoke St	City Seattle	State WA	Zip Code 98102
Principal Occupation HR Business Partner	Name of Employer Amazon		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/04/2017	Aggregate Contributions \$89.00
		Amount of Contribution \$89.00	

Last Name Bennett	First Robert	MI	Contribution ID # 1318
Residential Street Address 917 8th St	City Manhattan Beach	State CA	Zip Code 90266
Principal Occupation Real Estate	Name of Employer Wilshire Capital Parnters, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/04/2017	Aggregate Contributions \$89.00
		Amount of Contribution \$89.00	

Last Name Frankenfield	First Kelly	MI	Contribution ID # 1319
Residential Street Address 70 Thrush Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/04/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Finkelstein	First Steven	MI	Contribution ID # 1320
Residential Street Address 1 Greenway Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Lawyer	Name of Employer Rinaldi Finkelstein &Franklin		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Arndt	First Kenneth	MI	Contribution ID # 1321
Residential Street Address 746 E Broadway	City Milford	State CT	Zip Code 06460
Principal Occupation Telecommunication	Name of Employer Frontier Communications		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Wu	First Jerry	MI	Contribution ID # 1322
Residential Street Address 159 Woodland Way	City Oakland	State CA	Zip Code 94611
Principal Occupation Technology	Name of Employer Sight Machine, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$100.00

Last Name Chiodo	First Donald	MI	Contribution ID # 1323
Residential Street Address 12 Dibble St	City Norwalk	State CT	Zip Code 06853
Principal Occupation Banker	Name of Employer JP Morgan Chase		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Hines	First James	MI	Contribution ID # 1324
Residential Street Address 44 Bridge St	City Westport	State CT	Zip Code 06880
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DiLoreto	First Andrew	MI	Contribution ID # 1325
Residential Street Address 160 Belden Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Insurance	Name of Employer Insight		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/05/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Ulbrich	First Frederick	MI C	Contribution ID # 1310
Residential Street Address 153 Washington Ave	City North Haven	State CT	Zip Code 06473
Principal Occupation Executive	Name of Employer Ulbrich Stainless Steels		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/05/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Stearns	First Amanda	MI W	Contribution ID # 1311
Residential Street Address 12 Old Parish Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/05/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Stearns	First Marshall	MI E	Contribution ID # 1312
Residential Street Address 12 Old Parish Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Agricultural Consultant	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/05/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gordon	First Linda	MI L	Contribution ID # 1313
Residential Street Address 77 Havemeyer Ln # 24	City Stamford	State CT	Zip Code 06902
Principal Occupation Financial Consultant	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Huffard	First Jay	MI C	Contribution ID # 1314
Residential Street Address 77 Havemeyer Ln # 32	City Stamford	State CT	Zip Code 06902
Principal Occupation Investments	Name of Employer Conсор Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Huffard	First Kirk	MI D	Contribution ID # 1315
Residential Street Address 77 Havemeyer Ln # 32	City Stamford	State CT	Zip Code 06902
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Scheifele	First Wanda	MI B	Contribution ID # 1316
Residential Street Address 35 Birchwood Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Realtor	Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/05/2017	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Finkelstein	First Greta	MI	Contribution ID # 1326
Residential Street Address 1 Greenway Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Pre-school Administrator	Name of Employer Chabad of Greenwich		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Pennino	First David	MI	Contribution ID # 1327
Residential Street Address 21 Wicks End Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Executive	Name of Employer LogicSource		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Trennert	First Jason	MI	Contribution ID # 1328
Residential Street Address 22 E 88th St # 12F	City New York	State NY	Zip Code 10128
Principal Occupation CEO of brokerage firm	Name of Employer Strategas Research Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Richardson	First Nisha Atre	MI	Contribution ID # 1329
Residential Street Address 72 Bowmans Glen Ln	City Clinton Corners	State NY	Zip Code 12514
Principal Occupation Finance	Name of Employer Old City Securities		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Scocimara	First Eriberto	MI	Contribution ID # 1330
Residential Street Address 43 Arch St	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Neiss	First Edward	MI	Contribution ID # 1331
Residential Street Address 200 Charter Oak Dr	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lillis	First Gerard	MI	Contribution ID # 1332
Residential Street Address 74 Ryders Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Investment Manager	Name of Employer Russell Investments		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Hay	First Bradley	MI	Contribution ID # 1333
Residential Street Address 33 Briar Brae Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Real Estate Broker	Name of Employer Blue Trail Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Steinberg	First Tracey	MI	Contribution ID # 1334
Residential Street Address 11 Stony Point Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Nurse	Name of Employer Silver Hill Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/06/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name O'Connor	First Timothy	MI	Contribution ID # 1335
Residential Street Address 10 Irvine Rd	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Financial Services	Name of Employer Jefferies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Agnifilo	First Marc	MI	Contribution ID # 1336
Residential Street Address 176 Broadway 7F	City New York	State NY	Zip Code 10038
Principal Occupation Attorney	Name of Employer Brafman & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Blair	First Jake	MI	Contribution ID # 1337
Residential Street Address 23 Garden Pl	City Brooklyn	State NY	Zip Code 11201
Principal Occupation Finance	Name of Employer HPS Investment Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Broadbent	First William	MI	Contribution ID # 1338
Residential Street Address 75 Pecksland Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Institutional Equity Sales	Name of Employer Barclays		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Broadbent	First Camille	MI	Contribution ID # 1339
Residential Street Address 75 Pecksland Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Boucher	First Timothy	MI	Contribution ID # 1340
Residential Street Address 235 Kenilworth Rd	City Ridgewood	State NJ	Zip Code 07450
Principal Occupation Business owner	Name of Employer B Squared		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Beidl	First Gretchen	MI	Contribution ID # 1341
Residential Street Address 160 W 86th St PH 1	City New York	State NY	Zip Code 10024
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/07/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Boyle	First Susan	MI	Contribution ID # 1342
Residential Street Address 158 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Gordian	First Maria	MI	Contribution ID # 1343
Residential Street Address 10 Park Ave # 28A	City New York	State NY	Zip Code 10016
Principal Occupation Consultant	Name of Employer Bain & Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Randon	First Pamela	MI	Contribution ID # 1344
Residential Street Address 38 Main St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Writer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Lipner	First William	MI	Contribution ID # 1345
Residential Street Address 310 Round Hill Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/08/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lipner	First William	MI	Contribution ID # 1346
Residential Street Address 310 Round Hill Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/09/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Fields	First Maureen	MI	Contribution ID # 1347
Residential Street Address 100 Midwood Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/09/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kelley	First Huntington	MI	Contribution ID # 1348
Residential Street Address 10 Graystone Ln	City Weston	State CT	Zip Code 06883
Principal Occupation Director	Name of Employer Fairfield, Bush & Co.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/09/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$200.00

Last Name Ulehla	First Anthony	MI	Contribution ID # 1349
Residential Street Address 17 Azalea Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Banking	Name of Employer Jeffries		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/09/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cooper		First Linda		MI	Contribution ID # 1380
Residential Street Address 126 Irene St		City Ketchum		State ID	Zip Code 83340
Principal Occupation Retired			Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/11/2017	
				Aggregate Contributions \$50.00	

Last Name Newman		First Felicia		MI	Contribution ID # 1381
Residential Street Address 135 Overlook Dr		City Media		State PA	Zip Code 19063
Principal Occupation Market Research Consultant			Name of Employer Newman Marketing Research		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/11/2017	
				Aggregate Contributions \$100.00	

Last Name Henry		First Brian		MI	Contribution ID # 1382
Residential Street Address 500 Old Academy Rd		City Fairfield		State CT	Zip Code 06824
Principal Occupation Senior Vice President			Name of Employer Terex Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/12/2017	
				Aggregate Contributions \$200.00	

Last Name Finkelstein		First Richard		MI	Contribution ID # 1383
Residential Street Address 500 NE Spanish River Blvd # 108		City Boca Raton		State FL	Zip Code 33431
Principal Occupation Property Management			Name of Employer Ascend		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 06/12/2017	
				Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Abramowitz	First Roy	MI	Contribution ID # 1384
Residential Street Address 581 Laurel Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation CPA	Name of Employer Rou A Abramowitz & Co		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/12/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Haroche	First Andre	MI	Contribution ID # 1385
Residential Street Address 228 Round Hill Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Real Estate Investor	Name of Employer Silverleaf Capital Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/12/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Sellers	First Colleen	MI	Contribution ID # 1386
Residential Street Address 420 E 54th St # 17A	City New York	State NY	Zip Code 10022
Principal Occupation Private Equity	Name of Employer Snowbridge Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/12/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Randon	First William	MI	Contribution ID # 1387
Residential Street Address 117 Eel River Rd	City Norton	State MA	Zip Code 02766
Principal Occupation Private Investor	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/12/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Roth	First Stephen	MI	Contribution ID # 1388
Residential Street Address 129 Havemeyer Pl	City Greenwich	State CT	Zip Code 06830
Principal Occupation Private Investor	Name of Employer North American Capital Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017	Aggregate Contributions \$375.00 Amount of Contribution \$375.00

Last Name Davis	First Mike	MI	Contribution ID # 1389
Residential Street Address 154 Lombard St	City San Francisco	State CA	Zip Code 94111
Principal Occupation Business executive	Name of Employer Immersion		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017	Aggregate Contributions \$100.00 Amount of Contribution \$100.00

Last Name Carew	First William	MI	Contribution ID # 1390
Residential Street Address 24 Lawton Dr	City Simsbury	State CT	Zip Code 06070
Principal Occupation Sales & marketing executive	Name of Employer OneDigital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/12/2017	Aggregate Contributions \$100.00 Amount of Contribution \$100.00

Last Name Hawes	First Elizabeth	MI	Contribution ID # 1391
Residential Street Address 6 Richmond Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/13/2017	Aggregate Contributions \$100.00 Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Balotescu	First Christina	MI	Contribution ID # 1392
Residential Street Address 1 Norfield Rd	City Weston	State CT	Zip Code 06883
Principal Occupation CEO	Name of Employer 360Alumni, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Lempit	First Kenneth	MI	Contribution ID # 1393
Residential Street Address 1845 Gregory Blvd	City Norwalk	State CT	Zip Code 06855
Principal Occupation Marketing	Name of Employer Austin Lawrence Group, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/13/2017	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

Last Name Illuzzi	First John	MI	Contribution ID # 1394
Residential Street Address 468 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Financial manager	Name of Employer Laurel Ridge Asset Management		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Perlman	First Doug	MI	Contribution ID # 1395
Residential Street Address 88 Fable Farm Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Executive	Name of Employer Sports Media Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Deutsch	First William	MI	Contribution ID # 1396
Residential Street Address 26 Pilot Rock Ln	City Riverside	State CT	Zip Code 06878
Principal Occupation Chairman	Name of Employer Deutsch Family Wine & Spirits		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/13/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Fusaro	First Paul	MI	Contribution ID # 1397
Residential Street Address 275 Wellington Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Portfolio Manager	Name of Employer IndexIQ Advisors LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/13/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Fleisher	First Michael	MI	Contribution ID # 1398
Residential Street Address 67 Battle Swamp Rd	City Roxbury	State CT	Zip Code 06783
Principal Occupation Chief Financial Officer	Name of Employer Wayfair.com		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Bilek	First Robert	MI	Contribution ID # 1399
Residential Street Address 1375 Galloping Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Investment Consultant	Name of Employer MFS Investment Management		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/13/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pace	First Anthony	MI	Contribution ID # 1400
Residential Street Address 1607 E Hemingway Dr	City North Palm Beach	State FL	Zip Code 33408
Principal Occupation Financial Advisor	Name of Employer Lindberg & Ripple		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Holahan	First Richard	MI	Contribution ID # 1401
Residential Street Address 150 Rosebrook Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Caspian Capital LP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bradshaw-Mack	First Bryn	MI	Contribution ID # 1402
Residential Street Address 11 Equestrian Trl	City Weston	State CT	Zip Code 06883
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Moffly	First Jonathan	MI	Contribution ID # 1403
Residential Street Address 40 Powder Horn Hl	City Weston	State CT	Zip Code 06883
Principal Occupation Publisher	Name of Employer Moffly Media		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Scherl	First David	MI	Contribution ID # 1404
Residential Street Address 4 Pump Ln	City Ridgefield	State CT	Zip Code 06877
Principal Occupation attorney	Name of Employer Morrison Cohan, LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Heelan	First Brian	MI	Contribution ID # 1405
Residential Street Address 141 E 26th St	City New York	State NY	Zip Code 10010
Principal Occupation Real Estate	Name of Employer Newmark Knight Frank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Trautman	First Scott	MI	Contribution ID # 1406
Residential Street Address 131 Fleming Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales	Name of Employer FTSE Russell		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Reiling	First Chris	MI	Contribution ID # 1407
Residential Street Address 260 Quarter Horse Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales	Name of Employer QuintilesIMS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Smith	First Elizabeth	MI	Contribution ID # 1408
Residential Street Address 71 Hunting Ridge Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Real Estate Agent	Name of Employer William Raveis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$75.00
			Amount of Contribution \$75.00

