SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised February 2015



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYI	PE OF COMMITTEE	
Steve Obsitnik for Connecticut	x	Candidate Committee Exploratory Committee						
3. TREASURER NAME				1			ı	
First			MI	Last			Suffix	
Joseph			<u> </u>	Sledge				
4. TREASURER ADDRESS					_			
Street Address		City			State		Zip Code	
46 Kings Hwy N		West	port		СТ		06880	
5. ELECTION DATE	6. OFFICE SOUGHT (Con	omplete or	nly if Candidate	Committee)		7. DISTR	ICT NUMBER (if applicable	
11/06/2018	Undetermined							
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommitte	e)			<u> </u>	_	
First			MI	Last			Suffix	
Steve				Obsitnik				
9. TYPE OF REPORT								
July 10 Filing - Original								
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	04/01/2017	thru	u	06/30/2017				
✓ 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				0/2017 1:		И	
SIGNATURE	PRINT NAME OF THE	3 SIGNE	∃R	DATE	CERTIFIED			
A Person who is found to have knowing to \$25,000, unless a fine of a larger a							of up	

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	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						

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I. MONETARY RECEIPT	S (S	ection 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	od O	NLY	•	For Nonpartic	ipating Cand	idates ONLY
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Carter		Daniel				0903
Residential Street Address	City				State	Zip Code
14 Katrina Cir		Bethel			СТ	06801
Principal Occupation		Name of Employer				
Consultant			McBride,			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a lo dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1? Yes Cash Personal Check						
X No	04/	01/2017		\$25.00		\$25.00
in yes, list Event #					Ь	
Last Name	ast Name First				MI	Contribution ID #
Pauker		Dara				0904
Residential Street Address	City				State	Zip Code
300 W 23rd St # 7G		New York			NY	10011
Principal Occupation		Name of Employer				
Consultant		Self-er	nployed			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a lo dependent child of		se, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent ennid of	a loobyist.	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1? Yes X No Cash Personal Check	0.44	24 /2047		+25.00		+25.00
If yes, list Event # Money Order X Credit/Debit Card	04/	01/2017		\$25.00		\$25.00
Last Name	First				МІ	Contribution ID #
Lewis	1 1130	Robert			1411	0905
Residential Street Address	City	Robert			State	Zip Code
8360 SW Metolius Loop		Wilsonville			OR	97070
Principal Occupation		Name of Employer			-	
Management		Erickso	n Inc			
Is contributor a principal of a state contractor or prospective state contractor?			obyist, spou a lobbyist?	37	Amou	unt of Contribution
If yes, indicate which branch or branches of			a 1000yist?	x No		
government the contract is with:	Date	Received	Aggregate	Contributions	1	
an event reported in Section J1?			•			
X No	04/	01/2017	\$100.00			\$100.00

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I. MONETARY RECEIPT	S (Se	ection 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	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Brecht		Kirsten			0906	
Residential Street Address	City			State	Zip Code	
1816 Redwood Ter		Washington		DC	20012	
Principal Occupation		Name of Employ	er	•	•	
CEO		Globa	l Professional Search			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?			1.99.18			
If yes, list Event # Cash Personal Check No Money Order X Credit/Debit Card	04/0	02/2017	\$100.00		\$100.00	
If yes, list Event# Money Order X Credit/Debit Card						
Last Name	First			MI	Contribution ID #	
O'Connell		Blanche			0907	
Residential Street Address	City			State	Zip Code	
69 W Brother Dr	L	Greenwich		СТ	06830	
Principal Occupation		Name of Employ				
Realtor			rell Banker			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		ī	x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?	Duic	received	Aggregate Contributions			
No Cash Personal Check	04/0	02/2017	\$100.00		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card			7			
Last Name	First			MI	Contribution ID #	
Dabbar		Michel			0908	
Residential Street Address	City			State	Zip Code	
11820 Avenida Del Mundo 1601		Coronado		CA	92118	
Principal Occupation		Name of Employ	er			
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?	Duic	received	Aggregate Contributions			
No Cash Personal Check	04/0	02/2017	\$100.00		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card		, .	,			
Last Name	First			MI	Contribution ID #	
Dabbar		Patricia			0909	
Residential Street Address	City			State	Zip Code	
1820 Avenida Del Mundo 1601		Coronado		CA	92118	
Principal Occupation		Name of Employ	er			
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution	
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with:	Doto	Received	Aggregate Contributions			
an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	04/0	02/2017	\$100.00		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card	1 1		·	I		

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ragonese		Martin			0910			
Residential Street Address	City			State	Zip Code			
637 Cove Rd # B15	L	Stamford		СТ	06902			
Principal Occupation		Name of Employ						
Trainer			n Physical Therapy Center					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	04/0	03/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Sillo		Johanna			0911			
Residential Street Address	City			State	Zip Code			
691 Old Stamford Rd	<u>. </u>	New Canaan		СТ	06840			
Principal Occupation		Name of Employ						
Member Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	04/0	03/2017	\$375.00		\$375.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Tsoutsoplides		Costa			0912			
Residential Street Address	City			State	Zip Code			
244 Madison Ave # 15J	<u> </u>	New York		NY	10016			
Principal Occupation		Name of Employ						
Corporate Development			Shipping Intl.(USA), LLC	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child of	V	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	04/0	03/2017	\$100.00		\$100.00			
					1			
Last Name	First	D		MI	Contribution ID #			
Lukas Residential Street Address	City	Bernice		State	0913 Zip Code			
5 Highgate Rd	City	Riverside		CT	06878			
Principal Occupation	·	Name of Employ	er	CI	00070			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	~	dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
		24/2017			+400.00			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/0	04/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gillespie		Serena			0914			
Residential Street Address	City			State	Zip Code			
47 St George Ln		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er	•	•			
Document Reviewer		Aerot	ek					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	04/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	0-1/	04/2017	Ψ100.00		Ψ100.00			
Last Name	First			MI	Contribution ID #			
Ulman		Mark			0915			
Residential Street Address	City			State	Zip Code			
478 Oenoke Rdg		New Canaan		СТ	06840			
Principal Occupation	•	Name of Employ	er					
Partner		Chart	er Oak Equity					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	04/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gibson	First	Taylor		IVII	0916			
Residential Street Address	City	14/101		State	Zip Code			
478 Oenoke Rdg		New Canaan		СТ	06840			
Principal Occupation	!	Name of Employ	er		!			
Homemaker		Home	maker					
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with A populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	04/	04/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Smith	1 1130	Hunter		1411	0917			
Residential Street Address	City			State	Zip Code			
17 Mynos Rd		New Canaan		СТ	06840			
Principal Occupation	•	Name of Employ	er		•			
Vice President		Celge	ne					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		04/204=	4400.00		+400.00			
If yes, list Event # No Money Order X Credit/Debit Card	04/	04/2017	\$100.00		\$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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Coen-Smith		Marcia			0918			
Residential Street Address	City			State	Zip Code			
17 Mynos Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er	•	•			
Homemaker		Home	maker					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?					
government the contract is with:	Doto	Received	Aggregate Contributions					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	04/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	0-7/	04/2017	\$100.00					
Last Name	First			MI	Contribution ID #			
DiNino		Giuliano			0919			
Residential Street Address	City			State	Zip Code			
190 Prudence Dr		Stamford		СТ	06907			
Principal Occupation		Name of Employ	er		1			
Controller		Clippe	er Group					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	04/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
DiNino Residential Street Address	City	Amy		G	0920			
190 Prudence Dr	City	Stamford		State CT	Zip Code 06907			
Principal Occupation		Name of Employ	er	Ci	00907			
Phlebotamist			ford Hospital					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	04/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Noonan	G:	John		G	0921			
Residential Street Address 295 Maple Rd	City	Easton		State CT	Zip Code 06612			
Principal Occupation		Easton Name of Employ	or	CI	00012			
CEO			bulk Maritime USA, LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
)	dependent child of	a loodyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	04/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Dunn		John			0922			
Residential Street Address	City			State	Zip Code			
328 Frogtown Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ						
Real Estate Sales Is contributor a principal of a state contractor or prospective state contractor?			nan Lawrence	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/0	04/2017	\$100.00		\$100.00			
ii yes, iist Event #								
Last Name	First			MI	Contribution ID #			
Trevena		Karin			0923			
Residential Street Address	City			State	Zip Code			
154 Blackstone Dr		Wind Gap		PA	18091			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	11 1 ·	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	04/0	04/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Gany		Nancy			0924			
Residential Street Address	City			State	Zip Code			
66 Little Brook Rd		Wilton		СТ	06897			
Principal Occupation		Name of Employ						
Homemaker			maker					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 8					
X No	04/0	05/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Durkin		Jennifer			0925			
Residential Street Address	City			State	Zip Code			
5 Mystic La		Darien		СТ	06820			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			555 Tanasana					
X No	04/0	05/2017	\$200.00		\$100.00			
If yes, list Event #	ı			1				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Durkin		Jennifer			0926			
Residential Street Address	City			State	Zip Code			
5 Mystic La		Darien		СТ	06820			
Principal Occupation		Name of Employ	er	-	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:		D 1 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04//	05/2017	\$200.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	04/1	J3/2017	\$200.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rogers	1 1150	Brian			0927			
Residential Street Address	City	5.10.1		State	Zip Code			
76 Rocky Nook Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
CEO		Stami	ford Insurance Group, Inc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/0	06/2017	\$100.00		\$100.00			
				l	1			
Last Name	First			MI	Contribution ID #			
Rizzo		Albert			0928			
Residential Street Address	City	6 11 61 1		State	Zip Code			
96 Dickinson Rd		South Glasto	•	СТ	06073			
Principal Occupation Owner/contractor		Name of Employ	er t Rizzo Inc					
·			obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No	04/0	07/2017	\$100.00		\$100.00			
ii yes, iist Event #								
Last Name	First			MI	Contribution ID #			
Cooper		David			0929			
Residential Street Address	City			State	Zip Code			
5 Hidden HI		Westport		СТ	06880			
Principal Occupation		Name of Employ						
Consultant			& Company					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	10001100	1.5510gate Contributions					
X No Cash Personal Check	04/0	07/2017	\$200.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	Ι ΄΄΄	•	,	I	•			

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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	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Abrahms		Aaron			0930				
Residential Street Address	City			State	Zip Code				
7 Dundee Rd		Larchmont		NY	10538				
Principal Occupation		Name of Employ	er	•	•				
Insurance		Winge	ed Keel Group						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?						
government the contract is with:	Б.	D : 1							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	07/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	04/	07/2017	\$100.00		\$100.00 				
Last Name	First			MI	Contribution ID #				
DeLallo		Santo			0931				
Residential Street Address	City			State	Zip Code				
122 W Norwalk Rd		Norwalk		СТ	06850				
Principal Occupation	•	Name of Employ	er						
Dentist		Self-e	mployed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Credit/Debit Card	04/	08/2017	\$100.00		\$100.00				
	I .								
Last Name	First	5.1.1		MI	Contribution ID #				
Towers	C'i	Richard		G	0932				
Residential Street Address 12 Greens Farms Holw	City	Westport		State CT	Zip Code 06880				
Principal Occupation	<u> </u>	Westport Name of Employ	er	Ci	00000				
Retired		Retire							
			obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash X Personal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	04/	08/2017	\$50.00		\$50.00				
Last Name	First	5.1.1		MI	Contribution ID #				
Kosinski	C'i	Richard		G	0933				
Residential Street Address 470 Valley Rd	City	Cos Cob		State CT	Zip Code 06807				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00007				
Execkutive		Recep							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	or a robbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # Cash Credit/Debit Card	04/	08/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Samers		Edith			0934				
Residential Street Address	City			State	Zip Code				
180 Big Oak Rd		Stamford		СТ	06903				
Principal Occupation		Name of Employ	er	-	•				
Marketing		Russs	ion Media Group						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	04/	08/2017	\$100.00		\$100.00				
If yes, list Event #	0-1/	00/2017	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Maloney		Robert			0935				
Residential Street Address	City			State	Zip Code				
1460 Mill Hill Rd		Southport		СТ	06890				
Principal Occupation		Name of Employ	er		•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	04/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Hartch	First	Thomas		IVII	0936				
Residential Street Address	City			State	Zip Code				
19 Greenbriar La		Greenwich		СТ	06831				
Principal Occupation	!	Name of Employ	er						
Attorney		WBAN	1						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with A populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	04/	08/2017	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Hardy	1 1130	Edward			0937				
Residential Street Address	City	2411414		State	Zip Code				
14 Wyant Rd		Oxford		СТ	06478				
Principal Occupation	•	Name of Employ	er		1				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			X No						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04.5	00/2017	#2F 00		¢25.00				
If yes, list Event # Money Order Credit/Debit Card	04/	08/2017	\$25.00		\$25.00				

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I, MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut					
Steve Obsitnik for Connecticut			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Burns		Stephen			0938
Residential Street Address	City	Futura deleta		State	Zip Code
78 Cushing Rd Principal Occupation		Friendship Name of Employe	or	ME	04547
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ł	
an event reported in Section J1?			1-88-18-10		
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	04/0	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mimms		Kathryin			0939
Residential Street Address	City	,		State	Zip Code
163 Lookout Hill Rd		Milford		СТ	06461
Principal Occupation		Name of Employ	er		
Financial Advisor			western Mutual		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		асренает сппа о	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes X No Cash Personal Check	04/0	08/2017	\$100.00		\$100.00
If yes, list Event #	.,	00,201,	Ψ200.00		
Last Name	First			MI	Contribution ID #
Jamieson		James			0940
Residential Street Address	City			State	Zip Code
10 Weston Rd	<u> </u>	Weston		СТ	06883
Principal Occupation Architect		Name of Employ	mieson		
				Amor	ant of Contribution
Yes 🔼 No	0	dependent child of	3/		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/0	08/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sweeney		Jonathan			0941
Residential Street Address	City			State	Zip Code
3 Buck Hill Rd	L	Westport		СТ	06880
Principal Occupation		Name of Employ			
Landscape contractor			n Lawn & Tree Care, Inc		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes X Cash Personal Check					
X No X Cash Personal Check If yes, list Event # Credit/Debit Card	04/0	08/2017	\$100.00		\$100.00

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A MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (5)	ection A-I)	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	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Valkenburge		Roger			0942
Residential Street Address	City			State	Zip Code
3 Shagbark Pl		Wilton		СТ	06897
Principal Occupation		Name of Employ	er	•	
Attorney		Grego	ory and Adams, PC		
			obbyist, spouse, or	Amou	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Table 19 at 1 a	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash X Personal Check	04/	08/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Brasco		Thomas			0943
Residential Street Address	City	mornas		State	Zip Code
39 Laurel Lk E	City	Weston		CT	06883
Principal Occupation		Name of Employ	on.	Ci	00883
Registrar of Voters			of Weston		1 60 17 5
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	unt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:				1	
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	04/	08/2017	\$50.00		\$50.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Brasco		Frederick			0944
Residential Street Address	City			State	Zip Code
39 Lauren Lk E		Weston		СТ	06883
Principal Occupation		Name of Employ	er	-	
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	or a roodyrst:		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
X No	04/	08/2017	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Winship		William			0945
Residential Street Address	City			State	Zip Code
6 Edgehill Dr		Darien		СТ	06820
Principal Occupation		Name of Employ	er	<u> </u>	00020
Retired		Retire			
			obbyist spays or	Δmor	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aillot	or contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	D-4	Received		-	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	 	00/2017			+25.00
If yes, list Event # Money Order Credit/Debit Card	04/	08/2017	\$25.00		\$25.00

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L MONETARY RECEIPT	'S (Sc	ection A-D							
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	First			MI	Contribution ID #				
Stovell		Peter			0946				
Residential Street Address	City			State	Zip Code				
164 Greenfield Hill Rd	<u> </u>	Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Physician — — — — — — — — — — — — — — — — — — —			employed	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	08/2017	\$100.00		\$100.00				
I you, is a treat of the control of									
Last Name	First			MI	Contribution ID #				
Stovell		Helen			0947				
Residential Street Address	City			State	Zip Code				
164 Greenfield Hill Rd	<u> </u>	Fairfield Name of Employ	on.	СТ	06824				
Principal Occupation Retired		Retire							
			11 14	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	08/2017	\$100.00		\$100.00				
	<u> </u>			<u> </u>	1				
Last Name	First			MI	Contribution ID #				
Goossen	a:	Elizabeth		G: :	0986				
Residential Street Address 62 Beacon View Dr	City	Fairfield		State CT	Zip Code 06825				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00023				
Child Care			and Ashley Welker						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	04/	08/2017	\$40.00		\$40.00				
Last Name	First			MI	Contribution ID #				
Evans	1 1130	Susan			0987				
Residential Street Address	City			State	Zip Code				
114 Glenwood Dr		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Legislative Legislative	Б.	D i 4							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	08/2017	\$275.00		\$275.00				
If yes, list Event # Money Order X Credit/Debit Card	I 5-7,	,,	Ψ2/3.00	l	T 3.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut			TYPE OF REPORT July 10 Filing - Original		
Steve Obstinik for Connecticut			Carly 10 1 ming Chighten		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Cosgrave		Gary			0988
Residential Street Address	City			State	Zip Code
6 Imperial Lndg Principal Occupation		Westport Name of Employe		СТ	06880
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?		
government the contract is with:	_		x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	04/	09/2017	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card	04/	03/2017	\$373.00		4373.00
Last Name	First			MI	Contribution ID #
Dougal		Debra			0989
Residential Street Address	City			State	Zip Code
6 Imperial Lndg		Westport		СТ	06880
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	09/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Barolak		Robert			0948
Residential Street Address	City	5		State	Zip Code
44 Indian Head Rd Principal Occupation		Name of Employe		СТ	06878
Real Estate			tone & Co		
				Amou	nt of Contribution
Yes A No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in section 31?					
If yes, list Event # Cash Credit/Debit Card	04/	09/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Barolak	1 1130	Ellen		IVII	0949
Residential Street Address	City			State	Zip Code
44 Indian Head Rd		Riverside		СТ	06878
Principal Occupation		Name of Employe	er		
Homemaker		Home	maker	_	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
government the contract is with: In this contribution associated with Method of contribution:	Det	Pagaiya4		-	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	04/	09/2017	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card				1	