Last Name Lau	First Gregory	MI E	Contribution ID # 1368
Residential Street Address 184 Hillspoint Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Executive Search	Name of Employer RSR Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kipp III	First Walter	MI A	Contribution ID # 1369
Residential Street Address 35 Yarmouth Rd	City Norwalk	State CT	Zip Code 06853
Principal Occupation Attorney	Name of Employer Kip & Allen, LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kulinski	First Karin	MI A	Contribution ID # 1370
Residential Street Address 2208 Collingwood Rd	City Alexandria	State VA	Zip Code 22308
Principal Occupation Pilot	Name of Employer United Airlines		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$89.00
			Amount of Contribution \$89.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McIlmurray	First Spencer	MI J	Contribution ID # 1371
Residential Street Address 27 Pheasant Run	City Darien	State CT	Zip Code 06820
Principal Occupation Consulting services/education	Name of Employer Clarion Enterprises, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Kocka	First Richard	MI J	Contribution ID # 1372
Residential Street Address 204 Lonetown Rd	City West Redding	State CT	Zip Code 06896
Principal Occupation Engineer	Name of Employer Conoptics, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Odell	First Douglas	MI B	Contribution ID # 1373
Residential Street Address 3 Imperial Lndg	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ritch	First Herald	MI L	Contribution ID # 1374
Residential Street Address 10 Fort Hills Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Investment banker	Name of Employer Sagent Advisors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cammisa Jr	First Frank	MI P	Contribution ID # 1375
Residential Street Address 39 Lismore Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Spinal surgeon	Name of Employer Hospital for Special Surgery		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Randon	First William	MI O	Contribution ID # 1376
Residential Street Address 38 Main St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Randon	First James	MI H	Contribution ID # 1377
Residential Street Address 38 Main St	City New Canaan	State CT	Zip Code 06896
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Randon	First Elizabeth	MI M	Contribution ID # 1378
Residential Street Address 38 Main St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Howe	First John	MI C	Contribution ID # 1379
Residential Street Address 4 Windy Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Finance	Name of Employer OICP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/14/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Stuart	First Scott	MI	Contribution ID # 1409
Residential Street Address 519 N Maple Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investments	Name of Employer Sageview Capital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Stuart	First Lisa	MI	Contribution ID # 1410
Residential Street Address 519 N Maple Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Vittorias	First Luciana	MI	Contribution ID # 1411
Residential Street Address 1616 S Ocean Blvd	City Palm Beach	State FL	Zip Code 33480
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kjaernested	First Margaret Elizabeth	MI	Contribution ID # 1412
Residential Street Address 332 Field Point Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Vittoria	First Joseph	MI	Contribution ID # 1413
Residential Street Address 1616 S Ocean Blvd	City Palm Beach	State FL	Zip Code 33480
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Kjaernested	First Gudmundur	MI	Contribution ID # 1414
Residential Street Address 332 Field Point Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Shipping	Name of Employer Trans Atlantic Lines		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kim	First Eileen	MI	Contribution ID # 1415
Residential Street Address 9 Lauder Way	City Greenwich	State CT	Zip Code 06830
Principal Occupation Finance	Name of Employer Ionic Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kim	First John	MI	Contribution ID # 1416
Residential Street Address 9 Lauder Way	City Greenwich	State CT	Zip Code 06830
Principal Occupation Finance	Name of Employer Night Owl Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Werner	First Roger	MI	Contribution ID # 1417
Residential Street Address 2124 W Maya Palm Dr	City Boca Raton	State FL	Zip Code 33432
Principal Occupation Television programmer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mulroy	First Thomas	MI	Contribution ID # 1418
Residential Street Address 717 Marble Way	City Boca Raton	State FL	Zip Code 33432
Principal Occupation CEO	Name of Employer T-Rex Capital Group, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Robinson	First Michael	MI	Contribution ID # 1419
Residential Street Address 1277 Smith Rdg Ed	City New Canaan	State CT	Zip Code 06840
Principal Occupation Asset management	Name of Employer Ridgeview Asset Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/15/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Weismann	First Paul	MI	Contribution ID # 1420
Residential Street Address 55 Old Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Finance	Name of Employer Weismann Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Adams	First Kathryn	MI	Contribution ID # 1421
Residential Street Address 84 Brookside Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Realtor	Name of Employer Sotheby's International Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cutler	First Peter	MI	Contribution ID # 1422
Residential Street Address 506 Merwins Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Engineer	Name of Employer Google		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dunne	First Jeffrey	MI	Contribution ID # 1423
Residential Street Address 90 Butternut Ln	City Southport	State CT	Zip Code 06890
Principal Occupation Investment Sales	Name of Employer CBRE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Weaver	First Grant	MI	Contribution ID # 1424
Residential Street Address 60 Tyler Ave	City Groton	State CT	Zip Code 06340
Principal Occupation Engineer	Name of Employer The Water Planet Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sellge	First Christine	MI	Contribution ID # 1425
Residential Street Address 30 Copper Beech Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Carroll	First Timothy	MI	Contribution ID # 1426
Residential Street Address 218 Mill River Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Finance	Name of Employer Moneda Asset Mangement		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Peterson	First Peter	MI	Contribution ID # 1427
Residential Street Address 212 Maple Tree Hill Rd	City Southbury	State CT	Zip Code 06488
Principal Occupation Attorney	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gannon	First Christine	MI	Contribution ID # 1428
Residential Street Address 160 Blue Bell Ln	City Fairfield	State CT	Zip Code 06824
Principal Occupation Accountant	Name of Employer Compuledger		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kashar	First Elisa	MI	Contribution ID # 1429
Residential Street Address 32 Londonderry Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mackay	First Stephen	MI	Contribution ID # 1430
Residential Street Address 289 Fair Oak Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales	Name of Employer Securonix, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Barth	First Patrick	MI	Contribution ID # 1431
Residential Street Address 328 Sound Beach Ave	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Finance	Name of Employer Third Point		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Novek	First Keith	MI	Contribution ID # 1432
Residential Street Address 121 Clapboard Ridge Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Management Consulting	Name of Employer EY		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/16/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Barth	First Lindsay	MI	Contribution ID # 1433
Residential Street Address 328 Sound Beach Ave	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Weinstein	First Luke	MI	Contribution ID # 1434
Residential Street Address 15 Maritone Ln	City Deep River	State CT	Zip Code 06417
Principal Occupation Aviation training	Name of Employer CCL Aviation Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/17/2017	Aggregate Contributions \$38.00
		Amount of Contribution \$38.00	

Last Name Gault	First Nancy	MI R	Contribution ID # 1435
Residential Street Address 91 Clapboard Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mountain Jr	First Robert	MI P	Contribution ID # 1436
Residential Street Address 528 W Lyon Farm Dr	City Greenwich	State CT	Zip Code 06831
Principal Occupation Registered Investment Advisor	Name of Employer Mountain Capital Management Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$100.00
		Date Received 06/19/2017	Aggregate Contributions \$100.00

Last Name Twombly	First Julian	MI B	Contribution ID # 1437
Residential Street Address 1 Running Brook Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation President/Investment Advisor	Name of Employer Canaan Consulting Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$375.00
		Date Received 06/19/2017	Aggregate Contributions \$375.00

Last Name Friedman Agnifilo	First Karen	MI	Contribution ID # 1438
Residential Street Address 176 Broadway 7F	City New York	State NY	Zip Code 10038
Principal Occupation Prosecutor	Name of Employer NY County DA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$10.00
		Date Received 06/19/2017	Aggregate Contributions \$10.00

Last Name McKee	First Bruce	MI R	Contribution ID # 1439
Residential Street Address 5634 Yerba Buena Rd	City Santa Rosa	State CA	Zip Code 94509
Principal Occupation CPA	Name of Employer Bruce R McKee, CPA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution \$100.00
		Date Received 06/19/2017	Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jachinczyk	First Michael	MI C	Contribution ID # 1440
Residential Street Address 40 Wallacks Ln	City Stamford	State CT	Zip Code 06902
Principal Occupation Attorney at Law	Name of Employer Michael E Jachinczyk, Attorney at Law		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06132017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Tighe	First Gerard	MI	Contribution ID # 1441
Residential Street Address 48 Keofferam Rd	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Engineer	Name of Employer Cubrc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06132017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Gerard	First Philip	MI A	Contribution ID # 1442
Residential Street Address 17 Van Rensselear Ave	City Stamford	State CT	Zip Code 06902
Principal Occupation Pilot	Name of Employer United Airlines		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06132017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Bilfield	First Peter	MI	Contribution ID # 1443
Residential Street Address 400 Paek Ave	City New York	State NY	Zip Code 10022
Principal Occupation Lawyer	Name of Employer Shipman & goodwin		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06132017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Roach	First John	MI	Contribution ID # 1444
Residential Street Address 1 Milbank Ave # 1B	City Greenwich	State CT	Zip Code 06830
Principal Occupation Finance & Investment	Name of Employer Merrill Lynch		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06132017A</u>		Date Received 06/19/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Fields	First Douglas	MI R	Contribution ID # 1445
Residential Street Address 100 Midwood Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06132017A</u>		Date Received 06/19/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Morera	First Hector	MI	Contribution ID # 1532
Residential Street Address 119 House St	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Structural Engineer	Name of Employer Ammann & Whitney		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/19/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Schneider	First David	MI	Contribution ID # 1533
Residential Street Address 36 Rosewood Dr	City Easton	State CT	Zip Code 06612
Principal Occupation Investment professional	Name of Employer Singletrack Partners, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/19/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Schecter	First Jill	MI	Contribution ID # 1534
Residential Street Address 124 Lockwood Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Sales	Name of Employer iQuest Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/19/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Hammock	First William	MI	Contribution ID # 1535
Residential Street Address 51 Forest Ave # 93	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/19/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Keith	First Jeffrey	MI	Contribution ID # 1536
Residential Street Address 439 Redding Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Non-profit cancer survivor support	Name of Employer Mission (CT Challenge)		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/19/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Hinrichs	First Susan	MI	Contribution ID # 1537
Residential Street Address 54 Butternut Hollow Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/19/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Griffiths	First Sean	MI	Contribution ID # 1538
Residential Street Address 23 Father Peters Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Gibson Dunn		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Seidel	First Martin	MI	Contribution ID # 1539
Residential Street Address 394 Stanwich Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Lawyer	Name of Employer Willkie Farr & Gallagher LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Audibert	First David	MI	Contribution ID # 1540
Residential Street Address 387 Lyman Road Wolcott Ct	City Wolcott	State CT	Zip Code 06716
Principal Occupation Principal	Name of Employer Succession Equity Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Upton	First James	MI	Contribution ID # 1541
Residential Street Address 302 Black Rock Tpke	City Redding	State CT	Zip Code 06896
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fredericks Jr	First Wesley	MI	Contribution ID # 1542
Residential Street Address 221 Benedict Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Jenner & Block LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Keith	First Karin	MI	Contribution ID # 1543
Residential Street Address 439 Redding Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate Sales	Name of Employer Berkshire Hathaway Home Services		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Grant	First Andrew	MI	Contribution ID # 1544
Residential Street Address 82 Vermillion Dr	City Avon	State CT	Zip Code 06001
Principal Occupation Healthcare consultant	Name of Employer Evariant		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Druckenmiller	First Gary	MI	Contribution ID # 1545
Residential Street Address 53 Walbridge Rd	City West Hartford	State CT	Zip Code 06119
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Alvine	First Robert	MI	Contribution ID # 1546
Residential Street Address 171 Five Field Rd	City Madison	State CT	Zip Code 06443
Principal Occupation President	Name of Employer Premier Auto Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Fitzgerald	First Thomas	MI	Contribution ID # 1547
Residential Street Address 17 Equestrian Rdg	City Newtown	State CT	Zip Code 06470
Principal Occupation CEO	Name of Employer Verde Energy USA, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Seaver	First Christine	MI	Contribution ID # 1548
Residential Street Address 510 West Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Writer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$375.00
		Amount of Contribution \$375.00	

Last Name Kinsley	First David	MI	Contribution ID # 1549
Residential Street Address 56 Gun Mill Rd	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Power equipment provider	Name of Employer Kinsley Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Klauberg	First Laura	MI	Contribution ID # 1550
Residential Street Address 101 Lords Hwy	City Weston	State CT	Zip Code 06883
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/19/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Summers	First Michael	MI	Contribution ID # 1551
Residential Street Address 22 Plum Ct	City New Castle	State CO	Zip Code 81647
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Gonye	First Peter	MI	Contribution ID # 1552
Residential Street Address 27 Rowayton Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Executive search	Name of Employer Spencer Stuart		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Saylor	First Roger	MI	Contribution ID # 1553
Residential Street Address 59 White Fall Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Investment management	Name of Employer Church Pension Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Blaustein	First David	MI	Contribution ID # 1554
Residential Street Address 16 W 77th St	City New York	State NY	Zip Code 10024
Principal Occupation President/Biotech company	Name of Employer Bio, Ltd		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Last Name Hobbs	First G Warfield	MI	Contribution ID # 1555
Residential Street Address 181 Mariomi Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consulting Geologist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Romero	First Kimberly	MI	Contribution ID # 1556
Residential Street Address 51 Elmwood Dr	City Southport	State CT	Zip Code 06890
Principal Occupation Abstract Artist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Jones	First Tina	MI	Contribution ID # 1557
Residential Street Address 114 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Investor	Name of Employer Rothschild Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stuck	First Barton	MI	Contribution ID # 1558
Residential Street Address 148 Greens Farms Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Venture Capital	Name of Employer Signal Lake		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

Last Name Wolfsohn	First David	MI	Contribution ID # 1559
Residential Street Address 118 Wedgewood Dr	City Easton	State CT	Zip Code 06612
Principal Occupation Physician	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/20/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

Last Name Waterbury	First Michael	MI	Contribution ID # 1560
Residential Street Address 20 Found Land Way	City Avon	State CT	Zip Code 06001
Principal Occupation Clinical outcome consultant	Name of Employer RemedyOne		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Doyle	First Timothy	MI	Contribution ID # 1561
Residential Street Address 10 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Insurance consultant	Name of Employer Doyle Insurance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kend	First Katherine	MI	Contribution ID # 1562
Residential Street Address 65 Barnegat Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Judd	First George	MI	Contribution ID # 1563
Residential Street Address 612 Penfield Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Attorney/CPA	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kaner	First Abraham	MI	Contribution ID # 1564
Residential Street Address 19 Deerwood Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Business Owner	Name of Employer Morton Williams Supermarkets		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Tapert	First William	MI	Contribution ID # 1565
Residential Street Address 128 Osborne Rd # 505	City Danbury	State CT	Zip Code 06810
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Epps	First Sharon	MI	Contribution ID # 1566
Residential Street Address 25 Three Wells Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Day	First Virginia	MI	Contribution ID # 1567
Residential Street Address 26 Deer Park Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Knies	First Louise	MI	Contribution ID # 1568
Residential Street Address 29 Fiddlehead Rd	City Oxford	State CT	Zip Code 06478
Principal Occupation Financial analyst	Name of Employer Tile America		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kend	First Peter	MI	Contribution ID # 1569
Residential Street Address 65 Barnegat Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wildstein	First Joel	MI	Contribution ID # 1570
Residential Street Address 87 Spicer Hill Rd	City Ledyard	State CT	Zip Code 06339
Principal Occupation Logistics support management	Name of Employer Carwild Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Valkenburgh	First Roger	MI R	Contribution ID # 1446
Residential Street Address 3 Shagbark Pl	City Wilton	State CT	Zip Code 06897
Principal Occupation Attorney	Name of Employer Gregory & Adams, PC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Thibeault	First Therese	MI M	Contribution ID # 1447
Residential Street Address 48 Wall St	City Baltic	State CT	Zip Code 06330
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

Last Name Pierson	First PIhyllis	MI R	Contribution ID # 1448
Residential Street Address 20 Loeffler Rd # T519	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jian	First Tom	MI X	Contribution ID # 1449
Residential Street Address 61 Beacon Hill Dr	City Southbury	State CT	Zip Code 06488
Principal Occupation Engineer	Name of Employer Lockheed Martin		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Dunkin	First William	MI W	Contribution ID # 1450
Residential Street Address 153 W Hyerdale	City Goshen	State CT	Zip Code 06756
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Holte	First Carl	MI T	Contribution ID # 1451
Residential Street Address 2 Scotland Rd	City Baltic	State CT	Zip Code 06330
Principal Occupation Manager	Name of Employer Kaman Precision Products, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Kilgore	First Dustin	MI	Contribution ID # 1452
Residential Street Address 610 Sandstone	City South Windsor	State CT	Zip Code 06074
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nagy	First Joseph	MI J	Contribution ID # 1453
Residential Street Address 221 Trumbull St # 2307	City Hartford	State CT	Zip Code 06103
Principal Occupation Home care strategy	Name of Employer Carecentrix		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Salonia	First Pamela	MI J	Contribution ID # 1454
Residential Street Address 73 Old Ponsett Rd	City Haddam	State CT	Zip Code 06438
Principal Occupation Account manager	Name of Employer General Electric		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name duPont	First John	MI W	Contribution ID # 1455
Residential Street Address 303 Hulls Farm Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Abramowitz	First Nira	MI	Contribution ID # 1456
Residential Street Address 411 Harbor Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Hoomemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Duff	First Alice	MI	Contribution ID # 1457
Residential Street Address 63 Midwood Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Real Estate broker	Name of Employer Sotheby's International Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kersey	First Dallas	MI M	Contribution ID # 1458
Residential Street Address 154 Steep Hill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Svensk	First Robert	MI E	Contribution ID # 1459
Residential Street Address 96 Willow St	City Southport	State CT	Zip Code 06890
Principal Occupation Executive/Investment Advisory	Name of Employer Svensk & Company, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Flaster	First Marc	MI L	Contribution ID # 1460
Residential Street Address 91 Harbor Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Investment Banker	Name of Employer Sandler O'Neill & Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Reilly	First Stephen	MI W	Contribution ID # 1461
Residential Street Address 19 Vineyard Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Realtor	Name of Employer Higgins Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Greene	First Alan	MI CT	Contribution ID # 1462
Residential Street Address 10 Runkenhage Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Reid	First Douglas	MI M	Contribution ID # 1463
Residential Street Address 258 Mulberry Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mastrianni	First Mark	MI CT	Contribution ID # 1571
Residential Street Address 2 Abbotts Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Graham	First Stuart	MI	Contribution ID # 1572
Residential Street Address 12 Country Club Dr	City West Simsbury	State CT	Zip Code 06092
Principal Occupation Construction equipment dealer	Name of Employer Bobcat of CT, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Cook Unger	First Joan	MI	Contribution ID # 1573
Residential Street Address 22 Beaver Brook Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Professor	Name of Employer Yale University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Sargent	First Jeffrey	MI	Contribution ID # 1574
Residential Street Address 31 Rosellen Dr	City Trumbull	State CT	Zip Code 06611
Principal Occupation Compliance Consultant	Name of Employer Self-Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Edelman	First John	MI	Contribution ID # 1575
Residential Street Address 133 Spring Valley Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Executive	Name of Employer Design Within Reach		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/22/2017
		Aggregate Contributions \$200.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Walker	First Michelle	MI	Contribution ID # 1528
Residential Street Address 1969 Cross Hwy	City Fairfield	State CT	Zip Code 06824
Principal Occupation Licensed professional counselor	Name of Employer Shoreline Wellness		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06152017A</u>		Date Received 06/22/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Traynor	First John	MI	Contribution ID # 1529
Residential Street Address 1530 Cross Hwy	City Fairfield	State CT	Zip Code 06824
Principal Occupation CIO	Name of Employer Peoples Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06152017A</u>		Date Received 06/22/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Ward	First David	MI	Contribution ID # 1530
Residential Street Address 426 Mine HI	City Fairfield	State CT	Zip Code 06824
Principal Occupation Publisher	Name of Employer GBSP, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06152017A</u>		Date Received 06/22/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Russo	First Robert	MI D	Contribution ID # 1531
Residential Street Address 208 Broowlawn Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Attorney	Name of Employer Russo & Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06152017A</u>		Date Received 06/22/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Muldoon	First Tim	MI	Contribution ID # 1757
Residential Street Address 4 Pond Pl	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Residentila developer	Name of Employer Twelve Development		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06232017A</u>		Date Received 06/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Mastrianni	First Jane	MI	Contribution ID # 1576
Residential Street Address 2 Abbotts Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DePasquale	First Todd	MI	Contribution ID # 1577
Residential Street Address 135 Steep Hollow Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Security consultant	Name of Employer HESCO		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Tombaugh	First Jennifer	MI	Contribution ID # 1578
Residential Street Address 162 Westwood Rd	City New Haven	State CT	Zip Code 06515
Principal Occupation Travel & tour consultants	Name of Employer Tauck		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Norrgard	First J Erik	MI	Contribution ID # 1579
Residential Street Address 20 Valleywood Rd	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Banker	Name of Employer BNY Mellon		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/23/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Laird	First Tillie	MI P	Contribution ID # 1464
Residential Street Address 305 Sabbaday Ln	City Washington	State CT	Zip Code 06794
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Fabbri	First William	MI F	Contribution ID # 1465
Residential Street Address 206 Meadow Street	City Litchfield	State CT	Zip Code 06757
Principal Occupation Dentist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Dubiago	First Arlene	MI D	Contribution ID # 1466
Residential Street Address 12 Farm Hill Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/23/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dubiago	First Nicholas	MI	Contribution ID # 1467
Residential Street Address 12 Farm Hill Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation CPA	Name of Employer Van Brunt Dubiago & Company, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/23/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Rickabaugh	First Mark	MI V	Contribution ID # 1468
Residential Street Address 67 Pinckney St	City Boston	State MA	Zip Code 02114
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Heller	First Wendy	MI L	Contribution ID # 1469
Residential Street Address 3 Elliott Dr	City Simsbury	State CT	Zip Code 06070
Principal Occupation Management/Sales	Name of Employer Rogo Distributors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Loeb	First Roger	MI S	Contribution ID # 1470
Residential Street Address 26 Ferncliff Dr	City West Hartford	State CT	Zip Code 06117
Principal Occupation Chairman	Name of Employer Allen S Goodman Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Loeb	First Jane	MI B	Contribution ID # 1471
Residential Street Address 26 Ferncliff Drside	City West Hartford	State CT	Zip Code 06117
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Milne	First Allison	MI M	Contribution ID # 1472
Residential Street Address 26 Crockett St	City Rowayton	State CT	Zip Code 06853
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bellmay	First Judson	MI F	Contribution ID # 1473
Residential Street Address 26 Founders Rd	City Clinton	State CT	Zip Code 06413
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Bollykky	First Laszlo	MI J	Contribution ID # 1474
Residential Street Address 1332 Riverbank Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rankowitz	First Andrew	MI	Contribution ID # 1580
Residential Street Address 67 Long Lots Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
		Aggregate Contributions \$375.00	Amount of Contribution \$375.00

Last Name Hofstetter	First Thomas	MI	Contribution ID # 1581
Residential Street Address 15 Bridge St	City Westport	State CT	Zip Code 06880
Principal Occupation Financial Advisor	Name of Employer Wells Fargo Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Zadik	First Christine	MI	Contribution ID # 1582
Residential Street Address 3 Woodside Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Bookkeeper	Name of Employer Greenwich Dental Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Ayoub	First Philip	MI	Contribution ID # 1583
Residential Street Address 276 Palmer Hill Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Accountant	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ayoub	First Karen	MI	Contribution ID # 1584
Residential Street Address 276 Palmer Hill Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/24/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Gammill	First Keri	MI	Contribution ID # 1767
Residential Street Address 2 Old Stamford Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Sales & finance	Name of Employer Toscafund US Ltd		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Fredericks	First Jeanne	MI M	Contribution ID # 1768
Residential Street Address 221 Benedict Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Literary agent	Name of Employer Jeanne Fredereicks Literary Agency Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kenney	First Dion	MI P	Contribution ID # 1769
Residential Street Address 17 Wilton Rd W	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Business consultant	Name of Employer y2 Strategic Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hebert	First Robert	MI J	Contribution ID # 1770
Residential Street Address 58 Prospect St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Fund manager	Name of Employer REI Equity/Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>		Date Received 06/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Hebert	First Janet	MI S	Contribution ID # 1771
Residential Street Address 58 Prospect St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>		Date Received 06/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Krichka	First Leslie	MI B	Contribution ID # 1772
Residential Street Address 130 Ramapo Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Realtor	Name of Employer Southeby's		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>		Date Received 06/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Townsend	First Donald	MI J	Contribution ID # 1773
Residential Street Address 130 Ramapo Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Carpentry	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>		Date Received 06/25/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Daigle	First Katherine	MI R	Contribution ID # 1774
Residential Street Address 239 Peaceable St	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Veschi	First Christine	MI	Contribution ID # 1775
Residential Street Address 445 E 86th St # 8F	City New York	State NY	Zip Code 10028
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06252017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cooper	First Alessandra	MI	Contribution ID # 1593
Residential Street Address 10 Woodside Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Banker	First Judith	MI	Contribution ID # 1594
Residential Street Address 49 W Brother Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McDonagh	First Dennis	MI	Contribution ID # 1595
Residential Street Address 138 E Shore Rd	City Huntington	State NY	Zip Code 11743
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sweet	First Eric	MI	Contribution ID # 1596
Residential Street Address 82 Ann St	City Fairfield	State CT	Zip Code 06824
Principal Occupation Landscape Architect	Name of Employer Greenscape Design		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sullivan	First Daeyoung	MI	Contribution ID # 1597
Residential Street Address 11 Indian Mill Rd	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Sullivan	First Daeyoung	MI	Contribution ID # 1598
Residential Street Address 11 Indian Mill Rd	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ertel	First Kevin	MI	Contribution ID # 1599
Residential Street Address 21 Ann St	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Stock Trader	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$50.00