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF PEROPE		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Burke		John		Р	0950
Residential Street Address	City			State	Zip Code
625 Ridgebury Rd		Ridgefield		CT	06877
Principal Occupation		Name of Employ	er		
Student		Stude	ent		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
X No Zash Personal Check	04/0	09/2017	\$30.00		\$30.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Burke		Lindsley			0951
Residential Street Address	City			State	Zip Code
625 Ridgebury Rd		Ridgefield		СТ	06878
Principal Occupation		Name of Employ	er	Ci	00070
Student		Stude			
			obbyist, spouse, or	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	iit of Collification
If yes, indicate which branch or branches of					
government the contract is with: Executive Legislative	لے				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Credit/Debit Card	04/0	09/2017	\$100.00		\$100.00
					<u> </u>
Last Name	First			MI	Contribution ID #
Melvin		Virginia			0952
Residential Street Address	City			State	Zip Code
4 Glen Avon Dr		Riverside		CT	06878
Principal Occupation		Name of Employ	er		
Attorney		Maye	r Brown		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	or a robbyist:		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
× No	04/0	09/2017	\$50.00		\$50.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Cifatte		Paul			0953
Residential Street Address	City			State	Zip Code
18 Granite Dr	ĺ	Norwalk		СТ	06851
Principal Occupation		Name of Employ	er		
Dentist			employed		
			obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	04/	09/2017	\$100.00		\$100.00
If yes, list Event #	۱ ٽ ^{ــ} ٰ, ا	//	Ψ100.00		T-30.00

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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	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Geercken		Karl			0954				
Residential Street Address	City			State	Zip Code				
6 Richards Ave		Norwalk		СТ	06854				
Principal Occupation		Name of Employ	er	-	•				
Attorney		Austir	n & Bird, LLP						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of							
government the contract is with:	Dete	D							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	04/	09/2017	\$100.00		\$100.00				
If yes, list Event #	04/	39/2017	\$100.00						
Last Name	First			MI	Contribution ID #				
Simon		Matt			0955				
Residential Street Address	City			State	Zip Code				
4 Holly Rd		New Canaan		СТ	06840				
Principal Occupation	•	Name of Employ	er		•				
Consultant		Ashla	nd Consulting, LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	10/2017	\$100.00		\$100.00				
T. AV	F: .			L	Louis B"				
Last Name Carlson	First	Laurol		MI L	Contribution ID # 0956				
Residential Street Address	City	Laurel		State	Zip Code				
142 Sleepy Hollow Rd	City	New Canaan		CT	06840				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 000 10				
Homemaker			emaker						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	·						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 04052017A No Money Order Credit/Debit Card	04/	10/2017	\$100.00		\$100.00				
Lad Name	First				Contribution ID#				
Last Name Benton	First	Jayne		MI L	Contribution ID # 0957				
Residential Street Address	City	Jayrie		State	Zip Code				
106 Adams La	City	New Canaan		CT	06840				
Principal Occupation		Name of Employ	er	<u> </u>					
Homemaker			emaker						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with An executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?									
If yes, list Event # 04052017A No	04/	10/2017	\$100.00		\$100.00				

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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	First			MI	Contribution ID #				
Milligan		Jason			0958				
Residential Street Address	City			State	Zip Code				
25 Village Dr		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er	•	•				
Real Estate		Milliga	an Realty						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		аеренаен сина с	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	04/	10/2017	\$100.00		\$100.00				
If yes, list Event # 04052017A	.,		7						
Last Name	First			MI	Contribution ID #				
Gaynor		Alan			0959				
Residential Street Address	City			State	Zip Code				
18 Seminary St		New Canaan		CT	06840				
Principal Occupation		Name of Employ	er						
Human Resources Executive		Gayjo	r Consulting	-					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # 04052017A No Money Order Credit/Debit Card	04/:	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Bowling	FIISt	Theresa		IVII	0960				
Residential Street Address	City	THEFESU		State	Zip Code				
627 Laurel Rd		New Canaan		CT	06840				
Principal Occupation		Name of Employ	er						
Physician		Integ	rated Anesthetic Assoc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 04052017A No No Money Order Credit/Debit Card	04/:	10/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Dusek	1 1130	David		L	0961				
Residential Street Address	City	24114		State	Zip Code				
339 White Oak Shade Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er		1				
Managing Director		Jones	Lang Lasalle						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Legislative Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	044	10/2017	#100.00		¢100.00				
If yes, list Event # 04052017A No Money Order Credit/Debit Card	04/	10/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	9 (9)	ection A_I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT						
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bell		Andrew		L	0962				
Residential Street Address	City			State	Zip Code				
985 New Norwalk Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Equity Trading		Blkue	crest						
			obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
□ No □ □ ·······························	04/	10/2017	\$100.00		\$100.00				
If yes, list Event # 04052017A									
Last Name	First			MI	Contribution ID #				
O'Hara		James			0963				
Residential Street Address	City			State	Zip Code				
382 White Oak Shade La		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er	-	•				
Representative		Irish :	Stock Excchange						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
If yes, list Event # 04052017A Cash Cash Credit/Debit Card	04/	10/2017	\$50.00		\$50.00				
in yes, list Evenit# 04032017A Intolley Order Cledit/Debit Cald									
Last Name	First			MI	Contribution ID #				
Burges		Nancy		L	0964				
Residential Street Address	City			State	Zip Code				
204 Marvin Ridge Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Homemaker		Home	maker						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a followist:						
government the contract is with:			x _{No}						
Is this contribution associated with A yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # 04052017A Cash Credit/Debit Card	04/	10/2017	\$100.00		\$100.00				
1					I				
Last Name	First			MI	Contribution ID #				
Riles		Thomas			0965				
Residential Street Address	City			State	Zip Code				
17 Jones Park Dr		Riverside		СТ	06878				
Principal Occupation		Name of Employ							
Physician			Lagone Medical Center						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Legislative Legislative Legislative	D-4	P. osoivad							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check		10/2017	#200 00		¢200.00				
If yes, list Event # 04022017A No Money Order Credit/Debit Card	04/	10/2017	\$200.00		\$200.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	ı		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut			outy 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lawrence		Robert			0966
Residential Street Address	City			State	Zip Code
3 Seagate Rd		Riverside		СТ	06878
Principal Occupation Retired		Name of Employ Retire			
				Amoi	ant of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 04022017A	04/	10/2017	\$100.00		\$100.00
	Б: .			l	Contribution ID #
Last Name Mullanev	First	Thomas		MI	0967
Mullaney Residential Street Address	City	THUIHAS		State	Zip Code
9 Contentment Island Rd	City	Darien		CT	06820
Principal Occupation	_	Name of Employ	er		1 00020
Management Consultant		Jones	Lang Lasalle, Inc		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
X Personal Check					
If yes, list Event # 04022017A No Money Order Credit/Debit Card	04/	10/2017	\$100.00		\$100.00
	F: .			L	Louis Du
Last Name Carlson	First	James		MI	Contribution ID # 0968
Residential Street Address	City	James		State	Zip Code
14 Indian Cv	City	Mamronick		NY	10543
Principal Occupation		Name of Employ	er		
Lawyer		Mayer	r Brown		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	<u> </u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an expert expected in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 04022017A Cash Cash Personal Check No Sash Money Order Credit/Debit Card	04/	10/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Lawrence	FIISt	Gale		IVII	0969
Residential Street Address	City	Ouic		State	Zip Code
3 Seagate Rd		Riverside		CT	06878
Principal Occupation	•	Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	U	dependent child of	or a robbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 04022017A	04/	10/2017	\$100.00		\$100.00

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L MONETARY RECEIPT	S (Se	ection A-D							
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	First			MI	Contribution ID #				
Sherr		Peter			0970				
Residential Street Address	City			State	Zip Code				
55 Long Meadow Rd	<u> </u>	Riverside		СТ	06878				
Principal Occupation		Name of Employ							
Software			employed	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes Cash X Personal Check									
If yes, list Event # 04022017A	04/	10/2017	\$100.00		\$100.00				
I you, is town of the control of the									
Last Name	First			MI	Contribution ID #				
Sherr		Karen			0971				
Residential Street Address	City	D: :1		State	Zip Code				
55 Long Meadow Rd Principal Occupation	<u> </u>	Riverside Name of Employ	or.	СТ	06878				
Homemaker			emaker						
			11.14	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 04022017A	04/	10/2017	\$100.00		\$100.00				
in yes, list Event # 04022017A Infoncy Order In Credit Debit Card				<u> </u>					
Last Name	First			MI	Contribution ID #				
Sweeney		Michael			0972				
Residential Street Address	City	N. C		State	Zip Code				
112 Hillcrest Rd	<u> </u>	New Canaan		СТ	06840				
Principal Occupation Attorney/Partner		Name of Employ	er ody Torrance						
·			obbyist snouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with an expert spectral in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
All event reported in Section 71?									
If yes, list Event # 04032017A No Money Order Credit/Debit Card	04/	10/2017	\$100.00		\$100.00				
				l	I				
Last Name	First			MI	Contribution ID #				
Zabrocky Residential Street Address	City	Frank		State	0973 Zip Code				
67 Hoyt St	City	Darien		CT	06820				
Principal Occupation		Name of Employ	er		00020				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x _{No}]					
Is this contribution associated with An executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
all event reported in Section 31?	_	4.0.40.0:=							
If yes, list Event # 04032017A No	04/	10/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	'S (S	ection A D							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<i>1</i> 2 (2)	ction A-i)	TYPE OF REPORT						
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
	First			MI	Contribution ID #				
Last Name DeCostanzo	First	Frank		MI	0974				
Residential Street Address	City			State	Zip Code				
21 Eastover Rd		Stamford		СТ	06905				
Principal Occupation		Name of Employ	er	•	•				
CFO		Eagle	Bulk Shipping						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No						
government the contract is with:	Doto	Received	Aggregate Contributions						
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	04/	10/2017	\$100.00		\$100.00				
If yes, list Event # 04032017A	0.,	-0, 201,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Whitcomb		Jonathan			0975				
Residential Street Address	City			State	Zip Code				
107 Fox Run Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Attorney		Diseri	0						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or General Advanced Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a loobyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check			4000.00						
If yes, list Event # 04032017A No Money Order Credit/Debit Card	04/	10/2017	\$200.00		\$200.00				
Last Name	First			MI	Contribution ID #				
Sorenson		Soren			0976				
Residential Street Address	City			State	Zip Code				
204 Vanrensselaer Ave		Stamford		СТ	06902				
Principal Occupation	-	Name of Employ	er	-	-				
Managing Director		Perac	o Chartering						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia c	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	04/	10/2017	\$200.00		\$200.00				
If yes, list Event # 04032017A	04/	10/2017	\$200.00		\$200.00				
Last Name	First			MI	Contribution ID #				
Chieco		Michael			0977				
Residential Street Address	City			State	Zip Code				
1 Serenity La		Cos Cob		СТ	06807				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
No Cash X Personal Check	04/	10/2017	\$100.00		\$100.00				
If yes, list Event # 04032017A	l ´	•		I					

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A MONETARY DESCRIPT	0 (0				
I. MONETARY RECEIPT	5 (50	ection A-I)	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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Schmidt		Karl			0978
Residential Street Address	City			State	Zip Code
370 Smith Ridge Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		
Ship Broker		Petra	co Chartering		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event concreted in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
No Cash X Personal Check	04/	10/2017	\$100.00		\$100.00
If yes, list Event # 04032017A		-			-
Last Name	First			MI	Contribution ID #
Riley		Michelle			0979
Residential Street Address	City			State	Zip Code
441 Brookside Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er	<u> </u>	00040
Homemaker			maker		
			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	iit of Contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract is with: Executive Legislative		.			
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # 04032017A No Money Order Credit/Debit Card	04/	10/2017	\$100.00		\$100.00
1				l	
Last Name	First			MI	Contribution ID #
Arntzen		Morten			0980
Residential Street Address	City			State	Zip Code
52 Rowayton Ave		Norwalk		СТ	06853
Principal Occupation		Name of Employ	er		
Chairman		Team	Tankers International		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 04032017A	04/	10/2017	\$100.00		\$100.00
in yes, list Event # 04032017A Intoley Older Internet					
Last Name	First			MI	Contribution ID #
Spencer		Jeffrey			0990
Residential Street Address	City			State	Zip Code
95 Salem Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		
Bond salesman		Oppe	nheimer		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	of a foodyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	04/	10/2017	\$200.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	I			I	

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			July 10 Filing - Original	RT		
Steve Obsitnik for Connecticut			July 10 1 lilling - Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Spencer		Jeffrey				0991
Residential Street Address	City				State	Zip Code
95 Salem Rd	<u> </u>	New Canaan			СТ	06840
Principal Occupation Bond salesman		Name of Employer Opper	er nheimer			
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or		Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child of		100		
government the contract is with:			x	No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check	04/	10/2017	+200.00			+100.00
If yes, list Event # Money Order X Credit/Debit Card	04/	10/2017	\$200.00			\$100.00
Last Name	First			-	MI	Contribution ID #
Beeler		Charles				0992
Residential Street Address	City				State	Zip Code
229 Princeton Rd		Menlo Park			CA	94025
Principal Occupation		Name of Employ	er			
Venture Capital		Rally '	Ventures			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna e	x	l Ni-		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	04/	10/2017	\$100.00			\$100.00
If yes, list Event # Money Order X Credit/Debit Card		-, -	,	$\perp \perp$		
Last Name	First				MI	Contribution ID #
Becker		William				0993
Residential Street Address	City				State	Zip Code
43094 Rocky Ridge Ct		Leesburg			VA	20176
Principal Occupation		Name of Employe				
Professor — — — — — — — — — — — — — — — — — — —			ia Tech		A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child o	obbyist, spouse, or fa lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Credit/Debit Card	04/	10/2017	\$100.00		:	\$100.00
Last Name	First				MI	Contribution ID #
Kendall		Donald				0994
Residential Street Address	City			\Box	State	Zip Code
10 Old Easton Tpke		Weston			СТ	06883
Principal Occupation		Name of Employe	er			
Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			•	No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			30 -0			
If yes list Event # Cash Personal Check No	04/	11/2017	\$100.00			\$100.00

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L 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	First			MI	Contribution ID #				
Wolf		Leslie			0981				
Residential Street Address	City			State	Zip Code				
43 Whitney Gln		Westport		СТ	06880				
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:	Dete	D							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	047	11/2017	\$100.00		\$100.00				
If yes, list Event #	04/	11/2017	\$100.00						
Last Name	First			MI	Contribution ID #				
Williamson		Laurie		E	0982				
Residential Street Address	City			State	Zip Code				
2 Tinywood Rd		Darien		СТ	06820				
Principal Occupation	•	Name of Employ	er		•				
Lawyer		Laurie	e E Williamson, Esq						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	11/2017	\$50.00		\$50.00				
T. AV	F: .			L	Louis B"				
Last Name Drumm	First	Hally		MI	Contribution ID #				
Residential Street Address	City	Holly		State	Zip Code				
53 Parker PI # C416	City	Wallingford		CT	06492				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00 132				
Educator		Middle	etown Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with A populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	12/2017	\$20.00		\$20.00				
T. O.	F: .				Louis B"				
Last Name	First	David		MI B	Contribution ID #				
Murphy Residential Street Address	City	Daviu		State	Zip Code				
5 Stony Point Rd	City	Westport		CT	06880				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00000				
Trader			atuck Energy						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	12/2017	\$100.00		\$100.00				

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I MONETADY DECEIPT	C (C.				
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF DEPONT		
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	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Horowitz		Marshall			0995
Residential Street Address	City			State	Zip Code
533 San Marino Ave		San Marino		CA	91108
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	unt of Contribution
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Tat (3.6 1.4 M — Mail 6 (3.6	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	04/	12/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			Ψ		
Last Name	First			MI	Contribution ID #
Link	1 1100	Alan			0996
Residential Street Address	City	Aldii		State	Zip Code
	City	Chamband		1	06902
24 Sandy Ln		Stamford		СТ	06902
Principal Occupation		Name of Employ			
Attorney			Office of Alan P Link, LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent enna (<u> </u>		
government the contract is with:			x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	04/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Gardner		Chris			0997
Residential Street Address	City			State	Zip Code
48 Quail Ridge Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	er	-	-
Consultant		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
)	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	04/	13/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		•			•
Last Name	First			MI	Contribution ID #
James		Robert		G	0985
Residential Street Address	City	Robert		State	Zip Code
122 Palmers Hill Rd # 1209	City	Stamford		CT	06902
			on.	Ci	00302
Principal Occupation Retired		Name of Employ Retire			
			abbyigt groups or	A	int of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of		.,	x No		
government the contract is with: Executive Legislative	-				
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	13/2017	\$100.00		\$100.00