Last Name Glasser	First Steven	MI	Contribution ID # 1600
Residential Street Address 249 Overlook Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Physician	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

Last Name Smithson	First Gloria	MI	Contribution ID # 1601
Residential Street Address 21 Red Coat Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Broach	First Mark	MI	Contribution ID # 1602
Residential Street Address 97 Borglum Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Portfolio Manager	Name of Employer Manatuck Hill Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cooper	First Bennett	MI	Contribution ID # 1603
Residential Street Address 10 Woodside Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Student	Name of Employer University of Richmond		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cooper	First Lisa	MI	Contribution ID # 1604
Residential Street Address 10 Woodside Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Sales	Name of Employer Retgired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Adams	First James	MI	Contribution ID # 1605
Residential Street Address 10 Shannon Ln	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/25/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

Last Name Cracraft	First John	MI	Contribution ID # 1606
Residential Street Address 7 Relay Pl	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Institutional Salesman	Name of Employer Interactive Brokers		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DiLoreto	First Andrew	MI	Contribution ID # 1607
Residential Street Address 160 Belden Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Insurance Executive	Name of Employer Insight		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$300.00
		Amount of Contribution \$100.00	

Last Name Ragozzino	First John	MI	Contribution ID # 1608
Residential Street Address 27 E Ridge Ct	City Cheshire	State CT	Zip Code 06410
Principal Occupation Vice President	Name of Employer Ragozzino Foods		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Uhlein	First John	MI	Contribution ID # 1609
Residential Street Address 38 Jennifer Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Investments	Name of Employer Grenadier Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cimini	First Michael	MI	Contribution ID # 1610
Residential Street Address 8 Sidney Rd	City Sturbridge	State MA	Zip Code 01566
Principal Occupation CEO	Name of Employer Machriloual, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Evans	First Jonathan	MI	Contribution ID # 1611
Residential Street Address 5 Jofran Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investment management	Name of Employer Evans & Co, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Evans	First Courtney	MI	Contribution ID # 1612
Residential Street Address 5 Jofran Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mangas	First Thomas	MI	Contribution ID # 1613
Residential Street Address 235 Brushy Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Entrepreneussur	Name of Employer Centerfire, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mangas	First Allison	MI	Contribution ID # 1614
Residential Street Address 235 Brushy Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DiBartholomeo	First Tom	MI	Contribution ID # 1615
Residential Street Address 10 High Meadow Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Physician	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Smith	First Mary	MI	Contribution ID # 1616
Residential Street Address 18 Hull Pl	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Quigley	First Patricia	MI	Contribution ID # 1617
Residential Street Address 212 Milbank Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sommers	First John	MI	Contribution ID # 1618
Residential Street Address 42 Sunnybrook Dr	City Manchester	State CT	Zip Code 06040
Principal Occupation President/Business Owner	Name of Employer Allied Printing Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ficaro	First John	MI	Contribution ID # 1619
Residential Street Address 5 Hamilton Ln	City Weatogue	State CT	Zip Code 06089
Principal Occupation Sales	Name of Employer Cigna		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Sweeney	First Barbara	MI	Contribution ID # 1620
Residential Street Address 3 Buck Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Realtor	Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Lewis	First Marc	MI	Contribution ID # 1621
Residential Street Address 45 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Real Estate Owner and Investment Manager	Name of Employer Lexham Private Investors, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Shea	First Patricia	MI	Contribution ID # 1622
Residential Street Address 8 Rustic Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Realtor	Name of Employer Coldwell Banker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lukish	First Thomas	MI	Contribution ID # 1623
Residential Street Address 1404 Forest Acres Dr	City The Villages	State FL	Zip Code 32162
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Schley	First Daniel	MI	Contribution ID # 1624
Residential Street Address 186 Pine Creek Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Real Estate Developer	Name of Employer Dolphin Capital Investors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Kerns	First Andrea	MI	Contribution ID # 1625
Residential Street Address 186 Pine Creek Ave	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Burgess	First W Stephen	MI	Contribution ID # 1626
Residential Street Address 2630 Grey Oaks Dr N # 15	City Naples	State FL	Zip Code 34105
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fuller	First Samuel	MI	Contribution ID # 1627
Residential Street Address 40 Contentment Island Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Real Estate Development	Name of Employer Fuller Development, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/26/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$175.00	

Last Name Creighton	First Eugent	MI	Contribution ID # 1758
Residential Street Address 54 Cromwell Pl	City Old Saybrook	State CT	Zip Code 10000
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/26/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Bertisch	First Lisa	MI	Contribution ID # 1759
Residential Street Address 99 Old Hebron Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation Licensed practical nurse	Name of Employer Genesis Healthcare		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/26/2017	Aggregate Contributions \$20.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

Last Name Simms	First Barbara	MI L	Contribution ID # 1762
Residential Street Address 1 Harbor Point Rd # 904	City Stamford	State CT	Zip Code 06902
Principal Occupation Teacher	Name of Employer Methodist Family Center Preschool		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/26/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Seacord	First John	MI M	Contribution ID # 1763
Residential Street Address 6 Kressfield Farm Ln	City Roxbury	State CT	Zip Code 06783
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Cingari	First Lisa	MI M	Contribution ID # 1764
Residential Street Address 20 Auldwood Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation Wholesale beverage distributor	Name of Employer Brescom Barton Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Brown	First Douglas	MI C	Contribution ID # 1585
Residential Street Address 36 Copper Beech Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Manager	Name of Employer Millcraft		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/26/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mitchell	First Robert	MI E	Contribution ID # 1586
Residential Street Address 13 Joanne Ln	City Weston	State CT	Zip Code 06883
Principal Occupation Co-CEO	Name of Employer Mitchells		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gaberman	First Teri	MI	Contribution ID # 1587
Residential Street Address 52 Fawn Ridge Ln	City Wilton	State CT	Zip Code 06897
Principal Occupation Non-profit child care	Name of Employer Berni-Murcer Friends for Life		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06112017A</u>		Date Received 06/27/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Daniel	First Nina	MI R	Contribution ID # 1588
Residential Street Address 183 Good Hill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation First Selectman	Name of Employer Town of Weston		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06112017A</u>		Date Received 06/27/2017	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Lerner	First Britta	MI	Contribution ID # 1589
Residential Street Address 15 Birch Hill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06112017A</u>		Date Received 06/27/2017	Aggregate Contributions \$200.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$200.00	

Last Name Bradshaw-Mack	First Melissa	MI	Contribution ID # 1590
Residential Street Address 11 Equestrian Trl	City Weston	State CT	Zip Code 06883
Principal Occupation Private jeweler	Name of Employer Carat concierge		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06112017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kim-Blechinger	First Jacqueline	MI	Contribution ID # 1591
Residential Street Address 3 Whippoorwill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Investor	Name of Employer B-1 Management, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06112017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DiPasquale	First Jess	MI	Contribution ID # 1592
Residential Street Address 16 Pheasant Hill Rd	City Weston	State CT	Zip Code 06883
Principal Occupation President/CEO/Director	Name of Employer Alliance Globan Networks		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06112017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Wiant	First Matt	MI	Contribution ID # 1776
Residential Street Address 289 Beach Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Business development	Name of Employer Ideawell, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06272017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Dougherty	First James	MI	Contribution ID # 1777
Residential Street Address 46 Stonehedge Ln	City Monroe	State CT	Zip Code 06468
Principal Occupation VP sales	Name of Employer Peformline Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06272017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pellegrini	First William	MI	Contribution ID # 1778
Residential Street Address 260 Whiting Pond Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales consultant	Name of Employer Whiting Pond LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06272017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Fleming	First Warren	MI	Contribution ID # 1779
Residential Street Address 2445 Parkk Ave # 38	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06272017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Brown	First Rick	MI	Contribution ID # 1780
Residential Street Address 159 Hollydale Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Engineer	Name of Employer CA Technologies		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06272017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Duda	First Russell	MI	Contribution ID # 1781
Residential Street Address 12 Adams Dr	City Shelton	State CT	Zip Code 06484
Principal Occupation Finance	Name of Employer Dun & Bradstreet		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06272017A</u>		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cahill	First Elena	MI	Contribution ID # 1782
Residential Street Address 956 Ocean Ave	City West Haven	State CT	Zip Code 06516
Principal Occupation Professor	Name of Employer University of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06272017A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stirling	First Julianne	MI	Contribution ID # 1783
Residential Street Address 766 Old Post Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Interior Design	Name of Employer Stirling Design Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06272017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Limkakeng	First Ishmael	MI	Contribution ID # 1628
Residential Street Address 3237 Novara Way	City Pleasanton	State CA	Zip Code 94566
Principal Occupation Marketing	Name of Employer Cisco, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Gough	First Christopher	MI	Contribution ID # 1629
Residential Street Address 251 Fair Oak Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Vice President Investor Relations	Name of Employer Edgewell Personal Care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Novak	First Elizabeth	MI	Contribution ID # 1630
Residential Street Address 70 Long Neck Pt	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gehring	First Kiersten	MI	Contribution ID # 1631
Residential Street Address 9 Glenn Gorham Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Gehring	First Francis	MI	Contribution ID # 1632
Residential Street Address 9 Glenn Gorham Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Investment Banking	Name of Employer Seaport Securities		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name LoCurto	First Kathy	MI	Contribution ID # 1633
Residential Street Address 2 Owenoke Park	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McGuire	First Hillary	MI	Contribution ID # 1634
Residential Street Address 9 Marlow Ct	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Nair	First David	MI	Contribution ID # 1635
Residential Street Address 58 Old Rod Rd	City Colchester	State CT	Zip Code 06415
Principal Occupation Scrap metal recycling	Name of Employer Feigenbaum & Nair		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Michaud	First Suzanne	MI	Contribution ID # 1636
Residential Street Address 52 Indian Field Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Chief Financial Officer	Name of Employer Diddel & Diddel		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Tregurtha	First Paul	MI	Contribution ID # 1637
Residential Street Address 248 Long Neck Point Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Commercial moving services	Name of Employer Moran Moving Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Soll	First Bruce	MI	Contribution ID # 1638
Residential Street Address 141 S Drexel Ave	City Columbus	State OH	Zip Code 43209
Principal Occupation Lawyer	Name of Employer I Brands		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/27/2017	Aggregate Contributions \$375.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$375.00	

Last Name Odom	First William	MI	Contribution ID # 1639
Residential Street Address 241 Lake Dale Ave	City Lake City	State SC	Zip Code 29560
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/27/2017	Aggregate Contributions \$300.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$300.00	