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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	First			MI	Contribution ID #				
Blansfield		David			0998				
Residential Street Address	City			State	Zip Code				
20 Evergreen Pkwy		Westport		СТ	06880				
Principal Occupation		Name of Employ	er	•	•				
Exec Mgmt		North	star Travel Group						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:		D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	14/2017	¢50.00		¢50.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	14/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Russnok	1 1150	Michael			0999				
Residential Street Address	City			State	Zip Code				
71 Saint Johns Rd	ĺ	Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Accountant		Avon							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	14/2017	\$100.00		\$100.00				
T. AV	F: .			\ <i>a</i>	Louis B"				
Last Name	First	Camual		MI L	Contribution ID #				
Pierpont Residential Street Address	City	Samuel		State	Zip Code				
19 Five Mile River Rd	City	Darien		CT	06820				
Principal Occupation		Name of Employ	er	<u>.</u>	1 00020				
Real Estate		Bridge	eport Innovation Center						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
)	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/:	15/2017	\$100.00		\$100.00				
T. O.	F: .			\n_	Louis B"				
Last Name Kernan	First	Gilbert		MI S	Contribution ID #				
Residential Street Address	City	Gilbert		State	Zip Code				
74 Rowayton Ave	City	Norwalk		CT	06853				
Principal Occupation		Name of Employ	er	<u> </u>	1 00000				
Business owner/COO			Organics						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	,	dependent child of	or a roobyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	15/2017	\$100.00		\$100.00				

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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	First			MI	Contribution ID #			
Carlson		Brian			1006			
Residential Street Address	City			State	Zip Code			
142 Sleepy Hollow Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Financial Manager		BNY N	Mellon					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check		45/2047	+400.00		+400.00			
If yes, list Event # \times \text{No} \tag{Noney Order} \tag{X} \tag{Credit/Debit Card}	04/	15/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Rieger	First	L George		IVII	1007			
Residential Street Address	City	Locorge		State	Zip Code			
28 Home PI # C2		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
Advisor		Greer	nwich Investment Manageme	nt				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	04/	17/2017	\$275.00		\$275.00			
	l							
Last Name	First			MI	Contribution ID #			
Skakel	C'i	George		Gr. r	1008			
Residential Street Address 81 Holly Hill Ln	City	Greenwich		State CT	Zip Code 06830			
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00030			
CEO		FinFit						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 05302017A Cash Personal Check No Cash Personal Check Money Order X Credit/Debit Card	04/	17/2017	\$100.00		\$100.00			
					a			
Last Name	First			MI	Contribution ID #			
Liesandt Residential Street Address	City	Helga		State	1009 Zip Code			
20-39 147th St	City	Whitestone		NY	11357			
Principal Occupation		Name of Employ	er		11337			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	υ	dependent child of	of a fobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check No	04/	18/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
	S (Se	ection A-I)	1						
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	n Ind	lividuals	•						
Last Name	First			MI	Contribution ID #				
Johnson		Gary			1010				
Residential Street Address	City	-		State	Zip Code				
1051 Cedar Rd	ĺ	Southport		СТ	06890				
Principal Occupation		Name of Employ	er						
Marketing			Capital Inc						
			obbyjet enouse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	711104	in or commount				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 1 a	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/	18/2017	\$250.00		\$250.00				
If yes, list Event # Money Order X Credit/Debit Card	0 1,7	10, 2017	Ψ230.00		Ψ230.00				
Last Name	First			MI	Contribution ID #				
Johnson	1 1150	Barbara		1411	1011				
Residential Street Address	City	Daibaia		State					
	City	C			Zip Code				
1051 Cedar Rd		Southport		СТ	06890				
Principal Occupation		Name of Employ							
Owner			Janes Global Boutique						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		перениент сина с	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	04/:	18/2017	\$250.00		\$250.00				
Last Name	First			MI	Contribution ID #				
Ruden		Morton			1012				
Residential Street Address	City			State	Zip Code				
435 Danbury Rd		Wilton		CT	06897				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/:	19/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•	·		·				
Last Name	First			MI	Contribution ID #				
DAusilio		David			1013				
Residential Street Address	City	David		State	Zip Code				
6020 Main St	City	Stratford		CT	06614				
	Ь		or	Ci	00014				
Principal Occupation		Name of Employ							
Realtor			m Raveis Real Estate		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative		n · ·							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_	l .								
If yes, list Event # Cash Credit/Debit Card	04/2	20/2017	\$100.00		\$100.00				

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Y MOVEMENT DE CENTER	a (a				
I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Peressutti		Gian-Carlo			1014
Residential Street Address	City			State	Zip Code
29 Farm Hill Rd		Ridgefield		СТ	06877
Principal Occupation		Name of Employ	er		
Executive		Pepsi	Co		
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
x No Cash Personal Check	04/	20/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Metrick		Mary			1015
Residential Street Address	City	rial y		State	Zip Code
	City	Didaefield			06877
267 Ivy Hill Rd	_	Ridgefield		СТ	06877
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		перениент сина с	<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	04/2	20/2017	\$350.00		\$350.00
in you, not 2 feet to 2 feet and					
Last Name	First			MI	Contribution ID #
Pike		William		Е	1002
Residential Street Address	City			State	Zip Code
79 Indian Waters Dr		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	04/	20/2017	\$100.00		\$100.00
If yes, list Event #	- ,	,	7		
Last Name	First			MI	Contribution ID #
Persico	1 1130	Charles		J	1003
Residential Street Address	City	Charles			
	City	Ci-l-		State	Zip Code
510 Round Hill Rd		Greenwich		СТ	06831
Principal Occupation		Name of Employ			
Real Estate Developer			es J Persico & Assoc, Inc		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	04/2	20/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Matteson		Chris			1016
Residential Street Address	City			State	Zip Code
330 Middlesex Rd		Darien		СТ	06820
Principal Occupation In House Counsel		Name of Employ Duff 8	er & Phelps		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	21/2017	\$250.00		\$250.00
Last Name	First			MI	Contribution ID #
Loselle		Dewey		J	1004
Residential Street Address	City	<u>, , , , , , , , , , , , , , , , , , , </u>		State	Zip Code
25 Regents Park		Westport		СТ	06880
Principal Occupation		Name of Employ	er		•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1? Yes Cash X Personal Check					
If yes, list Event # Cash Credit/Debit Card	04/	22/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Loselle		Susan		E	1005
Residential Street Address	City			State	Zip Code
25 Regents Park		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1? It is It	04/	22/2017	\$25.00		\$25.00
I you, list Divini ii					
Last Name	First			MI	Contribution ID #
Hardy		Stephen			1020
Residential Street Address	City			State	Zip Code
22 Peach Hill Rd Principal Occupation		Darien Name of Employ	or .	СТ	06820
Banker			Fargo		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyist?		
government the contract is with:	-		X No	-	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
x No Cash Personal Check	04/	22/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	Ι ΄΄΄	·,·	4_30.00	1	,

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I. MONETARY RECEIPT	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			July 10 1 ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Stuckey		Charles			1021
Residential Street Address	City			State	Zip Code
14 Old Farm Ln	L	Old Greenwic		СТ	06870
Principal Occupation Retired		Name of Employe Retire			
			obbyist, spouse, or	Amou	ınt of Contribution
Yes X No)	dependent child o	f a lobbyist?	s	
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31? Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/2	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Stuckey	1 1150	Sara		""	1022
Residential Street Address	City			State	Zip Code
14 Old Farm Ln		Old Greenwic	h	СТ	06870
Principal Occupation		Name of Employe	er	•	•
Business Executive		Greyh	awke Capital		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amou	ınt of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?		
government the contract is with: Executive Legislative		n · 1 1		4	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	04/	22/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	0-1/.	22/2017	Ψ100.00		Ψ100.00
Last Name	First			MI	Contribution ID #
Rosen		Robert			1023
Residential Street Address	City			State	Zip Code
1127 Lake Ave		Greenwich		СТ	06831
Principal Occupation		Name of Employe			
Retired		Retire		_	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Ye	s	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	X No	.	
government the contract of with	Date	Received	Aggregate Contributions	┨	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/2	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rosen		Nancy			1024
Residential Street Address	City			State	Zip Code
1127 Laake Ave		Greenwich		СТ	06831
Principal Occupation		Name of Employe	er		
Entrepreneur/President		Coope	er River Holdings, Inc		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of		sependent ennu o	x No		
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	4	
an event reported in Section J1?	Date	Received	Assiegate Contributions		
X No Cash Personal Check	04/2	23/2017	\$100.00		\$100.00
If yes_list Event # Money Order X Credit/Debit Card	1			1	

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I, MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut					
Steve Obsitnik for Connecticut			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Butcher		John			1025
Residential Street Address	City			State	Zip Code
1174 S Los Robles Ave		Pasadena Name of Employ	ON .	CA	91106
Principal Occupation CEO			larlin Company		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			1-88-184-1		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/2	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kenna		Frank			1026
Residential Street Address	City			State	Zip Code
15 Waterside Rd		Branford		СТ	06405
Principal Occupation		Name of Employ	er		
Retired		Retire		1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	04/2	24/2017	\$375.00		\$275.00
Last Name	First			MI	Contribution ID #
Werner		Mark			1027
Residential Street Address	City			State	Zip Code
18 Douglas Ln	<u>L</u>	New Fairfield		СТ	06812
Principal Occupation		Name of Employ			
Co-Owner/CEO			ectiv Direct		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/2	25/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Lukens		Timothy			1028
Residential Street Address	City			State	Zip Code
5 Christmas Lake Ln	L	Westport		СТ	06880
Principal Occupation		Name of Employ			
Chairman & Founder Is contributor a principal of a state contractor or prospective state contractor?		Metro	obbriet enouge or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Aillot	in or contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Personal Check X No	04/2	26/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection 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	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Baugier		Patrick			1029
Residential Street Address	City			State	Zip Code
510 North Ave	L	New Rochelle	2	NY	10801
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/2	26/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Snow		Nick			1030
Residential Street Address	City			State	Zip Code
216 Lansdowne Rd	Щ,	Westport		СТ	06880
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Duic	Received	Aggregate Contributions		
X No Cash Personal Check	04/	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			,		
Last Name	First			MI	Contribution ID #
Busby		Nicole			1031
Residential Street Address	City			State	Zip Code
223 Marvin Ridge Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		
Director		Ecolal	0		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		аеренает сппа с	a lobbyist:		
government the contract is with: Executive Legislative		D 1 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
Cash Personal Check	047	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	04/.	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Burger		Gary			1032
Residential Street Address	City			State	Zip Code
7620 Windsor Ct		Chanhassen		MN	55317
Principal Occupation	•	Name of Employ	er	•	-
Director of Sales		Cisco	Systems, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	.	77/2017	125.00		+2F 0C
If yes list Event # No Money Order X Credit/Debit Card	04/2	27/2017	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original						
Steve Obsitnik for Connecticut July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Ungerleider		Matthew			1033	
Residential Street Address	City			State	Zip Code	
1315 Woodland Greens Blvd		Springboro		ОН	45066	
Principal Occupation Systems development		Name of Employ G A B	er aird Partners & Co LLC			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	27/2017	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Baird		Gordon			1034	
Residential Street Address	City			State	Zip Code	
33 Christie Hill Rd		Darien		СТ	06820	
Principal Occupation		Name of Employ	er			
Cyber Security		PwC				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
x No Cash Personal Check	04/	27/2017	\$100.00		\$100.00	
If yes, list Event # Money Order X Credit/Debit Card		, -	,			
Last Name	First			MI	Contribution ID #	
Scott		Vincent			1035	
Residential Street Address	City			State	Zip Code	
3485 Linwood Ave	<u> </u>	Cincinnati		ОН	45226	
Principal Occupation CEO		Name of Employ Apana				
				Amor	ant of Contribution	
Yes A No	0	dependent child of	Vac			
If yes, indicate which branch or branches of government the contract is with:			x No			
Is this contribution associated with on event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 31:	l					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	27/2017	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
Rose		Matt			1036	
Residential Street Address	City			State	Zip Code	
700 Highland Dr		Bellingham		WA	98225	
Principal Occupation		Name of Employ	er			
Software development executive		Everi	obbyjet anguag or	Amax	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Aillou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
X No	04/	27/2017	\$50.00		\$50.00	

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REI July 10 Filing - Origin			
Steve Obsitnik for Connecticut			July 10 Filling - Origin	aı		
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Newsom		Victor				1037
Residential Street Address	City				State	Zip Code
1135 Kava Kava St		Henderson			NV	89015
Principal Occupation CEO		Name of Employ	er Career Education Co	rnoratio	n	
			obbyist, spouse, or	Poracio		nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Yes	Alliou	nt of Controution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	04/	27/2017	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Olsen	1 1130	John				1038
Residential Street Address	City	30			State	Zip Code
512 Duke St		Alexandria			VA	22314
Principal Occupation		Name of Employ	er			
Sales		Quad				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative	5	dependent child of	•	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	NO NO		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card	04/	27/2017	\$100.0	0		\$100.00
in you, mis interest in the contract of the co	<u> </u>					
Last Name	First				MI	Contribution ID #
Vogel		David				1039
Residential Street Address	City				State	Zip Code
67 Boulder Ridge Rd	<u> </u>	Scarsdale			NY	10583
Principal Occupation Retired		Name of Employ Retire				
				_	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Yes	Alliou	nt of Controlation
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Credit/Debit Card	04/	27/2017	\$100.0	0		\$100.00
Last Name	First				MI	Contribution ID #
Seevers		Gary				1040
Residential Street Address	City				State	Zip Code
73 Morningside Dr S		Westport			CT	06880
Principal Occupation		Name of Employ	er			•
Retired		Retire	d			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			•	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?			55 -5			
If yes list Event # Cash Personal Check No	04/	27/2017	\$100.0	0		\$100.00

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vogel		Shelley			1041				
Residential Street Address	City			State	Zip Code				
14 Adams Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er	•	•				
Sr. Systems Engineer		Jacob	s						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:	Б.	D : 1							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	27/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	0-7/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Tengonciang		Jeffrey			1042				
Residential Street Address	City	,		State	Zip Code				
1389 Parish Ave		Claymont		DE	19703				
Principal Occupation	•	Name of Employ	er		!				
Investments		Cram	er, Rosenthal, McGlynn, LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	3	dependent child of	<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	04/	27/2017	\$100.00		\$100.00				
				L					
Last Name	First	Dia:		MI	Contribution ID #				
Marder Residential Street Address	City	Blaine		State	1043 Zip Code				
38 Byfield Ln	City	Greenwich		CT	06830				
Principal Occupation		Name of Employ	er	Ci	00030				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution				
Yes 🔼 N	0	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	04/	27/2017	\$100.00		\$100.00				
				L	I				
Last Name	First	NI II -		MI	Contribution ID #				
Marder Residential Street Address	City	Noelle		State	1044 Zip Code				
38 Byfield Ln	City	Greenwich		CT	06830				
Principal Occupation		Name of Employ	er	C.	00030				
Engineer		Illimir							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	04/	27/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5 (ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut	July 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Barnes		Erik			1045			
Residential Street Address	City			State	Zip Code			
640 N Granados Ave		Solana Beach	n	CA	92075			
Principal Occupation		Name of Employ	er					
Pilot		USAF						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
T 41	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	04/	27/2017	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card		,						
Last Name	First			MI	Contribution ID #			
Suro		Roger			1046			
Residential Street Address	City	Roger		State	Zip Code			
983 Oak Park	City	Schertz		TX	78154			
Principal Occupation		Name of Employ	TOP .	17	78134			
Engineer		Interf						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	04/2	27/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bradley		Horace			1047			
Residential Street Address	City			State	Zip Code			
123 Freedom Way		Lagrange		GA	30240			
Principal Occupation		Name of Employ	er	-	-			
Executive		Curtis	s Packaging					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	04/2	28/2017	\$25.00		\$25.00			
If yes, list Event # Money Order X Credit/Debit Card		•	'		·			
Last Name	First			MI	Contribution ID #			
Droppo		Donald			1048			
Residential Street Address	City	Donaid		State	Zip Code			
8 Pembroke Dr	City	Avon		CT	06001			
		Avon Name of Employ	or .	C I	00001			
Principal Occupation								
Finance			Capital Partners		nt of Containation			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative	Б	n · ·						
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
_								
If yes, list Event #	04/2	28/2017	\$50.00		\$50.00			

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rosen		Scott			1049				
Residential Street Address	City			State	Zip Code				
14 Golf Club Rd	ĺ	Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Business consultant			mployed						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Aillou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
If yes, list Event # Cash Credit/Debit Card	04/2	28/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mifflin		Kenneth			1050				
Residential Street Address	City			State	Zip Code				
34 Anderson Rd	. ,	Greenwich		СТ	06830				
Principal Occupation	_	Name of Employ	ON.	Ci	00030				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u></u>						
government the contract is with:			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/2	28/2017	\$200.00		\$200.00				
If yes, list Event # Money Order X Credit/Debit Card			·						
Last Name	First			MI	Contribution ID #				
Obeney	1 1150	Gail		.,,,	1051				
,	C'i	Gaii		G					
Residential Street Address	City			State	Zip Code				
16774 W Mohave St		Goodyear		AZ	85338				
Principal Occupation		Name of Employ	er						
COO		Auber	ney Investments Inc						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:						
government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash Personal Check	04/2	28/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			·						
Last Name	First			MI	Contribution ID #				
Obeney	1 1130	Cooff		IVII					
,	o:	Geoff		a	1052				
Residential Street Address	City			State	Zip Code				
16774 W Mohave St	L	Goodyear		AZ	85338				
Principal Occupation		Name of Employ	er						
Schedules Officer		Depai	tment of the Navy						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/2	28/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	l í		'	1					