Last Name Koorbusch	First Daniel	MI	Contribution ID # 1640
Residential Street Address 167 Riverside Ave	City Riverside	State CT	Zip Code 06878
Principal Occupation Sales trader	Name of Employer Weeden & Co		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Moore	First Christopher	MI	Contribution ID # 1641
Residential Street Address 5 White Birch Ct	City Shelton	State CT	Zip Code 06484
Principal Occupation Sales	Name of Employer Trifacta		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/27/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mauz	First Henry	MI	Contribution ID # 1642
Residential Street Address 1608 Viscaino Rd	City Pebble Beach	State CA	Zip Code 93953
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Victory	First John	MI	Contribution ID # 1643
Residential Street Address 50 High Ridge Rd	City South Glastonbury	State CT	Zip Code 06073
Principal Occupation General Manager	Name of Employer Viamedia		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Schoenfeld	First Michael	MI	Contribution ID # 1644
Residential Street Address 58 Brentwood Dr	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Wholesaler	Name of Employer Manchester Tobacco & Candy Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Yoder	First Merle	MI	Contribution ID # 1645
Residential Street Address 739 Lake Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jedlicka	First Michael	MI	Contribution ID # 1646
Residential Street Address 11 Cove Ridge Ln	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Home builder	Name of Employer Catalyst Investments, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stanco	First Bart	MI	Contribution ID # 1647
Residential Street Address 406 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Property Manager	Name of Employer Secondis, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Scott	First Denise	MI	Contribution ID # 1648
Residential Street Address 198 Rowayton Ave	City Norwalk	State CT	Zip Code 06853
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Nedder	First Michael	MI	Contribution ID # 1649
Residential Street Address 12 Zygmunt Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Banker	Name of Employer Flushing Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ramanathan	First Anand	MI	Contribution ID # 1650
Residential Street Address 5720 Harder St	City San Jose	State CA	Zip Code 95129
Principal Occupation Marketing manager	Name of Employer Skyhigh Networks		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Zadik	First David	MI	Contribution ID # 1651
Residential Street Address 3 Woodside Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Dentist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/27/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Staw	First Michael	MI J	Contribution ID # 1652
Residential Street Address 2 Broadview Rd	City Westport	State CT	Zip Code 06880
Principal Occupation CEO	Name of Employer Ferry Capital Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Staw	First Debbie	MI	Contribution ID # 1653
Residential Street Address 2 Broadview Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Movement/sport skills training	Name of Employer Playball Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nazarro	First Erin	MI P	Contribution ID # 1655
Residential Street Address 48 Portland Ave	City Georgetown	State CT	Zip Code 06896
Principal Occupation Artist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Nazarro	First Joseph	MI A	Contribution ID # 1656
Residential Street Address 48 Portland Ave	City Georgetown	State CT	Zip Code 06829
Principal Occupation Excavation ontractor	Name of Employer Nazarro Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Martin	First Kevin	MI	Contribution ID # 1657
Residential Street Address 79 Valleywood Rd	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Financial management	Name of Employer Milton Partners, LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Trapani	First Joseph	MI	Contribution ID # 1658
Residential Street Address 158 Oldfield Way	City Okatie	State SC	Zip Code 29909
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cobb	First Tobin	MI	Contribution ID # 1659
Residential Street Address 18 Red Top Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Real Estate investment advisor	Name of Employer Grass River Property		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			\$100.00

Last Name Robinson	First Winthrop	MI	Contribution ID # 1660
Residential Street Address 18 Putnam Park	City Greenwich	State CT	Zip Code 06830
Principal Occupation Insurance consultant	Name of Employer W R Berkeley		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			\$100.00

Last Name McKinnon	First Sonnet	MI	Contribution ID # 1661
Residential Street Address 34 Indian Pt La	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$200.00
			\$100.00

Last Name McKinnon	First Sonnet	MI	Contribution ID # 1662
Residential Street Address 34 Indian Pt La	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$200.00
			\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Zaminski	First Stephen	MI	Contribution ID # 1663
Residential Street Address 16 Dingletown Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Valley	First Ryland	MI	Contribution ID # 1664
Residential Street Address 265 Westover Rd	City Stamford	State CT	Zip Code 06902
Principal Occupation Wellness Practitioner	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Marlo	First Giselle	MI	Contribution ID # 1665
Residential Street Address 2901 Catalpa St	City Newport Beach	State CA	Zip Code 92660
Principal Occupation Loan Officer	Name of Employer Back Bay Lending		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ellenthal	First Suzanne	MI	Contribution ID # 1666
Residential Street Address 18 Highview Dr	City Wilton	State CT	Zip Code 06897
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vogel	First Harriet	MI	Contribution ID # 1667
Residential Street Address 914 Winters Creek Rd	City Palm City	State FL	Zip Code 34990
Principal Occupation Counselor; author; speaker	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Harsh	First Vera	MI	Contribution ID # 1668
Residential Street Address 547 Taugwonk Rd	City Stonington	State CT	Zip Code 06378
Principal Occupation Manager	Name of Employer Lyman Allyn Museum		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Harsh	First Vera	MI	Contribution ID # 1669
Residential Street Address 547 Taugwonk Rd	City Stonington	State CT	Zip Code 06378
Principal Occupation Manager	Name of Employer Lyman Allyn Museum		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Tobey	First William	MI	Contribution ID # 1670
Residential Street Address 227 S Bald Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Academic	Name of Employer Harvard University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Russell	First William	MI	Contribution ID # 1671
Residential Street Address 5 Roland Ave	City Norwalk	State CT	Zip Code 06855
Principal Occupation CFO	Name of Employer Paul H Gesswein & Co, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Adair	First Patricia	MI	Contribution ID # 1672
Residential Street Address 330 Elm St # 14	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

Last Name Levine	First Tammy	MI	Contribution ID # 1673
Residential Street Address 55 Dawn Harbor Ln	City Riverside	State CT	Zip Code 06878
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Raveis	First Meghan	MI	Contribution ID # 1674
Residential Street Address 389 Redding Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Managing Director	Name of Employer William Raveis Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gushner-Laufer	First Terry	MI	Contribution ID # 1675
Residential Street Address 998 Fifth Ave	City New York	State NY	Zip Code 10028
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Odom	First Jo	MI	Contribution ID # 1676
Residential Street Address 241 Lake Dale Ave	City Lake City	State SC	Zip Code 29560
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
		Aggregate Contributions \$300.00	Amount of Contribution \$300.00

Last Name LaCapra	First George	MI	Contribution ID # 1677
Residential Street Address 181 Curtiss Ln	City Watertown	State CT	Zip Code 06795
Principal Occupation Executive Management	Name of Employer UniMetal Surface Finishing, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name LaCapra	First Stacy	MI	Contribution ID # 1678
Residential Street Address 181 Curtiss Ln	City Watertown	State CT	Zip Code 06795
Principal Occupation Development	Name of Employer United Way of Greater Waterbury		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name McMahon	First Kevin	MI	Contribution ID # 1679
Residential Street Address 191 Marshall Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Attorney	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Neuenfeldt	First Janea	MI	Contribution ID # 1680
Residential Street Address 176 Shore Rd	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kindy	First Janet	MI	Contribution ID # 1681
Residential Street Address 9 Old Oak Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lin	First Anchi	MI	Contribution ID # 1682
Residential Street Address 168 Cannon Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Banking	Name of Employer JP Morgan Chase		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dantini	First Peter	MI	Contribution ID # 1683
Residential Street Address 882 Valley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Dentist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/28/2017	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Riccardi	First Tracey	MI	Contribution ID # 1784
Residential Street Address 55 Blueberry Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemake		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06282017A</u>		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Riccardi	First Michael	MI	Contribution ID # 1785
Residential Street Address 55 Blueberry Ln	City Darien	State CT	Zip Code 06820
Principal Occupation President	Name of Employer Tudor Investment Corp		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06282017A</u>		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Riether	First Charles	MI	Contribution ID # 1786
Residential Street Address 31 Broadway	City North Haven	State CT	Zip Code 06478
Principal Occupation Sales trader	Name of Employer Hunt Financial Securities		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06282017A</u>		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kirchner	First Steven	MI A	Contribution ID # 1787
Residential Street Address 38 Silver Sproing Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Investment banker	Name of Employer Hunt Financial Securities		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06282017A</u>		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Basch	First James	MI D	Contribution ID # 1788
Residential Street Address 21 Easthill Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Psychotherapist	Name of Employer JABD LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06282017A</u>		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Ward	First Stevenson	MI E	Contribution ID # 1789
Residential Street Address 6 Harbor Bluff Ln	City Rowayton	State CT	Zip Code 06853
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06282017A</u>		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Fichthorn	First John	MI A	Contribution ID # 1790
Residential Street Address 7 Allwood Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Portfolio manager	Name of Employer B Riley & Co LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06282017A</u>		Date Received 06/28/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Stoddard	First Jackie	MI	Contribution ID # 1791
Residential Street Address 114 Nearwater Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06282017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Bryan	First Emily	MI D	Contribution ID # 1792
Residential Street Address 1 Ox Ridge Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Adjunct Professor	Name of Employer Sacred Heart University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06282017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Zea	First Michael	MI	Contribution ID # 1793
Residential Street Address 952 Weed St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Chief of Strategy	Name of Employer Point 72		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06282017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/28/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Infusino	First Jeffrey	MI	Contribution ID # 1794
Residential Street Address 4 Lyndale Park	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>06292017A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gildea	First Amy	MI	Contribution ID # 1795
Residential Street Address 330 Elm St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Mortgage Officer	Name of Employer Peoples United Bank		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Chiodo	First Timothy	MI K	Contribution ID # 1796
Residential Street Address 30 Bob Hill Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Financial analyst	Name of Employer Compass Group Management		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Koyner	First Ira	MI	Contribution ID # 1797
Residential Street Address 176 Godfrey Rd E	City Weston	State CT	Zip Code 06883
Principal Occupation Banker	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Koyner	First Hillary	MI	Contribution ID # 1798
Residential Street Address 176 Godfrey Rd E	City Weston	State CT	Zip Code 06883
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Crovato	First Ellen	MI	Contribution ID # 1799
Residential Street Address 1052 Oenoke Rdg	City New Canaan	State CT	Zip Code 06840
Principal Occupation Director of Development	Name of Employer New Canaan Library		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Drake	First Ronald	MI O	Contribution ID # 1800
Residential Street Address 111 Parish Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Drake	First Elizabeth	MI M	Contribution ID # 1801
Residential Street Address 111 Parish Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation CPA	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Infusino	First Randi	MI	Contribution ID # 1802
Residential Street Address 4 Lyndale Park	City Westport	State CT	Zip Code 06883
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hetherington	First John	MI	Contribution ID # 1803
Residential Street Address 697 Valley Rd	City New Canaan	State CT	Zip Code 10000
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Garrity	First Jonathan	MI P	Contribution ID # 1804
Residential Street Address 4 Hampton Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Fund Manager	Name of Employer Cambridge Hanover		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Abramowitz	First Roy	MI	Contribution ID # 1805
Residential Street Address 581 Laurel Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation CPA	Name of Employer Roy A Abramowitz & Co		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Shea	First Pamela	MI	Contribution ID # 1806
Residential Street Address 24 E Maple St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Orr	First Anne-Maria	MI F	Contribution ID # 1807
Residential Street Address 5 Hidden Meadow Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Heetherington	First Hope	MI	Contribution ID # 1808
Residential Street Address 697 Valley Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Joliet	First Sadhana	MI D	Contribution ID # 1809
Residential Street Address 103 Osborne Ln	City Southport	State CT	Zip Code 06890
Principal Occupation Marketing	Name of Employer Accenture		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Mpoynihan	First Miriam	MI	Contribution ID # 1810
Residential Street Address 330 Elm Stteet 6	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$250.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Campbell III	First Douglas	MI	Contribution ID # 1811
Residential Street Address 36 Club Rd	City Stamford	State CT	Zip Code 06905
Principal Occupation Consultant	Name of Employer Two (2) Campbell Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Campbell	First Gwynne	MI	Contribution ID # 1812
Residential Street Address 36 Club Rd	City Stamford	State CT	Zip Code 06905
Principal Occupation Education consultant	Name of Employer Two (2) Campbell Road		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Trepanier	First Alena	MI A	Contribution ID # 1813
Residential Street Address 32 Twin Pond Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Ceraso	First Karen	MI	Contribution ID # 1814
Residential Street Address 175 Adams Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Realtor	Name of Employer Halstead Properties		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
		Aggregate Contributions \$50.00	Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ceraso	First Anthony	MI	Contribution ID # 1815
Residential Street Address 175 Adams Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Auto repair	Name of Employer AC Auto Body		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06292017A</u>		Date Received 06/29/2017	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name London	First Philip	MI J	Contribution ID # 1819
Residential Street Address 1100 N Glebe 100	City Arlington	State VA	Zip Code 22201
Principal Occupation Chairman	Name of Employer CACI		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Gustafson	First Ronald	MI E	Contribution ID # 1760
Residential Street Address 46 Standish Dr	City Ridgefield	State CT	Zip Code 06877
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Fancer	First Troy	MI	Contribution ID # 1761
Residential Street Address 502 Bronson Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Terris	First Eddie	MI	Contribution ID # 1684
Residential Street Address 68 Lockdale Dr	City Oakdale	State CT	Zip Code 06370
Principal Occupation Printer	Name of Employer Copy Cats Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Cooper	First Rebecca	MI	Contribution ID # 1685
Residential Street Address 35 Anderson Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Russell	First Wendy	MI	Contribution ID # 1686
Residential Street Address 5 Roland Ave	City Norwalk	State CT	Zip Code 06855
Principal Occupation Speech Pathologist	Name of Employer Cooperative Educational Services		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Gesswein	First Dwight	MI	Contribution ID # 1687
Residential Street Address 828 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales of commercial tools & supplies	Name of Employer Gesswein Co		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gesswein	First Martha	MI	Contribution ID # 1688
Residential Street Address 828 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Dowd	First Paul	MI	Contribution ID # 1689
Residential Street Address 35 Sheffield Ln	City Avon	State CT	Zip Code 06001
Principal Occupation Business Owner	Name of Employer Managed Air Systems		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ford	First Cher	MI	Contribution ID # 1690
Residential Street Address 8641 Oceanview Ave	City Orange	State CA	Zip Code 92865
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Dyke	First David	MI	Contribution ID # 1691
Residential Street Address 2289 Guadalupe Dr	City Naples	State FL	Zip Code 34119
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Jones	First Jill	MI	Contribution ID # 1692
Residential Street Address 4 Compo Pkwy	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Brumit	First Brian	MI	Contribution ID # 1693
Residential Street Address 19 Church St S	City Westport	State CT	Zip Code 06880
Principal Occupation Investment management	Name of Employer Old Hill Investment Group, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bebon	First Richard	MI	Contribution ID # 1694
Residential Street Address 270 Fallow Field Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Cooper	First Grant	MI	Contribution ID # 1695
Residential Street Address 35 Anderson Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Baugier	First Hombeline	MI	Contribution ID # 1696
Residential Street Address 367 Riversville Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Jeweler	Name of Employer Hombeline Baugier Jeweler		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Perkins	First Harry	MI	Contribution ID # 1697
Residential Street Address 11 Cleft Rock Ln	City Woodbridge	State CT	Zip Code 06525
Principal Occupation Executive	Name of Employer Connecticut Container		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Lebec	First Alain	MI	Contribution ID # 1698
Residential Street Address 10 Lauder Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Business consultant	Name of Employer American Corporate Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Raker	First Heather	MI	Contribution ID # 1699
Residential Street Address 20 Horseshoe Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ohls	First Theodore	MI	Contribution ID # 1700
Residential Street Address 22 Nimitz Pl	City Old Greenwich	State CT	Zip Code 06870
Principal Occupation Building Engineer	Name of Employer Ashforth		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Mathus	First Elizabeth	MI	Contribution ID # 1701
Residential Street Address 384 Hollow Tree Ridge Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bealle	First Kimberly	MI	Contribution ID # 1702
Residential Street Address 43 Brookside Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Law	First James	MI	Contribution ID # 1703
Residential Street Address 1 Allwood Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Financial advisor	Name of Employer Stephens, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Barrett	First Ruth	MI	Contribution ID # 1704
Residential Street Address 129 Beachside Ave	City Westport	State CT	Zip Code 06880
Principal Occupation Writer	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Barrett	First Rob	MI	Contribution ID # 1705
Residential Street Address 129 Beachside Ave	City Westport	State CT	Zip Code 06880
Principal Occupation Executive	Name of Employer Hearst Media		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Thammana	First Srinivas	MI	Contribution ID # 1706
Residential Street Address 10 Independence Cir	City Middlebury	State CT	Zip Code 06762
Principal Occupation Technology solutions	Name of Employer Virpie Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Wilson	First Christopher	MI	Contribution ID # 1707
Residential Street Address 46 Loughlin Ave	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Asset Management Sales	Name of Employer Principal Global Investors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Carbino	First Michael	MI	Contribution ID # 1708
Residential Street Address 4 Foxfire Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Financial Planner	Name of Employer Barnum Wealth Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kommel	First Lynda	MI	Contribution ID # 1709
Residential Street Address 37 Green Acre Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Asian Securities analyst	Name of Employer Maybank Kim Eng Securities		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Guere	First Robert	MI	Contribution ID # 1710
Residential Street Address 32 Robin Ln	City Monroe	State CT	Zip Code 06468
Principal Occupation Financial advisor	Name of Employer MeRr		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$200.00
		Amount of Contribution \$100.00	