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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	First			MI	Contribution ID #				
Sisson		Elliot		Н	1017				
Residential Street Address	City			State	Zip Code				
676 Ponus Rdg		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Real Estate Broker		Sisso	n Realty LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # Cash Credit/Debit Card	04/	28/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bunder		Debbie			1018				
Residential Street Address	City			State	Zip Code				
1085 Bay Head Dr		Mamaroneck		NY	10543				
Principal Occupation		Name of Employ	er						
Homemaker		Home	maker						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	04/	28/2017	\$100.00		\$100.00				
				l					
Last Name	First	D 1		MI	Contribution ID #				
Loughran	O.	Barbara		D	1019				
Residential Street Address	City	Characterist		State	Zip Code				
11 Sun Dance Cir		Stamford		СТ	06905				
Principal Occupation		Name of Employ Retire							
Retired Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			86 8						
X No Cash X Personal Check	04/	28/2017	\$50.00		\$50.00				
If yes, list Event #		<i>'</i>	·		·				
Last Name	First			MI	Contribution ID #				
Zameska		Peter			1053				
Residential Street Address	City			State	Zip Code				
4202 N Cambridge Way		Milton		FL	32571				
Principal Occupation		Name of Employ	er						
Airline pilot		Unite	d Airlines						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	04/	29/2017	\$100.00		\$100.00				
indiction of the control of the cont	l								

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Burr		Thaddeus			1054				
Residential Street Address	City			State	Zip Code				
88 Sylvan Crest Dr		Southbury		СТ	06488				
Principal Occupation		Name of Employ	er						
Pilot		Amge							
		_	abbreigt anguag or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Alliou	iit of Collification				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # Cash Credit/Debit Card	04/	29/2017	\$25.00		\$25.00				
it yes, list event#									
Last Name	First			MI	Contribution ID #				
Ellsworth		Jeff			1055				
Residential Street Address	City			State	Zip Code				
1180 Pan Ct		Newbury Par	k	CA	91320				
		, , , , , , , , , , , , , , , , , , ,		CA	91320				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u></u>						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/	29/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		-, -	,						
Last Name	First			MI	Contribution ID #				
Mackenzie	1 1130	Gordon		1411	1056				
	O.	Gordon		a					
Residential Street Address	City			State	Zip Code				
11 Palmer Brg		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	or a robbyist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	04/	29/2017	\$150.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	0.,.		Ψ150.00						
I and Name	Elizat.			MI	Contribution ID#				
Last Name	First	_		IVII	Contribution ID #				
Bell		James			1078				
Residential Street Address	City			State	Zip Code				
2605 S Arthur St		Spokane		WA	99203				
Principal Occupation		Name of Employ	er						
CFO		PF Ch	angs						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash Personal Check	04/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	Ι ΄΄	*	,		-				

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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	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Mula		Mark			1079				
Residential Street Address	City			State	Zip Code				
46 Reichert Cir		Westport		СТ	06880				
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:	D.	D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	04/	30/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	04/.	30/2017	\$50.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Bushing		Sarah			1080				
Residential Street Address	City			State	Zip Code				
6 Old Stone Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	3	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/3	30/2017	\$100.00		\$100.00				
				L					
Last Name	First	Matthan		MI	Contribution ID #				
Hermstedt Residential Street Address	City	Matthew		State	Zip Code				
2602 W 160th Ter	City	Stilwell		KS	66085				
Principal Occupation		Name of Employ	er	I KS	00003				
Director, PMO		1 ,	lyne Industries						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section 11?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/0	01/2017	\$50.00		\$50.00				
	·			L					
Last Name	First	1l·		MI	Contribution ID #				
Gau Residential Street Address	City	Jack		State	Zip Code				
168 Cannon Rd	City	Wilton		CT	06897				
Principal Occupation	-	Name of Employ	er		1 00037				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with A populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/0	01/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPOR		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	T				
Steve Obsitnik for Connecticut			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Dixon		Bruce			1083
Residential Street Address	City			State	Zip Code
9 Maher Ave Principal Occupation		Greenwich		СТ	06830
Retired		Name of Employer Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?		
government the contract is with:				No	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	05/0	01/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	01,201,	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Bayne		William			1084
Residential Street Address	City			State	Zip Code
57 Charolais Way		Burlington		СТ	06013
Principal Occupation		Name of Employ			
Executive Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	۸	ount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child o		Yes	ount of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	05/0	02/2017	\$100.00		\$100.00
If you, his liver in					
Last Name	First			MI	Contribution ID #
Geiger	O.	Will		0	1085
Residential Street Address 65 Linden St	City	New Haven		State CT	Zip Code 06511
Principal Occupation		Name of Employ	er	Ci	00311
Associate Director			ns School		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Am	ount of Contribution
If yes, indicate which branch or branches of)	dependent child of	i a loodyist.		
government the contract is with: Executive Legislative			x	No	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
x No Cash Personal Check	05.4	00/2017	+25.00		+25.00
If yes, list Event # Money Order X Credit/Debit Card	05/0	02/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Barker		James			1086
Residential Street Address	City			State	Zip Code
180 Long Neck Pt		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Vice Chairman			ac Marine Group	-	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or	Yes Am	ount of Contribution
If yes, indicate which branch or branches of		acpendent child (x	No.	
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110	
an event reported in Section J1?	Date		op-space Contributions		
If yes list Event # Cash Personal Check Cash Personal Check	05/0	02/2017	\$375.00		\$375.00

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ertel		Michael			1087				
Residential Street Address	City			State	Zip Code				
375 S Benson Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	or .		00021				
Software Developer			Global Mgmt						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child o	_						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1					
an event reported in Section 31?									
X No Cash Personal Check	05/	02/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	,		4						
Last Name	First			MI	Contribution ID #				
	FIISt			IVII					
Heidenreich		Per			1088				
Residential Street Address	City			State	Zip Code				
4 Sound Shore Dr # 23		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Investment Executive		Heide	nreich Enterprises LP						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	05/	02/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Franchini		John			1089				
Residential Street Address	City			State	Zip Code				
2682 Burr St		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Business Broker			oup LLC						
			•						
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		асренаен енна с	*						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with A second of the seco	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
Ŭ No │□ □	05/	02/2017	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Rhodes		Jonathan			1090				
Residential Street Address	City	Jonathan		State	Zip Code				
	City	Name Harrage			1				
17 Clark St # 1		New Haven		СТ	06511				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	05/	02/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card	I/	. ,	420.00						

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I MONETADY DECEIDT	G (G.	4: A T)			
I. MONETARY RECEIPT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>a (a</u>	ection A-1)	TYPE OF REPORT		
Steve Obsitnik for Connecticut			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Alpert		Michael			1091
Residential Street Address	City			State	Zip Code
14 Jennings Ct		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Portfolio Manager		Strale	em & Co		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	·		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Personal Check No	05/0	03/2017	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Owens		Christopher			1092
Residential Street Address	City			State	Zip Code
1909 Hidden Point Rd	<u></u>	Annapolis		MD	21409
Principal Occupation		Name of Employ	er		
COO		BGI, I		-	
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 71?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/0	03/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Smith		Elizabeth			1093
Residential Street Address	City			State	Zip Code
37 Holly Ln		Darien		СТ	06820
Principal Occupation		Name of Employ			
Board Director			VCO Corp		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No		
government the contract is with:					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05.4	02/2017	+400 00		+400 00
If yes, list Event # Money Order X Credit/Debit Card	05/0	03/2017	\$100.00		\$100.00
				l	
Last Name	First	C: 1		MI	Contribution ID #
Hardy		Cindy			1094
Residential Street Address	City	5 .		State	Zip Code
22 Peach Hill Rd		Darien		СТ	06820
Principal Occupation		Name of Employ			
Retired		Retire			or of Contails of
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of		,	x No		
government the contract is with:	Б. /	Dagaiyy- 4	 		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05.	02/2017	*100.00		¢100.00
If yes, list Event # No Money Order X Credit/Debit Card	l ^{U5/(}	03/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bealle		Preston			1095				
Residential Street Address	City			State	Zip Code				
54 Brookside Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyict enouge or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 10 to	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	05/	03/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			7						
Last Name	First			MI	Contribution ID #				
Duda	1 1100	Michael			1096				
Residential Street Address	City	riiciidei		State	Zip Code				
12 Lockwood Rd	City	Diverside			06878				
		Riverside		СТ	06878				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (<u> </u>						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	05/	03/2017	\$75.00		\$75.00				
,									
Last Name	First			MI	Contribution ID #				
Gibbons		Nathaniel			1057				
Residential Street Address	City			State	Zip Code				
241 Greens Farms Rd		Greens Farm	S	СТ	06838				
Principal Occupation		Name of Employ	er	-					
Fire Marshall		Town	of Westport						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash X Personal Check	05/	03/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Banker		Stephen		М	1058				
Residential Street Address	City			State	Zip Code				
49 W Brother Dr		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Executive Managing Director			nark Grub Knight Frank						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dota	Received	Aggregate Contributions	ŀ					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	05.4	02/2017	#100.00		¢100.00				
If yes, list Event # Money Order Credit/Debit Card	U5/1	03/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dutches		Debra		L	1059				
Residential Street Address	City			State	Zip Code				
15 Hearthstone Rd	<u> </u>	Monroe		СТ	06468				
Principal Occupation		Name of Employ							
Homemaker Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05012017A No Money Order Credit/Debit Card	05/	03/2017	\$25.00		\$25.00				
				l					
Last Name	First	5		MI	Contribution ID #				
Dewahl Residential Street Address	City	David		State	Zip Code				
102 Park Ave	City	Greenwich		CT	06830				
Principal Occupation		Name of Employ	er	<u> </u>	00030				
CEO		Ische							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amount of Contribution					
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05022017A No Money Order Credit/Debit Card	05/	03/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Daddino	First	Anthony		F	1061				
Residential Street Address	City	7111111111		State	Zip Code				
90 Field Point Cir		Greenwich		СТ	06830				
Principal Occupation	•	Name of Employ	er	ļ.					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	03/2017	\$100.00		\$100.00				
If yes, list Event # 05022017A Money Order Credit/Debit Card	05/	03/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Prince		Lolly			1062				
Residential Street Address	City			State	Zip Code				
42 Woodside Dr		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		acpendent ennu (x No						
government the contract is with: Legislative Legislative Legislative	Dot-	Pagaiyad							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	03/2017	\$100.00		\$100.00				
If yes, list Event # 05022017A	Ι	,	¥200.00	I	, ,				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brien		Ronald		J	1063				
Residential Street Address	City			State	Zip Code				
20 Old Maramoneck Rd	<u> </u>	White Plains		NY	10605				
Principal Occupation		Name of Employ							
Attorney Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	, rinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05022017A No Money Order Credit/Debit Card	05/	03/2017	\$100.00		\$100.00				
				L					
Last Name	First			MI	Contribution ID #				
Mann Residential Street Address	City	Robert		M State	Zip Code				
30 Robertson Ln	City	Cos Cob		CT	06807				
Principal Occupation		Name of Employ	er						
Consultant		North	Highland						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash X Personal Check	05/	03/2017	\$250.00		\$250.00				
If yes, list Event # 05022017A	03/	03/2017	\$250.00		\$230.00				
Last Name	First			MI	Contribution ID #				
Koopman		Cassidy		L	1065				
Residential Street Address	City			State	Zip Code				
150 Center St		Easton		СТ	06612				
Principal Occupation		Name of Employ							
Student			ecticut Golf Club						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 05042017A No	05/	04/2017	\$30.00		\$30.00				
Last Name	First			MI	Contribution ID #				
Connor		Thomas		L	1066				
Residential Street Address	City			State	Zip Code				
1015 Valley Rd		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er						
Writer			Connor & Associates						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 05042017A No Cash X Personal Check Money Order Credit/Debit Card	05/	04/2017	\$100.00		\$100.00				

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L 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	First			MI	Contribution ID #		
Hines		Maureen			1067		
Residential Street Address	City			State	Zip Code		
44 Bridge St		Westport		СТ	06880		
Principal Occupation		Name of Employ					
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	44 1 4	Amor	unt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amot	ant of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
If yes, list Event # 05042017A No Money Order Credit/Debit Card	05/	04/2017	\$100.00		\$100.00		
	L .			I			
Last Name	First			MI	Contribution ID #		
Smith Residential Street Address	City	Shannon		P State	Zip Code		
96 Compo Rd N	City	Westport		CT	06880		
Principal Occupation		Name of Employ	er	Ci	00000		
Marketing		Socia					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution		
	0	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? Cash Personal Check							
If yes, list Event # 05042017A No Money Order Credit/Debit Card	05/	04/2017	\$100.00		\$100.00		
	I			l	La . i . p. "		
Last Name Smilow	First	Richard		MI	Contribution ID # 1069		
Residential Street Address	City	Ricilaru		State	Zip Code		
89 Morningside Dr S	City	Westport		CT	06880		
Principal Occupation		Name of Employ	er	<u> </u>			
CEO		Instit	ute of Culinary Education				
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	U	dependent child of	or a robbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions				
Z Barsand Charle	l						
If yes, list Event # 05042017A No No Money Order Credit/Debit Card	05/	04/2017	\$375.00		\$275.00		
Last Name	First			MI	Contribution ID #		
Bruce		Iain		н	1070		
Residential Street Address	City			State	Zip Code		
9 Winding		Westport		СТ	06880		
Principal Occupation	-	Name of Employ	er	-	•		
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		acpendent ennu (x No				
government the contract is with: Legislative Legislative Legislative	Dot-	Paggivad					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
No Cash X Personal Check	05/	04/2017	\$100.00		\$100.00		
If yes, list Event # 05042017A	1	- ,	¥200.00	I	, ,		

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I MONETARY DECEME	0 (0	4° A TO			
I. MONETARY RECEIPT	5 (5)	ection A-I)	TWDE OF DEDONA		
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	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Brighton		Renfrew			1097
Residential Street Address	City			State	Zip Code
161 Long Neck Point Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
 Retired		Retire	rd		
			abbyist spaysa or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	711100	ant of continuation
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Table 19 at 10 to	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	05/	04/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	0 1, 2017	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Laudonia	1 1150	Anthony		.,,,	1098
	City	Anthony		Ct-t-	
Residential Street Address	City			State	Zip Code
49 Harold St # 2		Cos Cob		СТ	06807
Principal Occupation		Name of Employ			
Tax Collector			of Greenwich	,	
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child (_		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	05/	04/2017	\$50.00		\$50.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Peterson		Carl			1099
Residential Street Address	City			State	Zip Code
190 Imperial Dr		Glastonbury		СТ	06033
Principal Occupation	Name of Employer			•	
Managing Principal		Lindb	erg & Ripple		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	05/	04/2017	\$250.00		\$250.00
If yes, list Event # Money Order X Credit/Debit Card		,	7=20.00		
Last Name	First			MI	Contribution ID #
Beauclair	1 1100	Cathi			1100
Residential Street Address	City	Cutiii		State	Zip Code
	City	La Canada El	intridao		I -
4728 Gould Ave		La Canada Fl Name of Employ		CA	91011
Principal Occupation					
Homemaker			emaker		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of		r	x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	05/	04/2017	\$375.00		\$375.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Sieve Obstimik for Connecticut
Securious Secu
Pist Name
Phelan
Residential Street Address
Name of Emptour a principal of a state contractor or prospective stream of England and Section 137 Yes Security
Name of Employers Nam
Is contributor a principal of a state contractor or prospective state of large and state contractor or prospective state of large and state contract is with: Secontify Personal Check Spound Personal Check Personal
Yes Legislative Legislat
If yes, indicate which branch or branches of government the contract is with: Static contribution associated with an event reported in Section 11? Yes No Cash No Personal Check No No No No No No No N
Is this contribution associated with an event reported in Section J1? Last Name Moore Residential Street Address 2 Baker Ave # A Principal Occupation Sales Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Aggregate Contributions Moore Personal Check 2 Credit/Debit Card David First David Mill Contribution ID # 1102 Name of Employer Midland Paper Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Yes Method of contributor Personal Check Credit/Debit Card OS/4/2017 Salos Mill Osortibutions Aggregate Contributions MI Contribution ID # 100.00 Aggregate Contributions Aggregate Contributions Mill Osortibution ID # 100.00 Aggregate Contributions Mill Contribution ID # 100.00
an event reported in Section J1? If yes, list Event # No
Last Name
Last Name Moore Residential Street Address 2 Baker Ave # A Principal Occupation Sales If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Cullen Money Order X Credit/Debit Card First David City David City State City Westport City O6880 Name of Employer Westport Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Aggregate Contributions \$\text{\$\text{\$\text{\$Admonethor Pressonal Check}} \$\text{\$\text
Residential Street Address 2 Baker Ave # A Principal Occupation Sales If yes, indicate which branch or branches of government the contract is with: Is contribution associated with an event reported in Section J1? If yes, list Event # Cullen David David State State State Zip Code
Residential Street Address 2 Baker Ave # A Principal Occupation Sales Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an event reported in Section J1? If yes, list Event # City Westport Name of Employ= Midland Paper Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section J1? If yes, list Event # City Westport CT 06880 Amount of Contribution does not prospective state contractor? Yes
2 Baker Ave # A Principal Occupation Sales Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # CT 06880 Name of Employer Midland Paper Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Aggregate Contributions \$\text{Amount}\$ Occurribution associated with an event reported in Section J1? First Cullen CT 06880 Amount of Contribution Occurribution above the contractor? Yes Aggregate Contributions \$\text{100.00}\$ \$100.00 \$\text{100.00}\$ \$100.00
Principal Occupation Sales Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If yes, list Event # Name of Employer Midland Paper
Sales Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Cullen Midland Paper Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution a sociated with an event reported in Section J1? Date Received Aggregate Contributions \$\frac{1}{3} \text{No}\$ \$\frac{1}{3} \text{No}\$ \$\frac{1}{3} \text{No}\$ \$\frac{1}{3} \text{Credit/Debit Card}\$ \$\frac{1}{3} \text{Vel}\$ \$\frac{1}{3} \text{Vel}\$ \$\frac{1}{3} \text{No}\$ \$\frac{1}{3} \text{No}\$ \$\frac{1}{3} \text{No}\$ \$\frac{1}{3} \text{Nontribution ID #} \text{Christopher}\$ Cullen
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Yes X No Yes Xes Yes Yes Xes Yes Yes Yes Yes Xes Yes
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? Legislative Method of contribution: If yes, list Event # Cullen Personal Check Cash Personal Check Credit/Debit Card Personal Check Credit/Debit Card First Christopher MI Contribution ID # Christopher MI Contribution ID # 1103
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with an event reported in Section J1? If yes, list Event # Legislative Date Received O5/04/2017 S100.00 \$100.00 \$100.00 Aggregate Contributions \$100.00 \$100.00 Contribution ID #
Is this contribution associated with an event reported in Section J1? Last Name Cullen Method of contribution: Method of contribution: Date Received Aggregate Contributions Personal Check X No Method of contribution: Cash Personal Check X Credit/Debit Card Personal Check This Contribution ID # Christopher MI Contribution ID # Christopher 1103
an event reported in Section J1? If yes, list Event # Yes
If yes, list Event #
Last Name Cullen Money Order Credit/Debit Card First Christopher MI Contribution ID # 1103
Cullen Christopher 1103
· · · · · · · · · · · · · · · · · · ·
Residential Street Address City State Zip Code
244 Wilton Rd Westport CT 06880
Principal Occupation Name of Employer
President Lagos, Inc Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative X No
Is this contribution associated with Method of contribution: Date Received Aggregate Contributions
an event reported in section 71?
If yes, list Event #
Last Name First MI Contribution ID #
Baker Garrett 1104
Residential Street Address City State Zip Code
439 Brookside Rd New Canaan CT 06840
Principal Occupation Name of Employer
Investment Banker Lazard
Investment Banker Lazard Is contributor a principal of a state contractor or prospective state contractor? Types X No
Investment Banker Lazard Is contributor a principal of a state contractor or prospective state contractor? Yes No ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
Investment Banker Lazard Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Legislative Date Received Agreement Contributions Page Received Agreement Contributions
Investment Banker Lazard Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of Feacutive Lazard Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			day for ming onginar		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Baker		Melissa			1105
Residential Street Address	City			State	Zip Code
439 Brookside Rd		New Canaan		СТ	06840
Principal Occupation Retired		Name of Employe Retire			
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or General Project 2 Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child o	a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	05/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Levy	riist	Leora		IVII	1106
Residential Street Address	City	Leoru		State	Zip Code
59 Pecksland Rd		Greenwich		СТ	06831
Principal Occupation		Name of Employe	er		!
Homemaker		Home	maker		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child o	if a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	†	
an event reported in Section J1? Yes Cash Personal Check	05/	05/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	03,201,	\$100.00		4100.00
Last Name	First			MI	Contribution ID #
Rhodes		Cassidy			1107
Residential Street Address	City			State	Zip Code
17 Clark St # 1		New Haven		СТ	06511
Principal Occupation		Name of Employe			
Administrative Asst			Dniversity Obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	V	Allot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Credit/Debit Card Cash Ca	05/	05/2017	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Obsitnik		Christopher		Р	1071
Residential Street Address	City			State	Zip Code
319 South Ave		Alama		CA	94507
Principal Occupation		Name of Employe			
Student Is contributor a principal of a state contractor or prospective state contractor?		Stude Is contributor a le	obbriet energe or	Amou	ant of Contribution
Yes X No)	dependent child o	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	05/	05/2017	\$30.00		\$30.00

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L 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	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Obsitnik		Benjamin		М	1072			
Residential Street Address	City			State	Zip Code			
319 South Ave		Alamo		CA	94507			
Principal Occupation		Name of Employ	er					
Student		Stude	nt					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duit	10001100	1.66.06ate continuations					
If yes, list Event #	05/0	05/2017	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Obsitnik	First	Nicholas		M	1073			
Residential Street Address	City	NICIOIAS		State	Zip Code			
319 South Ave	City	Alamo		CA	94507			
Principal Occupation	_	Name of Employ	er	C/ C	1 3 1307			
Student		Stude						
			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes X Cash Personal Check								
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	05/0	05/2017	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Duff	FIISt	Alice		IVII	1074			
Residential Street Address	City	Alice		State	Zip Code			
63 Midwood Rd	City	Greenwich		CT	06830			
Principal Occupation		Name of Employ	er					
Realtor		Sothe	by's International Realty					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with A populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/0	06/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Heiimbold		Monika			1075			
Residential Street Address	City			State	Zip Code			
19 Pilot Rock Ln		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er	-	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			55 5					
X No	05/0	06/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection 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	m Ind	lividuals			
Last Name McInerney	First	Thomas		MI E	Contribution ID #
Residential Street Address	City			State	Zip Code
2 Manitou Ct		Westport		СТ	06880
Principal Occupation	-	Name of Employe	er	-	•
Investor		Bluff I	Point Associates		
Is contributor a principal of a state contractor or prospective state contractor? Yes N	o	Is contributor a le dependent child of	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	05.4	06/2017	#27F 00		±275.00
If yes, list Event # Money Order Credit/Debit Card	05/0	06/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
McInerney		Paula		G	1077
Residential Street Address	City			State	Zip Code
2 Manitou Ct		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Iinvestor			Point Associates		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Duic	Received	riggiogate Contributions		
If yes, list Event # Cash No Credit/Debit Card	05/0	06/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Nevin		John			1120
Residential Street Address	City			State	Zip Code
15 Old Hill Farms Rd		Westport		СТ	06880
Principal Occupation		Name of Employe			
Investment Manager			ire Capital Management LLC		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/0	07/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Davitz		Jeffrey			1121
Residential Street Address	City			State	Zip Code
60 Heather Garden Ln	L.	Danville		CA	94506
Principal Occupation		Name of Employ			
Retired		Retire	abbreigt angues on	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash Personal Check	05/0	08/2017	\$100.00		\$100.00

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I MONETARY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	5 (50	ection A-1)	TWDE OF DEDONA		
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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Vengrow		Adam			1122
Residential Street Address	City			State	Zip Code
6 Juniper Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er	•	
Finance		Canto	r Fitzgerald		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Tat (3.6 1.4 M — Mail 6 (3.6	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	05/0	08/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			4		
Last Name	First			MI	Contribution ID #
Cooke	1 1150	Len			1123
Residential Street Address	City	Len		State	Zip Code
	City	Nith. Min. alle.		1	*
14 Skyline Dr		North Windh		СТ	06256
Principal Occupation		Name of Employ			
Teacher			hester Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia (<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event #	05/0	08/2017	\$100.00		\$100.00
Noney order					
Last Name	First			MI	Contribution ID #
Rowe		Doris		J	1108
Residential Street Address	City			State	Zip Code
1428 Stratfield Rd		Westport		СТ	06880
Principal Occupation	Name of Employer				
Realtor/Broker		Coldw	vell Banker		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
No Cash X Personal Check	05/0	08/2017	\$100.00		\$100.00
If yes, list Event # 05072017A			Ψ		
Last Name	First			MI	Contribution ID #
Horton	1 1150	Kristen		L	1109
Residential Street Address	City	Kristeri		State	Zip Code
	City	Westport			-
27 Jennie Ln	Щ,	Westport	or.	СТ	06880
Principal Occupation		Name of Employ			
Marketing			Ridge Brands		nt of Containation
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?	1				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/0	09/2017	\$100.00		\$100.00

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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	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Horton		Alexander		R	1110		
Residential Street Address	City			State	Zip Code		
27 Jennie Ln		Westport		СТ	06880		
Principal Occupation		Name of Employ	er				
Insurance			Insurance, LLC				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		асренаен сина с	x _{No}				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section J1?			20 10				
X No Cash X Personal Check	05/	09/2017	\$100.00		\$100.00		
If yes, list Event #			·				
Last Name	First			MI	Contribution ID #		
Sugarman		Erie			1111		
Residential Street Address	City			State	Zip Code		
18 Bermuda Rd		Westport		СТ	06880		
Principal Occupation		Name of Employ	er				
Commodities		Geral	d Metals, LLC				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child (<u> </u>				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	05/	00/2017	#100.00		+100.00		
If yes, list Event # Money Order Credit/Debit Card	05/	09/2017	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Crumbine	1 1100	Beatrice]]	1112		
Residential Street Address	City			State	Zip Code		
3 Copper Beach Rd		Greenwich		СТ	06830		
Principal Occupation	•	Name of Employ	er				
Homemaker		Home	emaker				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	2		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	of a foodyfst?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check							
If yes, list Event # No Money Order Credit/Debit Card	05/	09/2017	\$50.00		\$50.00		
Last Name	First			MI	Contribution ID #		
Crumbine	1 1100	Peter]]	1113		
Residential Street Address	City			State	Zip Code		
3 Copper Beach Rd		Greenwich		СТ	06830		
Principal Occupation	•	Name of Employ	er		•		
Retired		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?				
government the contract is with:			x _{No}				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check	05.	00/2017	±50.00		+ F0.00		
If yes, list Event # Money Order Credit/Debit Card	05/	09/2017	\$50.00		\$50.00		

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L 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	First			MI	Contribution ID #			
Pearl		John		J	1114			
Residential Street Address	City			State	Zip Code			
46 Arcadia Rd		Old Greenwid	ch	СТ	06870			
Principal Occupation		Name of Employ	er					
Consultant			Associates	•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
X No	05/	09/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Davis		Steven			1124			
Residential Street Address	City			State	Zip Code			
51 Daniel St	<u> </u>	Newton Cent		MA	02459			
Principal Occupation		Name of Employ						
Advisor Is contributor a principal of a state contractor or prospective state contractor?			employed/Individual investor	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes					ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Personal Check Money Order X Credit/Debit Card	05/	09/2017	\$250.00		\$250.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Ritman		James			1125			
Residential Street Address	City			State	Zip Code			
222 Overlook Dr		Greenwich		CT	06830			
Principal Occupation		Name of Employ						
Real estate		Newn						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	obbyist, spouse, or Yes Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	05/	09/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Greenlee		Melinda			1126			
Residential Street Address	City			State	Zip Code			
7 Spring Hill Rd	<u> </u>	Westport		СТ	06880			
Principal Occupation Retired		Name of Employ Retire						
			-11	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	1 222700				
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	09/2017	\$100.00		\$100.00			

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	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	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Burke		Tyler			1127
Residential Street Address	City			State	Zip Code
19 Fox Hunt Way		Harwinton		СТ	06791
Principal Occupation		Name of Employ	er		
President & CEO		Turbii	ne Technologies, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X No Cash Personal Check	05/0	09/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Cohen		Karla			1128
Residential Street Address	City	Kuriu		State	Zip Code
51 Ludlow Rd	City	Wostport		CT	06880
		Westport Name of Employ	or.	CI	00000
Principal Occupation		1 7			
Attorney		_	vell Personal Care		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	05/:	10/2017	\$25.00		\$25.00
in yes, and break in the state of the state					
Last Name	First			MI	Contribution ID #
Carillo		Jared			1129
Residential Street Address	City			State	Zip Code
2077 Main St		Glastonbury		СТ	06033
Principal Occupation	Name of Employer				
Insurance		Smith	Brothers		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	05/	11/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	-1, 201,	Ψ100100		
Last Name	First			MI	Contribution ID #
Haroun	1 1130	Rob		IVII	1130
	City	KUD		Ct-t-	
Residential Street Address	City			State	Zip Code
943 Post Rd E		Westport		СТ	06880
Principal Occupation		Name of Employ			
Managing Member			evelopment		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	05/	12/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	201011 A-1)	TYPE OF REPORT				
Steve Obsitnik for Connecticut			July 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
		iividuais					
Last Name Hosley	First	William		MI	Contribution ID # 1131		
Residential Street Address	City			State	Zip Code		
30 Old Abbe Rd	,	Enfield		СТ	06082		
Principal Occupation	-	Name of Employ	er	•			
Educator/consultant		Terra	Firma Northeast				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with.	Date	Received	Aggregate Contributions				
an event reported in Section J1?							
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Cash Credit/Debit Card Cash Credit/Debit Card Cash	05/	12/2017	\$50.00		\$50.00		
I and Name	First			MI	Contribution ID #		
Last Name Weinberg	FIISt	lamas		R	1115		
Residential Street Address	City	James		State	Zip Code		
59 Rowledge Pond Rd	City	Sandy Hook		CT	06482		
Principal Occupation	<u> </u>	Name of Employ	or	CI	00402		
President/Owner			Harbor Tanker Charter LLC				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
If yes, indicate which branch or branches of	D	dependent child of	<u> </u>				
government the contract is with:			x No				
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions				
an event reported in Section J1? If yes, list Event # 05012017A No	05/	13/2017	\$50.00		\$50.00		
If you, has broken and book can be broken and broken b				<u> </u>			
Last Name	First			MI	Contribution ID #		
Kellogg		Kenneth		М	1116		
Residential Street Address 540 Barn Hill Rd	City	Monroe		State CT	Zip Code 06468		
Principal Occupation	<u> </u>	Name of Employ	24	CI	00400		
Consulting			g Professional Services, LLC				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		nt of Contribution		
Yes X No	D	dependent child of					
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No Cash X Personal Check	05/	13/2017	\$25.00		\$25.00		
If yes, list Event # 05012017A	03/	13,201,	Ψ23.00		Ψ23.00		
Last Name	First			MI	Contribution ID #		
O'Rourke		Sean		Р	1117		
Residential Street Address	City			State	Zip Code		
10 Falls Brook Cir		Monroe		СТ	06468		
Principal Occupation		Name of Employ					
Ship Broker Is contributor a principal of a state contractor or prospective state contractor?			Harbour Tank Chartering LLC obbyist, spouse, or		nt of Contribution		
Yes X No	0	dependent child of	Vac	Amou	in or Commountion		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1			
an event reported in Section 31:							
If yes, list Event # 05012017A	05/	13/2017	\$100.00		\$100.00		

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I. MONETARY RECEIPT	S (Se	ection A-I)	ı		
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	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Dutches		Francis		Α	1118
Residential Street Address	City			State	Zip Code
15 Hearthstone Rd	L	Monroe		СТ	06468
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an expert operated in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 05012017A Solution No Solution No Money Order Credit/Debit Card	05/	13/2017	\$25.00		\$25.00
in yes, iss Event in Osot Event in Osot Event Event Cut					
Last Name	First			MI	Contribution ID #
Sobel		Paul			1119
Residential Street Address	City			State	Zip Code
87 Red Barn Rd	L	Monroe		СТ	06468
Principal Occupation		Name of Employ			
Lawyer Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	Vac	Amot	in of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with an event reported in Section J1?					
No No Personal Check	05/	13/2017	\$100.00		\$100.00
If yes, list Event# 05012017A					
Last Name	First			MI	Contribution ID #
Kieburtz		Geoff			1132
Residential Street Address	City			State	Zip Code
3 Rowayton Avenuie	<u> </u>	Rowayton		СТ	06853
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Duite	10001100	1.88.08ate controlations		
No Cash X Personal Check	05/:	15/2017	\$100.00		\$100.00
If yes, list Event # 05152017A		,	·		
Last Name	First			MI	Contribution ID #
Kearney		Keith		L	1133
Residential Street Address	City			State	Zip Code
45 Contentment Island Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent child (a lobbyist?		
government the contract is with: Executive Legislative		Danier 1			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	15/2017	\$100.00		\$100.00
If yes, list Event # 05152017A Money Order Credit/Debit Card	I 33/	-0,201/	Ψ100.00	I	T-30.00

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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	First			MI	Contribution ID #			
Meek		Bryan			1134			
Residential Street Address	City			State	Zip Code			
11 Cranbury Woods Rd		Norwalk		СТ	06851			
Principal Occupation		Name of Employ Oracle						
CPA Is contributor a principal of a state contractor or prospective state contractor?			11 :	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac	1 111100	ant of Controllion			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 05152017A No Money Order Credit/Debit Card	05/	15/2017	\$100.00		\$100.00			
	L			I				
Last Name	First	Mautin		MI	Contribution ID #			
Brennan Residential Street Address	City	Martin		A State	Zip Code			
134 Ridge Acres Rd	City	Darien		CT	06820			
Principal Occupation		Name of Employ	er					
Real Estate Investor		Aldga	te Capital LLC					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	15/2017	¢100.00		¢100.00			
If yes, list Event # 05152017A	03/	15/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Fairchild		Louis			1136			
Residential Street Address	City			State	Zip Code			
5 Yarmouth Rd		Norwalk		СТ	06853			
Principal Occupation		Name of Employ						
Sales Director			Diagnostics					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x No					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Yes Method of contribution: X Personal Check								
If yes, list Event # 05152017A No Cash X Personal Check Money Order Credit/Debit Card	05/	15/2017	\$100.00		\$100.00			
				I				
Last Name	First	Ddd		MI	Contribution ID #			
Residential Street Address	City	David		K State	Zip Code			
2269 Boston Post Rd	City	Darien		CT	06820			
Principal Occupation		Name of Employ	er	1	1 00020			
Realtor		DK Ha	awes Inc					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative	Б.	D : 1	x _{No}					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	15/2017	\$100.00		\$100.00			
If yes, list Event # 05152017A	1 /	•	,	I	•			