Last Name Ashcraft	First Rebecca	MI	Contribution ID # 1711
Residential Street Address 45 Red Rose Cir	City Darien	State CT	Zip Code 06820
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vancil	First Richard	MI	Contribution ID # 1712
Residential Street Address 47 Middle Beach Rd W	City Madison	State CT	Zip Code 06443
Principal Occupation Investment Research	Name of Employer IDC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Tobey	First Elizabeth	MI	Contribution ID # 1713
Residential Street Address 227 S Bald HI	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Equi	First Taylor	MI	Contribution ID # 1714
Residential Street Address 8 Talcott Forest Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation Lawyer	Name of Employer Brignole, Bush & Lewis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Bulkin	First Rosemary	MI	Contribution ID # 1715
Residential Street Address 60 Ferris Hill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Roth	First Kelli	MI	Contribution ID # 1716
Residential Street Address 8 Bermuda Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Real Estate Agent	Name of Employer Houlihan Lawrence		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lamando	First Jacqueline	MI	Contribution ID # 1717
Residential Street Address 368 Center St	City Southport	State CT	Zip Code 06890
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Wolfsohn	First Micah	MI	Contribution ID # 1718
Residential Street Address 118 Wedgewood Dr	City Easton	State CT	Zip Code 06612
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Orr	First Anne	MI	Contribution ID # 1719
Residential Street Address 5 Hidden Meadow Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Designer	Name of Employer Vineyard Vines		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Debicella	First Dan	MI	Contribution ID # 1720
Residential Street Address 1 Lazybrook Rd	City Shelton	State CT	Zip Code 06484
Principal Occupation EVP Strategy	Name of Employer Young's Market Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Wackerman	First James	MI	Contribution ID # 1721
Residential Street Address 536 Redding Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Financial broker	Name of Employer Guy Carpenter, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Twombly	First Linda	MI	Contribution ID # 1722
Residential Street Address 1 Running Brook Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name McMahon	First Ellen	MI	Contribution ID # 1723
Residential Street Address 191 Marshall Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gardner	First Shawn	MI	Contribution ID # 1724
Residential Street Address 65 Mill Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Real Estate agent	Name of Employer William Raveis		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Jaffe	First Spencer	MI	Contribution ID # 1725
Residential Street Address 59 Summersweet Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Marketing	Name of Employer IBM		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$375.00
			Amount of Contribution \$375.00

Last Name Lagaros	First Marie	MI	Contribution ID # 1726
Residential Street Address 32 Poconock Trl	City New Canaan	State CT	Zip Code 06840
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name DeFrino	First Janet	MI	Contribution ID # 1727
Residential Street Address 5 Cadlipp St	City Norwalk	State CT	Zip Code 06853
Principal Occupation Investor	Name of Employer Alicanto		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DeFrino	First Peter	MI	Contribution ID # 1728
Residential Street Address 5 Cudlipp St	City Norwalk	State CT	Zip Code 06853
Principal Occupation Investor	Name of Employer Alicanto		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DeFrino	First Anne	MI	Contribution ID # 1729
Residential Street Address 5 Cudlipp St	City Norwalk	State CT	Zip Code 06853
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name DeFrino	First Kate	MI	Contribution ID # 1730
Residential Street Address 5 Cudlipp St	City Norwalk	State CT	Zip Code 06853
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/29/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Hombres	First Mark	MI	Contribution ID # 1731
Residential Street Address 63 Rockwood Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Banker	Name of Employer JPMorgan		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 06/30/2017	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dewoing-Hommes	First Carolyn	MI	Contribution ID # 1732
Residential Street Address 63 Rockwood Ln	City Greenwich	State CT	Zip Code 06830
Principal Occupation Consultant	Name of Employer Rockwood LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Nagler	First Christian	MI	Contribution ID # 1733
Residential Street Address 7 Point Rd	City Norwalk	State CT	Zip Code 06854
Principal Occupation Attorney	Name of Employer Kirkland & Ellis LLP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name LiaBraaten	First Clayton	MI	Contribution ID # 1734
Residential Street Address 43055 Unison Knoll Cir	City Ashburn	State VA	Zip Code 20148
Principal Occupation Technology Executive	Name of Employer MicroStrategy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Goldberg	First Amy	MI	Contribution ID # 1735
Residential Street Address 82 Compo Rd N	City Westport	State CT	Zip Code 06880
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Castrignano	First Robert	MI	Contribution ID # 1736
Residential Street Address 1251 6th Ave	City New York	State NY	Zip Code 10020
Principal Occupation Banking	Name of Employer Sandler, O'Neill		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Simon	First Cheryl	MI	Contribution ID # 1737
Residential Street Address 475 Stanwich Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Attorney	Name of Employer Pitney Bowes		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stern	First Amy	MI	Contribution ID # 1738
Residential Street Address 932 Mill Hill Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sweitzer	First B W	MI	Contribution ID # 1739
Residential Street Address 27 Old Stamford Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation University Dean	Name of Employer St. John's University		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name West	First Christopher	MI	Contribution ID # 1740
Residential Street Address 969 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation General contractor	Name of Employer West Construction Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Ethridge	First Gregory	MI	Contribution ID # 1741
Residential Street Address 585 Weed St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Investor	Name of Employer Matlin Patterson Global Advisers LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$225.00
			Amount of Contribution \$125.00

Last Name Ethridge	First Rebecca	MI	Contribution ID # 1742
Residential Street Address 585 Weed St	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$225.00
			Amount of Contribution \$125.00

Last Name Hudkins	First James	MI	Contribution ID # 1743
Residential Street Address 2 Jefferson Xing	City Farmington	State CT	Zip Code 06032
Principal Occupation President	Name of Employer Main Capital Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Saxe	First T Brock	MI	Contribution ID # 1744
Residential Street Address 930 Oenoke Rdg	City New Canaan	State CT	Zip Code 06840
Principal Occupation Real estate investment management	Name of Employer Tombrock Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Berardino	First Thomas	MI	Contribution ID # 1745
Residential Street Address 295 Brushy Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Galik	First Diana	MI	Contribution ID # 1746
Residential Street Address 15 Butlers Island Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lederman	First Seth	MI	Contribution ID # 1747
Residential Street Address 166 E 96th St	City New York	State NY	Zip Code 10128
Principal Occupation CEO	Name of Employer Tonix Pharma		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Smiley	First Jessica	MI	Contribution ID # 1748
Residential Street Address 208 Evergreen Ave	City Brooklyn	State NY	Zip Code 11221
Principal Occupation Social Media Director	Name of Employer Tonix Pharmaceuticals		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Liistro	First Paul	MI	Contribution ID # 1749
Residential Street Address 1 Meadow Brook Ln	City Westport	State CT	Zip Code 06880
Principal Occupation CEO of CRCC health care	Name of Employer Arbors of Hop Brook		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Walsh	First Jerome	MI	Contribution ID # 1750
Residential Street Address 96 Doubling Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Christofferson	First Karen	MI	Contribution ID # 1751
Residential Street Address 12 North Ave	City Westport	State CT	Zip Code 06880
Principal Occupation Investment Banker	Name of Employer Snowbridge Advisors		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hedman	First Carl	MI	Contribution ID # 1752
Residential Street Address 101 Smedley Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Executive	Name of Employer S&P Global		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Eaker	First Dean	MI	Contribution ID # 1753
Residential Street Address 284 Riversville Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Market technologist	Name of Employer Wired Assets Holdings		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Munger	First Stephen	MI	Contribution ID # 1754
Residential Street Address 16 Knollwood Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investment Banker	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Wetmore	First Timothy	MI	Contribution ID # 1755
Residential Street Address 14 Guyer Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Architect	Name of Employer CPG Architects		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name van Dijk	First Laura	MI	Contribution ID # 1756
Residential Street Address 138 Greens Farms Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Management Consultant	Name of Employer Bain & Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
		Aggregate Contributions \$75.00	Amount of Contribution \$50.00

Last Name Goldwasser	First Dan	MI L	Contribution ID # 1765
Residential Street Address 192 Regents Park	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Goldwasser	First Monique	MI	Contribution ID # 1766
Residential Street Address 192 Regents Park	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Coogan	First Maureen	MI E	Contribution ID # 1816
Residential Street Address 5 Compo Pkwy	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Coogan	First Joseph	MI B	Contribution ID # 1817
Residential Street Address 5 Compo Pkwy	City Westport Bs	State	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Sledge	First Christine	MI M	Contribution ID # 1818
Residential Street Address 35 Bridge St # 104	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/30/2017	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Total of Section B			\$92,840.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$92,840.00
(Sections A + B) (Total on Line 14, Column A of Summary Page)			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer		
Address	Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
City	State	Zip Code	Date Received
		Aggregate Contributions	