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Steve Obsitnik for Connecticut			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First	i viuuii s		MI	Contribution ID #
Keller	1 1130	Thomas]]	1138
Residential Street Address	City			State	Zip Code
43 Rowayton Ave		Norwalk		СТ	06853
Principal Occupation		Name of Employ	er		1
Manager		Mood	ys Investors Service		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:	لــــا		x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	15/2017	±200.00		±200.00
If yes, list Event # 05152017A Money Order Credit/Debit Card	05/.	15/2017	\$200.00		\$200.00
Last Name	First			MI	Contribution ID #
Winn	1 1150	Paul		T	1139
Residential Street Address	City			State	Zip Code
11 Meredian Rd		Rowayton		СТ	06853
Principal Occupation	•	Name of Employ	er	•	
Executive		Recyc	le Brands, Inc		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/		1050.00		1050.00
If yes, list Event # 05152017A Money Order Credit/Debit Card	05/.	15/2017	\$250.00		\$250.00
Last Name	First			MI	Contribution ID #
Dudley	1 1150	Bonnie			1140
Residential Street Address	City			State	Zip Code
45 Rowayton Ave		Norwalk		СТ	06853
Principal Occupation		Name of Employ	er		•
Homemaker		Home	maker		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	a loodyist:		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	05/	15/2017	\$250.00		\$250.00
If yes, list Event # 05152017A	05/.	15/2017	\$230.00		\$250.00
Last Name	First			MI	Contribution ID #
Bellafiore		Barbara			1153
Residential Street Address	City			State	Zip Code
37 Davenport		Greenwich		СТ	06830
Principal Occupation		Name of Employ	er		•
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/	15/2017	#100.00		¢100.00
If yes list Event # No Money Order X Credit/Debit Card	I U5/.	15/2017	\$100.00	l	\$100.00

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L 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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Brown		Jennie			1154			
Residential Street Address	City			State	Zip Code			
165 Litchfield Rd		Norfolk		СТ	06058			
Principal Occupation		Name of Employ	er	-	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:	В.	D : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	15/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	13/2017	\$100.00					
Last Name	First			MI	Contribution ID #			
Brown		William G			1155			
Residential Street Address	City			State	Zip Code			
165 Litchfield Rd		Norfolk		СТ	06058			
Principal Occupation	•	Name of Employ	er		•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	15/2017	\$100.00		\$100.00			
T. AV	Б			L	Louis B"			
Last Name Lawrence	First	Larry		MI	Contribution ID # 1156			
Residential Street Address	City	Larry		State	Zip Code			
40 Brookridge Dr	City	Greenwich		CT	06830			
Principal Occupation		Name of Employ	er	C.	1 00030			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
)	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with A populate reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	15/2017	\$100.00		\$100.00			
T. O.	г							
Last Name Lawrence	First	Sally		MI	Contribution ID # 1157			
Residential Street Address	City	Jany		State	Zip Code			
40 Brookridge Dr	City	Greenwich		CT	06830			
Principal Occupation		Name of Employ	er	<u> </u>				
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
		. F (D.C. =			1400.0-			
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	15/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Kwon		OhSang			1158			
Residential Street Address	City			State	Zip Code			
38 Warren St # 5C		New York		NY	10007			
Principal Occupation		Name of Employ	er					
Private investor		Self-e	employed					
			abbyiet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
TAL 49 6 14 1 M - MAIL 6 49 6	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	15/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		,	7-0000					
Last Name	First			MI	Contribution ID #			
Dudley	1 1150	Richard			1159			
Residential Street Address	City	Richard		State	Zip Code			
	City	Nemuelle		1	06853			
45 Rowayton Ave		Norwalk Name of Employ		СТ	00853			
Principal Occupation		1 7						
Chairman & CEO		_	on Worldwide					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative								
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	05/	15/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Brennan		Martin			1160			
Residential Street Address	City			State	Zip Code			
134 Ridge Acres Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er	-				
Student		Buckr	nell University					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes list Event # Cash Personal Check Money Order	05/	16/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Kreitler		John			1161			
Residential Street Address	City			State	Zip Code			
745 Verna Hill Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	<u> </u>				
Retired		Retire						
			abbyist spaysa or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	1 111100				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	16/2017	#100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	J U5/	16/2017	\$100.00		\$100.00			

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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	First			MI	Contribution ID #			
Kurfehs		Harold			1162			
Residential Street Address	City			State	Zip Code			
42 Obtuse Rd N		Brookfield		СТ	06804			
Principal Occupation		Name of Employ	er					
Commercial Real Estate		Coldw	vell Banker Commercial					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative	Б.	p : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
x No Cash Personal Check	05/	16/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	10/2017	\$100.00		\$100.00 			
Last Name	First			MI	Contribution ID #			
McKeon		Ross			1163			
Residential Street Address	City			State	Zip Code			
2 Adams Farm Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	م ا	16/2017	#200.00		±200 00			
If yes, list Event #	05/	16/2017	\$200.00		\$200.00			
Last Name	First			MI	Contribution ID #			
Escherich	1 1130	Carolyn		· · · ·	1164			
Residential Street Address	City			State	Zip Code			
16 Brooks Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a followist:					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	16/2017	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sidhu		Samvir			1165			
Residential Street Address	City			State	Zip Code			
60 E 42nd St # 3110		New York		NY	10165			
Principal Occupation		Name of Employ	er		-			
Real Estate		Megal	lith Capital Management					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	05.4	16/2017	4350.00		¢250.00			
If yes, list Event # Money Order X Credit/Debit Card	05/	16/2017	\$250.00		\$250.00			

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I. MONETARY RECEIPT	S (Se	ection A-D			
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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Robb		Dennis		G	1141
Residential Street Address	City			State	Zip Code
131 Nonopage Rd		Fairfield		СТ	06825
Principal Occupation		Name of Employ			
Regioinal Sales Manager		Titan			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
Is this contribution associated with an event reported in Section J1?					
No Cash X Personal Check	05/:	16/2017	\$50.00		\$50.00
If yes, list Event # 05162017A					
Last Name	First			MI	Contribution ID #
Nevas		Scott		С	1142
Residential Street Address	City			State	Zip Code
25 Rainbow Dr	<u> </u>	Riverside		СТ	06878
Principal Occupation		Name of Employ			
Financial Advisor Is contributor a principal of a state contractor or prospective state contractor?		Berns Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Alliot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
government the contract is with. Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
No No Tressent enter	05/:	16/2017	\$100.00		\$100.00
If yes, list Event # 05162017A					
Last Name	First			MI	Contribution ID #
DeLeo		John		J	1143
Residential Street Address	City			State	Zip Code
124 Benz St		Ansonia		СТ	06401
Principal Occupation Investment Advisor		Name of Employ			
T		Ion B	obbyist, spouse, or	Amou	nt of Contribution
Yes X No.)	dependent child of		Alliot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # 05162017A	05/:	16/2017	\$25.00		\$25.00
I yes, is broken objection in the control of the co					
Last Name	First			MI	Contribution ID #
Shawah		Robert			1144
Residential Street Address	City			State	Zip Code
11 Crestwood Rd Principal Occupation		Monroe Name of Employ	on.	СТ	06468
Real Estate Agent			rin Pearson & Co, LLC		
			obbyist, spouse, or	Amou	nt of Contribution
Yes X N)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31:					
If yes list Event # 05162017A Cash Cash Cash Cash Cash Cash Cash Cash	05/	16/2017	\$75.00		\$75.00

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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								
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Jackson		Richard		J	1145			
Residential Street Address	City			State	Zip Code			
106 Monroe Blvd		Long Beach		NY	11561			
Principal Occupation Financial Planner		Name of Employ Mass	_{er} Mutual					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?					
government the contract is with:	لــــا		x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	16/2017	¢100.00		¢100.00			
If yes, list Event # 05162017A Money Order Credit/Debit Card	05/.	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Howe		Edward		J	1146			
Residential Street Address	City			State	Zip Code			
25 Old Lamp Ln		Cos Cob		СТ	06807			
Principal Occupation		Name of Employ	er					
Banker		NCB		1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			86 .8					
No Cash X Personal Check	05/:	17/2017	\$100.00		\$100.00			
If yes, list Event # 05172017A								
Last Name	First			MI	Contribution ID #			
Dunlap		Dirk		L	1147			
Residential Street Address	City			State	Zip Code			
85 Southwood Dr Principal Occupation	<u> </u>	New Canaan Name of Employ	ou.	СТ	06840			
Executive			oort, LLC					
				Amou	ınt of Contribution			
Yes A No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
all event reported in Section 71?								
If yes, list Event # 05172017A No San Service Personal Check	05/:	17/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Laux	1 1130	Edward		J	1148			
Residential Street Address	City			State	Zip Code			
71 Porchuck Rd		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er		•			
Equity Trader		IJA Tr	ading Inc					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		acpendent clind (
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date							
If yes, list Event # 05172017A No No Money Order Credit/Debit Card	05/:	17/2017	\$200.00		\$200.00			

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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	First			MI	Contribution ID #				
Lesueur		Andrew		J	1149				
Residential Street Address	City			State	Zip Code				
12 Annjim Dr	<u> </u>	Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Consultant Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Yes X N	0	dependent child of	Voc	7111100	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05172017A No Money Order Credit/Debit Card	05/	17/2017	\$100.00		\$100.00				
	F: .				I c . i . i . m "				
Last Name DiRusso	First	Elizabeth		MI A	Contribution ID # 1150				
Residential Street Address	City	Liizabetii		State	Zip Code				
90 Southwood Dr		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Attorney		DiRus	so & Grove Law Group, LLC						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash X Personal Check	05/	17/2017	±100.00		+100.00				
If yes, list Event # 05172017A No Money Order Credit/Debit Card	05/.	17/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Greenauer		Mark		D	1151				
Residential Street Address	City			State	Zip Code				
90 Southwood Dr		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Agent			auer Insurance Agency, LLC						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 05172017A No No No Personal Check No No No No Noney Order Credit/Debit Card	05/	17/2017	\$100.00		\$100.00				
	L .				I				
Last Name Gardner	First	William		MI D	Contribution ID #				
Residential Street Address	City	Williaili		State	Zip Code				
70 Graystone Cir	City	New Canaan		CT	06840				
Principal Occupation		Name of Employ	er						
Lawyer		Law o	ffice of William D Gardner						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		cina c	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		op-ogate continuations						
If yes, list Event # 05172017A No Cash No Personal Check No Money Order Credit/Debit Card	05/	17/2017	\$100.00		\$100.00				

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I MONETA BY DECEMBER (C. P. A. D.								
L. MONETARY RECEIPT	S (S	ection A-I)	1					
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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
McClure		Michael			1166			
Residential Street Address	City			State	Zip Code			
32 Margaret Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ	er					
Managment		Come	ta Group					
			obbyjet enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Table 19 at 10 to	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	18/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Stern		Ed			1167			
Residential Street Address	City	Lu		State	Zip Code			
932 Mill Hill Rd	City	Southport		CT	06890			
Principal Occupation		Name of Employ	on.	CI	00090			
		1 ,						
President & CEO			rBridge, LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			·					
government the contract is with:								
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	05/	18/2017	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Fox		Michael			1168			
Residential Street Address	City			State	Zip Code			
40 Old Hickory Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
PR consultant		ICR, I	Inc					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	18/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lutz		John			1169			
Residential Street Address	City			State	Zip Code			
862 Scioto Dr		Franklin Lake	25	NJ	07417			
Principal Occupation		Name of Employ		· · · · ·	2			
Attorney			rmott Will & Emery					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	2410		op-space contributions					
X No Cash Personal Check	OE/	18/2017	\$100.00		¢100 00			
If yes, list Event # Money Order X Credit/Debit Card	05/	10/201/	\$100.00		\$100.00			

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I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Steve Obsitnik for Connecticut								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Spadacenta		Marco			1170			
Residential Street Address	City			State	Zip Code			
3 Burr School Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Insurance		AIG	•					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aillou	int of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	18/2017	\$100.00		\$100.00			
in yes, list Event " Credit Debit Card								
Last Name	First			MI	Contribution ID #			
Foster		Richard			1171			
Residential Street Address	City			State	Zip Code			
12 E 79th St	ĺ	New York		NY	10075			
Principal Occupation		Name of Employ	or	1	10075			
Director			employed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		аеренаен енна (<u> </u>					
government the contract is with:			x _{No}]				
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
Ŭ No ☐ □	05/	19/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Kalman		David			1172			
Residential Street Address	City			State	Zip Code			
7 Raphael Way		Westport		CT	06880			
Principal Occupation		Name of Employ	ror .	<u> </u>	00000			
Sales			og Marketing					
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative								
Is this contribution associated with on expert separated in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	19/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Obsitnik		Anne			1196			
Residential Street Address	City			State	Zip Code			
70 Jean Ct		Moraga		CA	94556			
Principal Occupation		Name of Employ	er	I ~.,	3.000			
Consultant			employed		nt of Contails of			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	21/2017	\$375.00		\$375.00			
11 yes, the Event iii Ciculu Debit Cald			ı					

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			July 10 1 lilling Chightan		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Pye		Walter			1197
Residential Street Address	City			State	Zip Code
4 Steep Hollow Ln	L	Cos Cob		СТ	06807
Principal Occupation Finance		Name of Employ			
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x N		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	4	
an event reported in Section J1?			1-89-18-11		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/2	21/2017	\$200.00		\$100.00
Last Name	First			MI	Contribution ID #
Patterson	1 1150	Sean		1411	1198
Residential Street Address	City			State	Zip Code
16 Julia Rd		Tolland		СТ	06084
Principal Occupation		Name of Employ	er	-	•
Director		Amaz	on		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x No)	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	┪	
an event reported in Section J1? Cash Personal Check	05/:	21/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	03/	21/201/	Ψ100.00		Ψ100.00
Last Name	First			MI	Contribution ID #
Wendell		Jonathan			1199
Residential Street Address	City			State	Zip Code
22 Turner Dr		Greenwich		СТ	06831
Principal Occupation Investor		Name of Employ	u Point Investors LLC		
1111				T Amou	unt of Contribution
Yes A No)	dependent child o		s	
If yes, indicate which branch or branches of government the contract is with:			x No	,	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/2	21/2017	\$375.00		\$375.00
I ov	Б				Louis ID#
Last Name Kohanski	First	Donos		MI	Contribution ID # 1200
Residential Street Address	City	Renee		State	Zip Code
289 New London Tpke	City	Norwich		CT	06360
Principal Occupation		Name of Employe	er		1
Physician		Self-e	mployed		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		•	x _N	,	
Is this contribution associated with Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	┑	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	05/2	21/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut			TYPE OF REPORT July 10 Filing - Original		
Steve Obstank for Connecticut			July 10 1 ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Parratto-Wagner		Nanette			1201
Residential Street Address	City			State	Zip Code
14349 Chinese Elm Dr	Ļ.,	Orlando Name of Employ	or.	FL	32828
Principal Occupation Veterinarian			employed		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05/2	21/2017	\$100.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card	00,1		Ψ100.00		
Last Name	First			MI	Contribution ID #
Robertson		Mary			1202
Residential Street Address	City			State	Zip Code
28 Jewett Hill Rd	L	Sharon		СТ	06069
Principal Occupation		Name of Employ			
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	abbyigt groups or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	05/2	21/2017	\$200.00		\$100.00
I you, is a treat to the creat beat care					
Last Name	First			MI	Contribution ID #
Servidio Servidio	G'i	Patrick		Gr. r	1203
Residential Street Address 53 Cos Cob Ave	City	Cos Cob		State CT	Zip Code 06807
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00007
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	o	dependent child of			
government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	05.0	22/2017	+50.00		+25.00
If yes, list Event # Money Order X Credit/Debit Card	05/2	22/2017	\$50.00		\$25.00
Last Name	First			MI	Contribution ID #
Balotescu		Christina			1204
Residential Street Address	City			State	Zip Code
1 Norfield Rd		Weston		СТ	06883
Principal Occupation		Name of Employ	er		
CEO			umni, LLC		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No	05/2	22/2017	\$75.00		\$50.00

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Moore		Bruce			1205				
Residential Street Address	City			State	Zip Code				
89 West Trl		Stamford		СТ	06903				
Principal Occupation		Name of Employ	er						
CEO		Easte	rn Land Management						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/	22/2017	\$150.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card		-							
Last Name	First			MI	Contribution ID #				
Engel		Johanna			1206				
Residential Street Address	City	30.101.110		State	Zip Code				
9 Cricklewood Rd		Redding		CT	06896				
Principal Occupation		Name of Employ	or	Ci	00030				
Retired		Retire							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	Alliou	iit of Collification				
If yes, indicate which branch or branches of		1							
government the contract is with: Executive Legislative	-								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	05/	23/2017	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Roer		Michael			1207				
Residential Street Address	City			State	Zip Code				
425 Katona Dr		Fairfield		CT	06824				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	a lobbyist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	23/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Steinberg		Elisabeth			1208				
Residential Street Address	City			State	Zip Code				
76 Doral Farm Rd		Stamford		СТ	06902				
Principal Occupation		Name of Employ	er	<u>.</u>	00302				
Retired		Retire							
			obbyict chause or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	or commound				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	D-4	Dagaiyad							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check		22/2017			+100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/	23/2017	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First	111144415		MI	Contribution ID #			
Adler	1 1130	Bonnie		1411	1209			
Residential Street Address	City	20111110		State	Zip Code			
7 Owenoke Park	,	Westport		СТ	06880			
Principal Occupation		Name of Employ	er		1			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	22/2017	* F0.00		+ F0.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	23/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Scruton	1 1100	Brian			1210			
Residential Street Address	City			State	Zip Code			
236 Papermill Ln		Fairfield		СТ	06824			
Principal Occupation	•	Name of Employ	er	•				
Commercial Real Estate Broker		Cushr	nan & Wakefield					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05.0	22/2017	+50.00		+50.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	23/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Steinberg	1 1100	Brian			1211			
Residential Street Address	City			State	Zip Code			
255 Sycamore Ter		Stamford		СТ	06902			
Principal Occupation		Name of Employ	er		•			
Journalist		Pensk	e Media Corp					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with:			x No					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	05/	22/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	23/2017	\$30.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Curry		Brian			1212			
Residential Street Address	City			State	Zip Code			
32 Knollwood Ln		Darien		СТ	06820			
Principal Occupation	•	Name of Employ	er		•			
Executive Search		Fairfie	eld Partners Executive Search	ı, LLC				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05.7	72/2017	#100.00		¢100.00			
If yes list Event # No Money Order X Credit/Debit Card	I 05/	23/2017	\$100.00	l	\$100.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Bortniker		Jeffrey			1187			
Residential Street Address	City			State	Zip Code			
4 Sasqua Rd	<u> </u>	Norwalk		СТ	06855			
Principal Occupation		Name of Employ						
Artist Is contributor a principal of a state contractor or prospective state contractor?			employed obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Aillot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 05232017A No Money Order Credit/Debit Card	05/2	23/2017	\$375.00		\$375.00			
	I .			I				
Last Name	First			MI	Contribution ID #			
Perry Residential Street Address	City	Dennis		State	Zip Code			
135 Oenoke Rd	City	New Canaan		CT	06840			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00040			
CEO		Ablis	Ci					
			obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or Yes Yes					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 05232017A No Money Order Credit/Debit Card	05/2	23/2017	\$100.00		\$100.00			
	l			l				
Last Name	First			MI	Contribution ID #			
Lowman	o:	John		F	1189			
Residential Street Address 213 Park St	City	Now Canaan		State CT	Zip Code 06820			
Principal Occupation	<u> </u>	New Canaan Name of Employ	er	CI	00020			
Financial services			k Capital Markets, LLC					
			obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions					
All event reported in Section 71?								
If yes, list Event # 05232017A No Money Order Credit/Debit Card	05/2	23/2017	\$200.00		\$200.00			
T. O.	F: .							
Last Name O'Reilly	First	Michael		MI	Contribution ID # 1190			
Residential Street Address	City	Michael		State	Zip Code			
18 Duck Pond Rd	City	Norwalk		CT	06855			
Principal Occupation	-	Name of Employ	er		,			
Consultant		Parad	igm Associates, LLV					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	1 a 1000yist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
all event reported in Section 31?		22/2017	1100 00		±100.00			
If yes, list Event # 05232017A Solution If yes	05/2	23/2017	\$100.00		\$100.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kabilnitsky		Michael			1191				
Residential Street Address	City			State	Zip Code				
69 Carriage Dr	<u> </u>	Stamford		СТ	06902				
Principal Occupation		Name of Employ							
Owner/Beverage iinporter Is contributor a principal of a state contractor or prospective state contractor?		Corus	11.1.	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # 05232017A No Money Order Credit/Debit Card	05/	23/2017	\$100.00		\$100.00				
L AV	F: .			L	Louis B"				
Last Name	First	Frank		MI	Contribution ID #				
Chipman Residential Street Address	City	FIGUR		State	Zip Code				
360 Nutmeg Ln		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
Market Research		Metrix	< Lab						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amount of Contribution					
If yes, indicate which branch or branches of	J	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	05/	22/2017	#100.00		±100.00				
If yes, list Event # 05232017A Money Order Credit/Debit Card	05/.	23/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Franco		Anna			1193				
Residential Street Address	City			State	Zip Code				
2 Hill Top Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Market Research Client Service		Metrix							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			X No						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 05232017A	05/	23/2017	\$100.00		\$100.00				
If yes, list Event # 05232017A									
Last Name	First			MI	Contribution ID #				
Amoruccio		Vincent			1194				
Residential Street Address	City	Namualle		State	Zip Code				
5 E Wall St Principal Occupation		Norwalk Name of Employ	or	СТ	06851				
Bio-statistician			on Pharma						
			-1.1	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions]					
all event reported in Section 31?									
If yes, list Event # 05232017A Solution If yes	05/	23/2017	\$200.00		\$200.00				

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L 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	First			MI	Contribution ID #				
Lee		Adam		С	1195				
Residential Street Address	City			State	Zip Code				
95 High Rodge Rd		Easton		СТ	06612				
Principal Occupation		Name of Employ							
Consumer Research		Metrix							
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with X Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # 05232017A No Money Order Credit/Debit Card	05/	23/2017	\$60.00		\$60.00				
Last Name	First	6.1		MI	Contribution ID #				
Syed Residential Street Address	City	Salman		State	Zip Code				
1 Harbor Point Rd # 1805	City	Stamford		CT	06902				
Principal Occupation		Name of Employ	er	Ci	00902				
CEO		Arcco							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amount of Contribution					
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	24/2017	\$100.00		\$100.00				
					Laurin				
Last Name Connors	First	William		MI	Contribution ID #				
Residential Street Address	City	vviiiiaiii		State	Zip Code				
10260 Heritage Bay Blvd # 3511	City	Naples		FL	34120				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	05/.	24/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Miller		Linda			1215				
Residential Street Address	City			State	Zip Code				
61 Center St		Westport		СТ	06880				
Principal Occupation		Name of Employ	er	•	•				
President		Girlsh	ot						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		,	x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date		op-ogate continuations						
X No	05/	24/2017	\$100.00		\$100.00				
If yes, list Event #	1			i					

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I MONETA BY DECEMBER (C. P. A. D.									
L. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Schapiro		Steven			1216				
Residential Street Address	City			State	Zip Code				
498 Wire Mill Rd		Stamford		СТ	06903				
Principal Occupation		Name of Employ	er						
President/Mortgage Broker		Circle	S Capital Inc						
			obbyict chance or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/2	24/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Corgel		James			1217				
Residential Street Address	City			State	Zip Code				
20 Broadview Rd	ĺ	Westport		СТ	06880				
Principal Occupation	-	Name of Employ	er	<u> </u>					
Retired		Retire							
			abbyist spanse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	111104	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	05/	24/2017	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/.	24/2017	\$100.00		\$100.00				
LadNama	Firet.			М	Contribution ID#				
Last Name	First	5		MI	Contribution ID #				
Joseph	O.	Daniel		a	1218				
Residential Street Address	City	DI 6.11		State	Zip Code				
17 Penwood Rd		Bloomfield		СТ	06002				
Principal Occupation		Name of Employ							
Executive			dor Property Management						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	05/	24/2017	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
McNear		John			1219				
Residential Street Address	City			State	Zip Code				
170 Pear Tree Point Rd	L	Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Investments		JPMor	gan						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (·						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?	1								
If yes, list Event # Cash Credit/Debit Card	05/2	24/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Butler		Margaret			1220				
Residential Street Address	City			State	Zip Code				
12 Park Ave		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			abbriet enauge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	37	111104	nt of continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Tat (3.6 1.4 M — Mail 6 (3.6	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	05/	24/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	03/.	21,201,	430.00		450.00				
Last Name	First			MI	Contribution ID #				
	1 1130	Justin		1411	1221				
Lipner Residential Street Address	City	Justin		State					
	City	Maill Maillan			Zip Code				
78 Locust Ave		Mill Valley		CA	94941				
Principal Occupation		Name of Employ							
Research			ard Brown						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	05/2	24/2017	\$100.00		\$100.00				
Noney order									
Last Name	First			MI	Contribution ID #				
Morris		Robert		E	1173				
Residential Street Address	City			State	Zip Code				
98 Riverside Ave		Riverside		СТ	06878				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	05/2	24/2017	\$100.00		\$100.00				
If yes, list Event #		,	7						
Last Name	First			MI	Contribution ID #				
Steiger	1 1150	Jane		I	1174				
Residential Street Address	City	Julic		State	Zip Code				
38 Hickory Dr	City	Westport			*				
	-	Westport	or .	СТ	06880				
Principal Occupation		Name of Employ							
Retired		Retire			nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/2	24/2017	\$50.00		\$50.00				

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L 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	First			MI	Contribution ID #				
Brown		Norman		Н	1175				
Residential Street Address	City			State	Zip Code				
204 Ferris Hill Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ							
Retired		Retire	11 1 ·	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	24/2017	\$100.00		\$100.00				
ii yes, iist Event #									
Last Name	First			MI	Contribution ID #				
Cooling		Anne		С	1176				
Residential Street Address	City			State	Zip Code				
204 Ferris Hill Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	11 1 ·	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	05/	24/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kilts		James		М	1177				
Residential Street Address	City			State	Zip Code				
96 Conyers Farm Dr		Greenwich		СТ	06831				
Principal Occupation		Name of Employ							
Partner/Investment Mangement			rview Capital, LLC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	received	riggregate contributions						
X No Cash X Personal Check	05/	24/2017	\$100.00		\$100.00				
If yes, list Event #		,	·		·				
Last Name	First			MI	Contribution ID #				
Cardello		Joseph			1178				
Residential Street Address	City			State	Zip Code				
40 Compo Beach Rd		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Banking/Insurance			erstone Group						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	received	regregate Continuations						
No Cash X Personal Check	05/	25/2017	\$100.00		\$100.00				
If yes, list Event # 05162017B	I '	*		1	•				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Luscombe		Josephone		F	1179				
Residential Street Address	City			State	Zip Code				
56 Long Lots Rd		Westport		CT	06880				
Principal Occupation		Name of Employ							
Homemaker			maker	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05162017B No Money Order Credit/Debit Card	05/	25/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Jones	O.	J Robert		0	1180				
Residential Street Address 9 Hillside Rd	City	Mastrout		State	Zip Code				
Principal Occupation		Westport Name of Employ	or	СТ	06880				
Retired		Retire							
			obbyist, spouse, or	Amou	ant of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # 05162017B No Money Order Credit/Debit Card	05/	25/2017	\$200.00		\$200.00				
Last Name	First	Dunatan		MI	Contribution ID #				
Koster Residential Street Address	City	Preston		State	Zip Code				
71 Long Lots Rd	City	Westport		CT	06880				
Principal Occupation		Name of Employ	er	CI	1 00000				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	-						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with An executed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 71?									
If yes, list Event # 05162017B No Money Order Credit/Debit Card	05/	25/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Vacheron	1 1130	Thomas		E	1182				
Residential Street Address	City			State	Zip Code				
160 Queens Grant Dr		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er		•				
Financial Advisor		Merril	l-Lynch						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No Cash Personal Check	٥٠,	DE /2017	4100.00		¢100.00				
If yes, list Event # 05162017B No Money Order Credit/Debit Card	05/.	25/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Winn		Goldie		0	1183			
Residential Street Address	City			State	Zip Code			
5 Owenoke Park		Westport		СТ	06880			
Principal Occupation Name of Employer Clinical Social Worker Self-employed								
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna e	x No					
Is this contribution associated with an example of the contribution associated with an example of the contribution associated with a Yes	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # 05162017B Cash Personal Check No Money Order Credit/Debit Card	05/2	25/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
O'Brien		William		A	1184			
Residential Street Address	City			State	Zip Code			
207 Greens Farm Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? X Yes Method of contribution: Method of contribution: A Personal Check								
If yes, list Event # 05162017B Cash X Personal Check Money Order Credit/Debit Card	05/2	25/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Cronin	Tilst	Joy		H	1185			
Residential Street Address	City	301		State	Zip Code			
603 Smith Ridge Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes		Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution			
If was indicate which branch or branches of		dependent child o	x No					
government the contract is with:	Dete	Received		-				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash No Credit/Debit Card Cash X Personal Check Credit/Debit Card	05/2	25/2017	\$100.00		\$100.00			
Lost Nama	First			MI	Contribution ID #			
Last Name Cronin	FIISt	Thomas		G	Contribution ID # 1186			
Residential Street Address	City	THOMas		State	Zip Code			
603 Smith Ridge Rd	City	New Canaan		CT	06840			
Principal Occupation		Name of Employ	er	-				
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes list Event # Cash X Personal Check Cash X Personal Check Cardit/Debit Card	05/2	25/2017	\$100.00		\$100.00			

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L 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	First			MI	Contribution ID #				
Canuel		David			1222				
Residential Street Address	City			State	Zip Code				
211 Cricket Knl		Wethersfield		СТ	06109				
Principal Occupation		Name of Employ	er						
Substitute Teacher			en Board of Education						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	05/2	25/2017	\$35.00		\$35.00				
If yes, list Event # Money Order Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Lederer		Robert			1223				
Residential Street Address	City			State	Zip Code				
308 Grand Key Ter	<u> </u>	Palm Beach (FL	33418				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	11 14	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	05/2	25/2017	\$250.00		\$250.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Shay		Allison			1224				
Residential Street Address	City			State	Zip Code				
78 Maple St	<u> </u>	Darien		СТ	06820				
Principal Occupation		Name of Employ							
Retired		Retire		A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child o	obby ist, spouse, or	Alliou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	05/2	25/2017	\$100.00		\$100.00				
					Laurina				
Last Name Goodwin	First	Charles		MI	Contribution ID #				
Residential Street Address	City	Charles		State	Zip Code				
164 West Rd	City	New Canaan		CT	06840				
Principal Occupation	-	Name of Employ	er		,				
Consultant		Bridge	ewater Associates						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		асренает сппа (or a robbyist?						
government the contract is with: Executive Legislative		D : 1	x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/	-3/201/	φ100.00		¥100.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
McNab		Andy			1226			
Residential Street Address	City			State	Zip Code			
302 Wilton Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er	-	•			
Operations Manager		Coole	y Marine Management, LLC					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:	Б.	D : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	25/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/.	23/2017	\$100.00		\$100.00 			
Last Name	First			MI	Contribution ID #			
Benke		Diane			1227			
Residential Street Address	City			State	Zip Code			
122 Old Rd		Westport		СТ	06880			
Principal Occupation	•	Name of Employ	er		•			
Marketing		Dubo	vy Consulting					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	25/2017	\$100.00		\$100.00			
T. AV	F: .				Louis B"			
Last Name Thrush	First	William		MI L	Contribution ID #			
Residential Street Address	City	vviiiiaiii		State	Zip Code			
32 High Point Rd	City	Westport		CT	06880			
Principal Occupation	<u> </u>	Name of Employ	er	C.	1 00000			
Financial Advisor		Thrus	h Group, LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	-					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	25/2017	\$100.00		\$100.00			
Lad Name	Einst				Contribution ID #			
Last Name Brennan	First	Joanna		MI M	Contribution ID #			
Residential Street Address	City	Joanna		State	Zip Code			
134 Ridge Acres Rd	City	Darien		CT	06820			
Principal Occupation		Name of Employ	er	<u> </u>				
Homemaker			maker					
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roobyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	25/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection 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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sprung		Lloyd		Α	1231
Residential Street Address	City			State	Zip Code
36 Mooreland Rd		Greenwich		СТ	06831
Principal Occupation		Name of Employ	er		
Investment Banker		Everc			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		F	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	Received	Aggregate Contributions		
X No Cash X Personal Check	05/	25/2017	\$100.00		\$100.00
If yes, list Event #	,		,		
Last Name	First			MI	Contribution ID #
Orr		Abigail		J	1232
Residential Street Address	City			State	Zip Code
4 Pin Oak Ct		Vorhees		NJ	08043
Principal Occupation		Name of Employ	er		•
Fundraising		Self-e	mployed	_	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No No Personal Check		25/2015			
If yes, list Event # 05252017A No Money Order Credit/Debit Card	05/.	25/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Calagna	1 1130	Amy		1411	1233
Residential Street Address	City	7.1117		State	Zip Code
279 Stanwich Rd		Greenwich		CT	06830
Principal Occupation		Name of Employ	er		
Furniture Manufacturter		Self-e	mployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of			
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with A yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # 05252017A Cash Personal Check No Money Order Credit/Debit Card	05/2	25/2017	\$100.00		\$100.00
				L	
Last Name	First	Fi		MI	Contribution ID #
Porter Residential Street Address	City	Fiona		C State	1234 Zip Code
22 Greenwood Ave	City	Darien		CT	06830
Principal Occupation		Name of Employ	er	Ci	00030
Retired		Retire			
			obbyist, spouse, or	Amou	int of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an eventual in Section 112.	Date	Received	Aggregate Contributions		
an event reported in Section 31:					
If yes list Event # 05252017A No Cash Credit/Debit Card	05/2	25/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)										
	5 (5)	ection A-1)	TYPE OF REPORT							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)										
Steve Obsitnik for Connecticut										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Fox		Rose-Marie			1235					
Residential Street Address	City			State	Zip Code					
58 Sunswyck Rd		Darien		СТ	06820					
Principal Occupation		Name of Employ	er	•						
Retired		Retire	ed							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 31:										
No X Cash Personal Check	05/	25/2017	\$100.00		\$100.00					
If yes, list Event # 05252017A		•			·					
Last Name	First			MI	Contribution ID #					
Calagna		Donna		М	1236					
Residential Street Address	City	Domia		State	Zip Code					
279 Stanwich Rd	City	Greenwich		CT	06830					
Principal Occupation		Name of Employ	on.	CI	00030					
Hairstylist			employed							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution					
If yes, indicate which branch or branches of			·							
government the contract is with:										
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1?										
If yes, list Event # 05252017A	05/	25/2017	\$100.00		\$100.00					
<u> </u>										
Last Name	First			MI	Contribution ID #					
Calagna		Jacqueline			1237					
Residential Street Address	City			State	Zip Code					
279 Stanwich Rd		Greenwich		СТ	06830					
Principal Occupation		Name of Employ	er	-						
Director of Marketing		Antho	ny Laurence Belfair							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution					
	,	dependent child of	·							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No							
Is this contribution associated with	Date	Received	Aggregate Contributions							
an event reported in Section 31:										
U No I = ================================	05/3	25/2017	\$100.00		\$100.00					
If yes, list Event # 05252017A										
Last Name	First			MI	Contribution ID #					
Frankenfield		Michael			1228					
Residential Street Address	City			State	Zip Code					
70 Thrush Ln		New Canaan		СТ	06840					
Principal Occupation		Name of Employ	er	<u> </u>						
Entrepreneur		Cactii								
			abbyigt groups or	Amou	nt of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac	7 111100	commount					
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
government the contract is with:	D-4	Dagaiyad		1						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions							
X No Cash Personal Check		26/2017	1100.00		±100.00					
If yes, list Event # Money Order X Credit/Debit Card	05/	26/2017	\$100.00		\$100.00					