Total of Section C1			
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Steve Obsitnik for Connecticut				July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT		
Steve Obsitnik for Connecticut				July 10 Filing - Original		
D. Loans Received this Period						
Name of Lender			Source of Loan:		Date of Receipt	
			Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						
Street Address		City	State	Zip Code	Amount Received	
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State Zip Code
Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Steve Obsitnik for Connecticut				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 04/02/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 26 Cherry Tree La		City Riverside	State CT
Zip Code 06878			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 04/03/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 14 Adams Farm Rd		City New Canaan	State CT
Zip Code 06840			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 04/05/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 233 Marvin Ridge Rd		City Darrien	State CT
Zip Code 06840			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 05/01/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 494 Main St		City Monroe	State CT	Zip Code 06468
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
		<input checked="" type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/> No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
		<input checked="" type="checkbox"/> No	\$0.00	

Event # Date of Event 05/02/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 90 Field Point Cir		City Greenwich	State CT	Zip Code 06830
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
		<input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/> No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
		<input checked="" type="checkbox"/> No	\$0.00	

Event # Date of Event 05/04/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 5 Covlee Dr		City Westport	State CT	Zip Code 06880
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
		<input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/> No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
		<input checked="" type="checkbox"/> No	\$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 05/07/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 2 Pequot Trl		City Westport	State CT
Zip Code 06880			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 05/11/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 5 Covlee Dr		City Westport	State CT
Zip Code 06880			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 05/15/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 6 Richmond Rd		City Rowayton	State CT
Zip Code 06853			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 05/16/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 25 Van Zant St # 19C		City Norwalk	State CT
Zip Code 06855			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

Event # Date of Event 05/16/2017	Letter B	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 2 Owenoke Park		City Westport	State CT
Zip Code 06880			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

Event # Date of Event 05/17/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 888 North St		City Greenwich	State CT
Zip Code 06831			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 05/21/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 77 Havemeyer La 16		City Stamford	State CT
Zip Code 06902			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>

Event # Date of Event 05/23/2017	Letter B	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 20 Ketchum St		City Westport	State CT
Zip Code 06880			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>

Event # Date of Event 05/23/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1 Sasqua Rd		City Norwalk	State CT
Zip Code 06855			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <input type="text" value="\$0.00"/>

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 05/25/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 279 Sound Beach Ave Fl 2		City Old Greenwich	State CT
Zip Code 06870			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
		\$0.00	

Event # Date of Event 05/30/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 500 Steamboat Rd		City Greenwich	State CT
Zip Code 06830			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
		\$0.00	

Event # Date of Event 06/01/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 300 Mansfield Ave		City Darrien	State CT
Zip Code 06820			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. <input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. <input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
		\$0.00	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 06/02/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 15 Nearwater Rd		City Norwalk	State CT
Zip Code 06853			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 06/07/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1700 Broadway		City New York	State NY
Zip Code 10019			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 06/11/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 11 Equestrian Trl		City Weston	State CT
Zip Code 06883			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 06/13/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 9 W Broad St		City Stamford	State CT
Zip Code 06902			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

Event # Date of Event 06/14/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 100 Harbor Dr		City Greenwich	State CT
Zip Code 06830			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

Event # Date of Event 06/15/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1118 Cross Hwy		City Fairfield	State CT
Zip Code 06824			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		<input checked="" type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input checked="" type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input checked="" type="checkbox"/> No	\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Steve Obsitnik for Connecticut		July 10 Filing - Original	
J1. Event Information			
Event # Date of Event 06/16/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1615 Cross Hwy		City Fairfield	State CT
		Zip Code 06824	
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>
Event # Date of Event 06/20/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 28 Compo Pkwy		City Westport	State CT
		Zip Code 06880	
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>
Event # Date of Event 06/21/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 77 Havemeyer Ln # 16		City Stamford	State CT
		Zip Code 06902	
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 06/23/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 10 Woodside Dr		City Greenwich	State CT
Zip Code 06830			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 06/24/2017	Letter B	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 196 Bible St		City Cos Cob	State CT
Zip Code 06807			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 06/24/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 38 Byfield Ln		City Greenwich	State CT
Zip Code 06830			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J1. Event Information

Event # Date of Event 06/25/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 267 Ivy Hill Rd		City Ridgefield	State CT
Zip Code 06877			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 06/27/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 766 Old Post Rd		City Fairfield	State CT
Zip Code 06824			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 06/28/2017	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 410 Willow Tree Ridge Rd		City Darren	State CT
Zip Code 06820			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

II. EVENT ACTIVITY (Sections J1 - J4)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT
Steve Obsitnik for Connecticut				July 10 Filing - Original
J1. Event Information				
Event # Date of Event 06/29/2017	Letter A	Description Meet and Greet Event		Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 95 Country Club Rd			City New Canaan	State CT Zip Code 06840
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
		<input checked="" type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/> No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
		<input checked="" type="checkbox"/> No	\$0.00	
Total of Section J1				\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT
Steve Obsitnik for Connecticut				July 10 Filing - Original
J3. In-Kind Donations Not Considered Contributions				
Name of the Donor				
Street Address			City	State Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				
Total of Section J3				

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host Geoff Bradshaw-Mack		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 11 Equestrian Trl	City Weston	State CT	Zip Code 06883
Description of Donation Food for reception			Fair Market Value of Donation
Event # 06112017A	Aggregate value of this Event - all hosts \$280.00	Aggregate value of all Events - this host/candidate \$150.00	\$150.00

Name of Host Blaine Marder		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 38 Byfield Ln	City Greenwich	State CT	Zip Code 06830
Description of Donation Food for reception			Fair Market Value of Donation
Event # 06242017A	Aggregate value of this Event - all hosts \$165.00	Aggregate value of all Events - this host/candidate \$125.00	\$125.00

Name of Host Wayne Cooper		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 10 Woodside Dr	City Greenwich	State CT	Zip Code 06830
Description of Donation Food for reception			Fair Market Value of Donation
Event # 06232017A	Aggregate value of this Event - all hosts \$400.00	Aggregate value of all Events - this host/candidate \$200.00	\$200.00

Name of Host Preston Henske		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 196 Bible St		City Cos Cob	State Zip Code CT 06807
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06242017B	Aggregate value of this Event - all hosts \$263.04	Aggregate value of all Events - this host/candidate \$263.04	\$263.04

Name of Host Jim Stirling		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 766 Old Post Rd		City Fairfield	State Zip Code CT 06824
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06272017A	Aggregate value of this Event - all hosts \$120.00	Aggregate value of all Events - this host/candidate \$120.00	\$120.00

Name of Host Thad Eidman		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 2 Pequot Trl		City Westport	State Zip Code CT 06880
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 05112017A	Aggregate value of this Event - all hosts \$172.00	Aggregate value of all Events - this host/candidate \$50.00	\$50.00

Name of Host Martin Bell		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 5 Covelee Dr		City Westport	State Zip Code CT 06880
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 05112017A	Aggregate value of this Event - all hosts \$172.00	Aggregate value of all Events - this host/candidate \$122.00	\$122.00

Name of Host George Hawes		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 6 Richmond Rd		City Rowayton	State Zip Code CT 06855
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06152017A	Aggregate value of this Event - all hosts \$75.00	Aggregate value of all Events - this host/candidate \$75.00	\$75.00

Name of Host Wayne LoCurto		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 2 Owenoque Park		City Westport	State Zip Code CT 06880
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 05162017B	Aggregate value of this Event - all hosts \$180.00	Aggregate value of all Events - this host/candidate \$180.00	\$180.00

Name of Host Chris York		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 77 Havemeyer Ln # 16		City Stamford	State Zip Code CT 06902
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 05212017A	Aggregate value of this Event - all hosts \$30.00	Aggregate value of all Events - this host/candidate \$30.00	\$30.00

Name of Host Michael Gilerman		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 1 Sasqua Rd		City Norwalk	State Zip Code CT 06855
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 05232017A	Aggregate value of this Event - all hosts \$40.00	Aggregate value of all Events - this host/candidate \$40.00	\$40.00

Name of Host Geoff Mack		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 11 Equestrian Trl		City Weston	State Zip Code CT 06883
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06112017A	Aggregate value of this Event - all hosts \$280.00	Aggregate value of all Events - this host/candidate \$130.00	\$130.00

Name of Host Paul Keblish		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 1815 Cross Hwy		City Fairfield	State Zip Code CT 06824
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06162017A	Aggregate value of this Event - all hosts \$90.00	Aggregate value of all Events - this host/candidate \$90.00	\$90.00

Name of Host Julie Chandler		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 28 Compo Pkwy		City Westport	State Zip Code CT 06880
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06202017A	Aggregate value of this Event - all hosts \$165.00	Aggregate value of all Events - this host/candidate \$165.00	\$165.00

Name of Host Wayne Cooper		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 10 Woodside Dr		City Greenwich	State Zip Code CT 06830
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06232017A	Aggregate value of this Event - all hosts \$400.00	Aggregate value of all Events - this host/candidate \$200.00	\$200.00

Name of Host Min Kim		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 196 Bible St		City Cos Cob	State CT Zip Code 06807
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06242017A	Aggregate value of this Event - all hosts \$165.00	Aggregate value of all Events - this host/candidate \$40.00	\$40.00

Name of Host Maryfrances Metrick		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 267 Ivy Hill Rd		City Ridgefield	State CT Zip Code 06877
Description of Donation Food and beverage			Fair Market Value of Donation
Event # 06252017A	Aggregate value of this Event - all hosts \$30.00	Aggregate value of all Events - this host/candidate \$30.00	\$30.00

Total of Section J4	\$2,010.04
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
Type of Contributor: Individual Committee Sole Proprietorship	Date Received	Aggregate contributions	

Total of Section K	
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III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 04/01/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5.26

Name of Payee Gulf Party Line Corporation		Date of Payment 04/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$12.80

Name of Payee Gulf Party Line Corporation		Date of Payment 04/03/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$17.58

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 04/04/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$33.75

Name of Payee Gulf Party Line Corporation		Date of Payment 04/05/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$9.60

Name of Payee Gulf Party Line Corporation		Date of Payment 04/06/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation	Date of Payment 04/07/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63	City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$9.60

Name of Payee Gulf Party Line Corporation	Date of Payment 04/08/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63	City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$9.74

Name of Payee Gulf Party Line Corporation	Date of Payment 04/09/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63	City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # \$12.21

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation	Date of Payment 04/10/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63	City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$12.80

Name of Payee Scott Howell & Company	Date of Payment 04/10/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3900 Willow St Ste 200	City Dallas	State TX	Zip Code 75226
Purpose of Expend CNSLT	Description Media training	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$4,000.00

Name of Payee Tusk Productions, LLC	Date of Payment 04/10/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Lakewood Dr	City Denville	State NJ	Zip Code 07834
Purpose of Expend CNSLT	Description March retainer for fundraising consulting services	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$5,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Lliam Morrison		Date of Payment 04/10/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 96 Bishop St		City New Haven	State CT	Zip Code 06511
Purpose of Expend CNSLT	Description Consulting support services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,000.00

Name of Payee Lliam Morrison		Date of Payment 04/11/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 96 Bishop St		City New Haven	State CT	Zip Code 06511
Purpose of Expend RMB	Description Name badgers, inserts, & mileage			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$117.56

Name of Payee Lliam Morrison		Date of Payment 04/11/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 96 Bishop St		City New Haven	State CT	Zip Code 06511
Purpose of Expend OVHD	Description Mileage reimbursement			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$253.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Tusk Productions, LLC		Date of Payment 04/11/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Lakewood Dr		City Denville	State NJ	Zip Code 07834
Purpose of Expend RMB	Description Reimbursement for FedEx express services, office supplies, and postage			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$661.23

Name of Payee Gulf Party Line Corporation		Date of Payment 04/11/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3.20

Name of Payee Gulf Party Line Corporation		Date of Payment 04/12/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6.40

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Tusk Productions, LLC		Date of Payment 04/12/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Lakewood Dr		City Denville	State NJ	Zip Code 07834
Purpose of Expend CNSLT	Description April retainer for fundraising support services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,000.00

Name of Payee United States Postal Service		Date of Payment 04/12/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 275 Post Rd E Ste 10		City Westport	State CT	Zip Code 06880
Purpose of Expend POST	Description Stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$9.80

Name of Payee Gulf Party Line Corporation		Date of Payment 04/13/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 04/14/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4.95

Name of Payee Universal Printing & Mailing Services Inc		Date of Payment 04/14/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 90 Tunxis Hill Rd		City Fairfield	State CT	Zip Code 06825
Purpose of Expend PRNT	Description Form B printing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$58.49