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I MONETARY DECEMBE	0 (0	4° A T			<u> </u>
I. MONETARY RECEIPT	2 (20	ection A-1)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut			July 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Tehrani		Michael			1252
Residential Street Address	City			State	Zip Code
838 High Ridge Rd		Stamford		СТ	06905
Principal Occupation	•	Name of Employ	er	•	-
Designer		Self-e	mployed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	received	Aggregate Contributions		
X No Cash Personal Check	OE /	29/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card	05/.	29/2017	\$23.00		\$25.00
[I	_			
Last Name	First			MI	Contribution ID #
Maitland		R Ann			1253
Residential Street Address	City			State	Zip Code
36 Hale Ln	L	Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	5	dependent child of	of a foodyist?		
government the contract is with:			x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
X No Cash Personal Check	05/2	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Seto		Richard			1254
Residential Street Address	City	raciara		State	Zip Code
133 Easton Rd	City	Westport		CT	06880
		Name of Employ	or.	Ci	00880
Principal Occupation					
Pilot			Air Lines		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with:					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
_					
If yes, list Event # Cash Credit/Debit Card	05/2	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Wetzel		Robert			1255
Residential Street Address	City			State	Zip Code
114 Glenn St		Decatur		GA	30030
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
Yes X No	0	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Juic				
x No Cash Personal Check	OE /	20/2017	42E 00		¢25.00
If yes_list Event # No Money Order X Credit/Debit Card	I U5/.	30/2017	\$25.00		\$25.00

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A MONETARY DECEME	G (G									
I. MONETARY RECEIPT	5 (5)	ection A-I)	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	First			MI	Contribution ID #					
Dapuzzo		Peter			1256					
Residential Street Address	City			State	Zip Code					
18 Pilot Rock Ln		Riverside		СТ	06878					
Principal Occupation		Name of Employ	er							
Real Estate Investor		Hamil	ton Point Investments							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions							
an event reported in Section 31?										
X No Cash Personal Check	05/	30/2017	\$100.00		\$100.00					
If yes, list Event # Money Order X Credit/Debit Card										
Last Name	First			MI	Contribution ID #					
Sharp		Matthew			1257					
Residential Street Address	City			State	Zip Code					
67 Bill Hill Rd	,	Old Lyme		СТ	06371					
Principal Occupation		Name of Employ	er	<u> </u>	0007.2					
Real Estate			nark Knight Frank							
			obbyist spouse or	Amou	nt of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711104	in or commonion					
If yes, indicate which branch or branches of Executive Legislative			x _{No}							
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1?	Date	Received	Aggregate Contributions							
Cash Personal Check	05/	20/2017	¢100.00		¢100.00					
If yes, list Event # Money Order X Credit/Debit Card	05/.	30/2017	\$100.00		\$100.00					
LadNama	Pinnt			M	Contribution ID#					
Last Name	First			MI	Contribution ID #					
Frisoli		Gregory		~	1258					
Residential Street Address	City			State	Zip Code					
14 Dingletown Rd		Greenwich		СТ	06830					
Principal Occupation		Name of Employ								
Director; Singer, Educator			mployed							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of		dependent enna (*							
government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions							
_										
If yes, list Event # Cash Credit/Debit Card	05/	30/2017	\$100.00		\$100.00					
Last Name	First			MI	Contribution ID #					
Hunter		Wendy			1259					
Residential Street Address	City			State	Zip Code					
3 Chelsea Ct		Westport		CT	06880					
Principal Occupation		Name of Employ	er							
Attorney		Coles	, Baldwin & Kaiser							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution					
If yes, indicate which branch or branches of		acpendent cinid (or a robbyist?							
government the contract is with:			x _{No}							
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions							
an event reported in Section J1?										
If yes, list Event # Cash Credit/Debit Card	05/	30/2017	\$100.00		\$100.00					

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Baldwin		James			1260				
Residential Street Address	City			State	Zip Code				
150 Inwood Rd		Fairfield		СТ	06825				
Principal Occupation		Name of Employ	er						
HR Consultant		Stant	on Chase International						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	03/	30,201,	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Matthews		Mary			1261				
Residential Street Address	City			State	Zip Code				
29 Joshuatown Rd		Old Lyme		СТ	06371				
Principal Occupation	•	Name of Employ	er		•				
Biotechnology		Accele	eron Pharma						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	30/2017	\$250.00		\$250.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Ertel		Steven			1262				
Residential Street Address	City	N		State	Zip Code				
37 Halcyon Rd	<u> </u>	Newton Cent		MA	02459				
Principal Occupation Retired		Name of Employ Retire							
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Aimot	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No	05/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Chappano		Ralph			1263				
Residential Street Address	City			State	Zip Code				
49 Avalon Dr		Avon		СТ	06001				
Principal Occupation		Name of Employ							
CFO		CMTL							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}						
Is this contribution associated with	Doto	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	ACCUIVEU	Aggregate Contributions						
X No Cash Personal Check	05/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	55/.	30/201/	φ100.00		Ψ±00.00				

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I MONETA DV DECEME	0 (0	4° A T			
I. MONETARY RECEIPT	5 (50	ection A-I)	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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Broncati		Elizabeth			1264
Residential Street Address	City			State	Zip Code
83 Ohio Avenue Ext		Norwalk		СТ	06851
Principal Occupation		Name of Employ	er		
Healthcare investments		Pavad	li Capital LLC		
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X No Cash Personal Check	05/	30/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		•			·
Last Name	First			MI	Contribution ID #
Edelman		Jeffrey			1265
Residential Street Address	City	Jenrey		State	Zip Code
235 W 76th St	City	Now York		NY	10023
		New York	or .	INT	10023
Principal Occupation		Name of Employ			
Consultant			te Consulting		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:					
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	05/3	30/2017	\$25.00		\$25.00
,					
Last Name	First			MI	Contribution ID #
Coykendall		John			1266
Residential Street Address	City			State	Zip Code
28 Island Way		Westport		СТ	06880
Principal Occupation		Name of Employ	er	-	-
Consultant		Ernst	& Young		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	05/3	30/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		•			·
Last Name	First			MI	Contribution ID #
Gallagher		John			1267
Residential Street Address	City	301111		State	Zip Code
5 Wildwood Ln	City	Wostport		CT	06880
	_	Westport	OF .	CI	00000
Principal Occupation		Name of Employ			
Dean of Graduate Studies			ollege		nt of Contain-ti-
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?	1				
If yes, list Event # Cash Credit/Debit Card	05/3	30/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)										
	5 (5)	ection A-I)	I							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitrik for Connecticut July 10 Filing - Original										
Steve Obsitnik for Connecticut										
B. Itemized Contributions from Individuals										
Last Name	First			MI	Contribution ID #					
Jenkins		Jacqueline			1268					
Residential Street Address	City			State	Zip Code					
470 Malcolm X Blvd		New York		NY	10037					
Principal Occupation		Name of Employ	er							
Retired		Retire	ed							
			obbyist spouse or	Amou	ınt of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	711100	an or commount					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Table 19 at 10 to	Date	Received	Aggregate Contributions	1						
an event reported in Section J1?										
X No Cash Personal Check	05/	30/2017	\$100.00		\$100.00					
If yes, list Event # Money Order X Credit/Debit Card		-,	7-0000		T					
Last Name	First			MI	Contribution ID #					
McNear	1 1100	Catherine			1269					
Residential Street Address	City	Catherine		State	Zip Code					
	City	Davian			06820					
170 Pear Tree Point Rd		Darien		СТ	06820					
Principal Occupation		Name of Employ								
Retired		Retire								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution					
If yes, indicate which branch or branches of		dependent enna (<u> </u>							
government the contract is with:			x No							
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section J1?										
If yes, list Event # Cash Credit/Debit Card	05/	30/2017	\$100.00		\$100.00					
,										
Last Name	First			MI	Contribution ID #					
Vivas		Guillermo			1270					
Residential Street Address	City			State	Zip Code					
1201 River Reach Dr # 506		Fort Lauderd	ale	FL	33315					
Principal Occupation		Name of Employ	er	-						
Retired		Retire	ed							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution					
	,	dependent child of	•							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}							
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions							
an event reported in Section 31?										
X No Cash Personal Check	05/	30/2017	\$25.00		\$15.00					
If yes, list Event # Money Order X Credit/Debit Card										
Last Name	First			MI	Contribution ID #					
Vivas		Guillermo			1271					
Residential Street Address	City			State	Zip Code					
1201 River Reach Dr # 506		Fort Lauderd	ale	FL	33315					
Principal Occupation		Name of Employ								
Retired		Retire								
			abbyist spaysa or	Δmou	unt of Contribution					
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aiilou	an or Commounton					
If yes, indicate which branch or branches of Executive Legislative		- "	X No							
government the contract is with:	Б.	D i d		ŀ						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions							
X No Cash Personal Check		20/2017			+40.00					
If yes, list Event # Money Order X Credit/Debit Card	05/	30/2017	\$25.00		\$10.00					

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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	First			MI	Contribution ID #			
Wood		Lance			1272			
Residential Street Address	City			State	Zip Code			
133 Regent Pl		Alamo		CA	94507			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	20/2017	¢100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/.	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Skakel	1 1150	George			1238			
Residential Street Address	City			State	Zip Code			
81 Holly Hill Ln		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er					
Chairman/CEO		FinFit						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 05302017A No Money Order Credit/Debit Card	05/	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Demenus	O.	Marlena		a	1239			
Residential Street Address	City	Croonwich		State CT	Zip Code 06830			
19 Dingletown Rd Principal Occupation		Greenwich Name of Employ	or .	CI	00830			
Real Estate Investments		1 ,	ake Partners					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes 🔼 No)	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with an event reported in Section 112	Date	Received	Aggregate Contributions					
The section 31:								
If yes, list Event # 05302017A Solution In No Solution No Money Order Credit/Debit Card	05/	30/2017	\$100.00		\$100.00			
0000001111								
Last Name	First			MI	Contribution ID #			
Sennatt		Timothy			1240			
Residential Street Address	City	Cur a musicale		State	Zip Code			
49 Hunting Ridge Rd Principal Occupation		Greenwich Name of Employ	TOP.	СТ	06831			
Retired		Retire						
			abbyist spaysa ar	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child of	Vac	7 111100	controution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			-					
No Cash X Personal Check	05/	30/2017	\$100.00		\$100.00			
If yes, list Event # 05302017A								

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from Individuals								
	_	iividuais		1	T			
Last Name	First	Diane		MI	Contribution ID # 1241			
Mallory	G'i	Diane		G				
Residential Street Address 20 Lyme St	City	Old Lyme		State CT	Zip Code 06371			
Principal Occupation		Name of Employ	er	<u> </u>	003/1			
Designer		Dini N	lallory, Inc					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative	_		x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	30/2017	\$250.00		\$250.00			
If yes, list Event # 05302017A	03/	30/2017	\$250.00		\$250.00			
Last Name	First			MI	Contribution ID #			
James		George			1242			
Residential Street Address	City	<u></u>		State	Zip Code			
451 Guards Rd		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 05302017A Cash Cash Personal Check No	05/	30/2017	\$250.00		\$250.00			
Last Name	First			MI	Contribution ID #			
Fountain	1 1130	Gideon		1411	1243			
Residential Street Address	City			State	Zip Code			
324 Riverside Ave		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er	•				
Real Estate Agent		Houlil	nan & Lawrence					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	05/	30/2017	\$100.00		\$100.00			
If yes, list Event # 05302017A	03/	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gormley		Tom			1244			
Residential Street Address	City			State	Zip Code			
19 Dingletown Rd		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er	-	-			
Real Estate		Sky L	ake Partners					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Data	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date	received	115510gate Contributions					
No X Cash Personal Check	05/	30/2017	\$100.00		\$100.00			
If yes, list Event # 05302017A	Ι ΄΄΄	,	¥200.00					

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A MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (5)	ection A-I)	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	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Wathen		Jason			1273
Residential Street Address	City			State	Zip Code
50 Wyndover Ln		Stamford		СТ	06902
Principal Occupation		Name of Employ	er		
Financial advisor			ary Partners		
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Table 19 at 10 to	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	05/	31/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card			7		
Last Name	First			MI	Contribution ID #
Alisbera	1 1100	Andrew		.,,,	1274
Residential Street Address	City	Andrew		State	Zip Code
	City	Communicate			-
12 Dewart Rd		Greenwich		СТ	06830
Principal Occupation		Name of Employ			
Consulting			& Company		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	05/	31/2017	\$100.00		\$100.00
in yes, and break in the state of the state					
Last Name	First			MI	Contribution ID #
Savidan		Abby			1275
Residential Street Address	City			State	Zip Code
2671 N Lincoln Ave		Chicago		IL	60614
Principal Occupation		Name of Employ	er		
Banking		Barcla	ays		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	05/	31/2017	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card		-			
Last Name	First			MI	Contribution ID #
Howard		Nicholas			1276
Residential Street Address	City	Menolas		State	Zip Code
114 West Rd	City	New Canaan		CT	06840
Principal Occupation			er	C1	300-10
		Name of Employ			
Attorney Is contributor a principal of a state contractor or prognestive state contractor?			nins and Lockwood	A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract is with: Executive Legislative	- F	n · ·			
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
_					
If yes, list Event # Cash Credit/Debit Card	05/	31/2017	\$350.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			July 10 Filing - Original	RT		
Steve Obsitnik for Connecticut July 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Seiken		Andrew				1277
Residential Street Address	City				State	Zip Code
775 Columbus Ave		New York			NY	10025
Principal Occupation Banking		Name of Employer Barcla				
			obbyiet enouge or		Amou	nt of Contribution
Yes X No)	dependent child o		Yes		
If yes, indicate which branch or branches of government the contract is with:			х	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? X No						
If yes, list Event # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	05/	31/2017	\$100.00			\$100.00
Last Name	First			П	MI	Contribution ID #
Howard		Nicholas				1278
Residential Street Address	City				State	Zip Code
114 West Rd		New Canaan			СТ	06840
Principal Occupation		Name of Employe	er			
Retired		Retire	d			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-		
an event reported in Section J1?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	31/2017	\$350.00			\$250.00
				!		
Last Name	First				MI	Contribution ID #
Shotton Residential Street Address	City	Paul			C+-+-	1279
124 Lukes Wood Rd	City	New Canaan			State CT	Zip Code 06840
Principal Occupation		Name of Employe	er		Ci	00040
Engineer			Pratt&Whitney			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No				Yes	Amou	nt of Contribution
)	dependent child of	a a loodyist:			
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	31/2017	\$100.00			\$100.00
Last Name	First				MI	Contribution ID #
Ноу		Eric				1280
Residential Street Address	City				State	Zip Code
42 Alexander Dr		East Hartford	l		СТ	06118
Principal Occupation		Name of Employ	er	-		
Investment Banker		Capita	al Research Partners & C	Co		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		acpendent child (•	No		
government the contract is with:	Data	Received	Aggregate Contributions	INO		
an event reported in Section J1?	Date	received	Aggregate Continuations			
X No Cash Personal Check	05/	31/2017	\$25.00			\$25.00
If yes_list Event # Money Order X Credit/Debit Card						

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Romero		Thomas			1281				
Residential Street Address	City			State	Zip Code				
51 Elmwood Dr		Southport		СТ	06890				
Principal Occupation		Name of Employ	er	-	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	05/	21/2017	±100.00		+100.00				
If yes, list Event # Money Order X Credit/Debit Card	05/.	31/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Critelli	First	Joyce M		IVII	1282				
Residential Street Address	City	Joyce III		State	Zip Code				
39 Shields Rd		Darien		CT	06820				
Principal Occupation		Name of Employ	er		1 00020				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	31/2017	\$100.00		\$100.00				
	<u> </u>			<u> </u>	•				
Last Name	First			MI	Contribution ID #				
Greenlee		Charles			1283				
Residential Street Address	City			State	Zip Code				
7 Spring Hill Rd	<u> </u>	Westport		СТ	06880				
Principal Occupation Insurance Agent		Name of Employ	er M Glover Agency						
-			obbyist snouse or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		111100	an of controunon				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	05/	31/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Mocker		John			1284				
Residential Street Address	City			State	Zip Code				
28 Glenbrook Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
Machine Tool Dealer			on Machinery Co., Inc.	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			X No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			300 John Jan Jil						
X No	05/	31/2017	\$25.00		\$25.00				
If yes, list Event #	1		Ī	I					

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I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hariton		Mark			1285			
Residential Street Address	City			State	Zip Code			
597 Westport Ave		Norwalk		СТ	06851			
Principal Occupation		Name of Employ	er					
Investment		MIM						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Table 19 at 10 to	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•						
Last Name	First			MI	Contribution ID #			
Kelley		Chris			1286			
Residential Street Address	City	CITIS		State	Zip Code			
48 Wood Hill Rd	City	Wilton		CT	06897			
Principal Occupation		Name of Employ	ON.	CI	00097			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Атои	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	05/	31/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Noonan		Robert			1287			
Residential Street Address	City			State	Zip Code			
135 Neartwater Ln		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Economist		TD Ca	pital, LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Haendler		Tomas			1288			
Residential Street Address	City			State	Zip Code			
31 Cogswell Ln		Stamford		СТ	06902			
Principal Occupation		Name of Employ	er		30302			
Attorney		Genw						
			obbyict chause or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	02 Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dot-	Pagaiyad						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05.	21/2017	+100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	05/3	31/2017	\$100