Name of Payee Gulf Party Line Corporation		Date of Payment 04/15/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 04/17/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$11.48

Name of Payee Gulf Party Line Corporation		Date of Payment 04/18/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$18.30

Name of Payee Gulf Party Line Corporation		Date of Payment 04/19/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Lenovo		Date of Payment 04/19/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1009 Think Pl		City Morrisville	State NC	Zip Code 27560
Purpose of Expend EFV *	Description Lenovo ThinkPad0460			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,982.99

Name of Payee Gulf Party Line Corporation		Date of Payment 04/20/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$16.85

Name of Payee Gulf Party Line Corporation		Date of Payment 04/21/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7.55

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 04/22/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9.60

Name of Payee Gulf Party Line Corporation		Date of Payment 04/23/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9.60

Name of Payee Gulf Party Line Corporation		Date of Payment 04/24/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8.28

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 04/25/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1.03

Name of Payee The Union League Club		Date of Payment 04/25/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 E 37th St		City New York	State NV	Zip Code 10016
Purpose of Expend FOOD	Description Meet & greet event			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,842.72

Name of Payee Country Club of Darien		Date of Payment 04/25/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Mansfield Ave		City Darien	State CT	Zip Code 06820
Purpose of Expend FOOD	Description Meet & greet event			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,228.58

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Rolling Hills Country Cl		Date of Payment 04/25/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Hurlbutt St		City Wilton	State CT	Zip Code 06897
Purpose of Expend FOOD	Description Meet & greet event			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event # 03232017A
				\$2,144.02

Name of Payee Gulf Party Line Corporation		Date of Payment 04/26/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6.40

Name of Payee Gulf Party Line Corporation		Date of Payment 04/27/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$44.27

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 04/28/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$18.48

Name of Payee Gulf Party Line Corporation		Date of Payment 04/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4000 Lake Beau Pre Blvd # 63		City Baton Rouge	State LA	Zip Code 70820
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9.18

Name of Payee Gulf Party Line Corporation		Date of Payment 04/30/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8.15

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/01/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8.15

Name of Payee Gulf Party Line Corporation		Date of Payment 05/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$30.40

Name of Payee Tusk Productions, LLC		Date of Payment 05/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Lakewood Dr		City Denville	State NJ	Zip Code 07834
Purpose of Expend CNSLT	Description May retainer for fundraising support services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Liam Morrison		Date of Payment 05/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 96 Bishop St		City New Haven	State CT	Zip Code 06511
Purpose of Expend CNSLT	Description Consulting support services for April 2017			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,000.00

Name of Payee Gulf Party Line Corporation		Date of Payment 05/03/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.59

Name of Payee Gulf Party Line Corporation		Date of Payment 05/04/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$36.18

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/05/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$10.63

Name of Payee Alexandra Stienestra		Date of Payment 05/05/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Lakewood Dr		City Denville	State NJ	Zip Code 07834
Purpose of Expend RMB	Description FedEx express mail; vehicle parking			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$129.56

Name of Payee Gulf Party Line Corporation		Date of Payment 05/05/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend CNSLT	Description Online communication and fundraising platform			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/07/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3.20

Name of Payee Gulf Party Line Corporation		Date of Payment 05/08/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9.60

Name of Payee Gulf Party Line Corporation		Date of Payment 05/09/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description onl			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$17.15

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/10/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1.03

Name of Payee Gulf Party Line Corporation		Date of Payment 05/11/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3.20

Name of Payee Gulf Party Line Corporation		Date of Payment 05/12/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee United States Postal Service		Date of Payment 05/13/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 275 Post Rd E Ste 10		City Westport	State CT	Zip Code 06880
Purpose of Expend OVHD	Description Annual post office box rental			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$134.00

Name of Payee Staples		Date of Payment 05/13/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420-440 Westport Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend OFFICE	Description Printer ink			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$92.51

Name of Payee Karen Hubrich		Date of Payment 05/15/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 102 Kings Hwy N		City Westport	State CT	Zip Code 06880
Purpose of Expend FOOD	Description Food for meet and greet event			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event # 05042017A	\$384.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/15/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$22.40

Name of Payee Gulf Party Line Corporation		Date of Payment 05/16/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$26.45

Name of Payee Gulf Party Line Corporation		Date of Payment 05/18/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$16.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/19/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6.40

Name of Payee Gulf Party Line Corporation		Date of Payment 05/21/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$36.91

Name of Payee Gulf Party Line Corporation		Date of Payment 05/22/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4.53

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/23/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$16.60

Name of Payee Martin Bell		Date of Payment 05/23/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5 Covelee Dr		City Westport	State CT	Zip Code 06880
Purpose of Expend FOOD	Description Food & beverage for meet & greet event			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$228.55

Name of Payee Gulf Party Line Corporation		Date of Payment 05/24/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$27.35

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/25/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$21.67

Name of Payee Gulf Party Line Corporation		Date of Payment 05/26/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3.20

Name of Payee Gulf Party Line Corporation		Date of Payment 05/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$7.43

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 05/30/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$52.54

Name of Payee Gulf Party Line Corporation		Date of Payment 05/31/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$75.36

Name of Payee Gulf Party Line Corporation		Date of Payment 06/01/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$12.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Liam Morrison		Date of Payment 06/01/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 96 Bishop St		City New Haven	State CT	Zip Code 06511
Purpose of Expend CNSLT	Description Consulting support services for May 2017			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,000.00

Name of Payee Tusk Productions, LLC		Date of Payment 06/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Lakewood Dr		City Denville	State NJ	Zip Code 07834
Purpose of Expend CNSLT	Description June retainer for fundraising support services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,000.00

Name of Payee Gulf Party Line Corporation		Date of Payment 06/02/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$24.15

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Stripe		Date of Payment 06/03/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 185 Berry St # 550		City San Francisco	State CA	Zip Code 94107
Purpose of Expend Misc *	Description AMEX chargeback for Contribution ID 651			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$96.80

Name of Payee Stripe		Date of Payment 06/03/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 185 Berry St # 550		City San Francisco	State CA	Zip Code 94107
Purpose of Expend BNK	Description AMEX chargeback expense for Contribution ID 651			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.00

Name of Payee Gulf Party Line Corporation		Date of Payment 06/04/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$8.96

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Alexandra Stienestra		Date of Payment 06/05/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Lakewood Dr		City Denville	State NJ	Zip Code 07834
Purpose of Expend RMB	Description Food & beverage for meet & greet 05/30/2017A			Amount \$947.63
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/05/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount \$16.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/06/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount \$38.96
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/07/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$20.95

Name of Payee Gulf Party Line Corporation		Date of Payment 06/08/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.80

Name of Payee Gulf Party Line Corporation		Date of Payment 06/09/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/11/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4.95

Name of Payee Gulf Party Line Corporation		Date of Payment 06/12/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$41.13

Name of Payee Gulf Party Line Corporation		Date of Payment 06/13/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$23.01

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/14/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$28.08

Name of Payee Gulf Party Line Corporation		Date of Payment 06/15/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$51.16

Name of Payee Staples		Date of Payment 06/15/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420-440 Westport Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend OFFICE	Description Printer ink and paper			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$37.52

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/16/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$49.58

Name of Payee Gulf Party Line Corporation		Date of Payment 06/17/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4.60

Name of Payee Gulf Party Line Corporation		Date of Payment 06/19/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$62.26

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/20/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.91

Name of Payee Country Club of Darien		Date of Payment 06/20/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Mansfield Ave		City Darien	State CT	Zip Code 06820
Purpose of Expend FOOD	Description Meet & greet event on 06/01/2017			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,217.57

Name of Payee Gulf Party Line Corporation		Date of Payment 06/21/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend CNSLT	Description Online communication and fundraising platform			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/21/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$55.51

Name of Payee Gulf Party Line Corporation		Date of Payment 06/22/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.15

Name of Payee Gulf Party Line Corporation		Date of Payment 06/23/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$10.63

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/24/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$23.98

Name of Payee Gulf Party Line Corporation		Date of Payment 06/25/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$48.85

Name of Payee Gulf Party Line Corporation		Date of Payment 06/26/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$68.96

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/27/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$105.09

Name of Payee Red Maverick Media, LLC		Date of Payment 06/27/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 403 N 2nd St		City Harrisburg	State PA	Zip Code 17101
Purpose of Expend A-DM	Description Printing, mailing list, and postage			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$11,885.00

Name of Payee Gulf Party Line Corporation		Date of Payment 06/28/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$90.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gulf Party Line Corporation		Date of Payment 06/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$172.89

Name of Payee Gulf Party Line Corporation		Date of Payment 06/30/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6300 Windward Dr		City Burke	State VA	Zip Code 22015
Purpose of Expend WEB	Description Online fundraising fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.29

Name of Payee Tusk Productions, LLC		Date of Payment 06/30/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Lakewood Dr		City Denville	State NJ	Zip Code 07834
Purpose of Expend CNSLT	Description July retainer for fundraising support services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,000.00

Total of Section N**\$71,167.51**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					July 10 Filing - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?
						Yes No
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		Amount
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Steve Obsitnik for Connecticut					July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card:		
				<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor		Date Incurred	
Street Address		City	State Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q	
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Morrison	First Liam	MI	Date of Payment to Vendor 04/11/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor Skiff & Dixwell		City New Haven		State CT
Zip Code 06514				
Purpose of Expenditure (by code) OFFICE	Description Badges & inserts			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$85.07
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Morrison	First Liam	MI	Date of Payment to Vendor 04/11/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 85 N Main St		City Branford		State CT
Zip Code 06405				
Purpose of Expenditure (by code) OFFICE	Description Badges & inserts			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$34.55
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Stienstra	Alexandra		04/11/2017	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant FedEx Express

Street Address of Vendor	City	State	Zip Code
3875 Airways Blve	Memphis	TN	38118

Purpose of Expenditure (by code)	Description
POST	Express mail

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$61.45
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Frick	Jamie		04/11/2017	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Amazon.com
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Street Address of Vendor	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109

Purpose of Expenditure (by code)	Description
OFFICE	Name badge insert refills

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$26.30
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Stienstra	First Alexandra	MI	Date of Payment to Vendor 04/11/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 7000 Hdley Rd		City South Plainfield		State NJ
Zip Code 07080				
Purpose of Expenditure (by code) OFFICE	Description Envelopes			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$66.24
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Stienstra	First Alexandra	MI	Date of Payment to Vendor 04/11/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 7000 Hadley Rd		City South Plainfield		State NC
Zip Code 07080				
Purpose of Expenditure (by code) POST	Description Stamps			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$441.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Stienstra	Alexandra		04/11/2017	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor	City	State	Zip Code
300 Main St	Madison	NJ	07940

Purpose of Expenditure (by code)	Description
OFFICE	Envelopes

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$66.24

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Stienstra	Alexandra		05/05/2017	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
FedEx Express

Street Address of Vendor	City	State	Zip Code
3875 Airways Blvd	Memphis	TN	38116

Purpose of Expenditure (by code)	Description
POST	Express mail

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$20.91

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Stienstra	Alexandra		05/05/2017	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Fedex Express

Street Address of Vendor	City	State	Zip Code
3875 Airways Blvd	Memphis	TN	38116

Purpose of Expenditure (by code)	Description
POST	Express mail

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$56.65
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Stienstra	Alexandra		05/05/2017	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
220 Madison Garage Corp

Street Address of Vendor	City	State	Zip Code
220 Madison Ave	New York	NY	10016

Purpose of Expenditure (by code)	Description
OVHD	Vehicle parking

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$52.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:	
Bell	Martin		05/23/2017	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Name of Vendor Paid by Committee Worker/Consultant Stew Leonard's Wines					
Street Address of Vendor		City		State	Zip Code
55 Westport Ave		Norwalk		CT	06851
Purpose of Expenditure (by code)	Description				
FOOD	Food & beverage for meet & greet event				
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure # (if applicable)	Event #	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				05042017A	\$228.55
If yes, assign an Expenditure # and completes Itemization in Addendum R					

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:	
Stienstra	Alexandra		06/05/2017	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Name of Vendor Paid by Committee Worker/Consultant Alexandra Stienstra					
Street Address of Vendor		City		State	Zip Code
38 Lakewood Dr		Denville		NJ	07834
Purpose of Expenditure (by code)	Description				
FOOD	Reimbursement for food & beverage for 05/30/2017A				
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Expenditure # (if applicable)	Event #	Amount
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				05302017A	\$947.63
If yes, assign an Expenditure # and completes Itemization in Addendum R					

Total of Section R

\$2,086.59

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Connecticut	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought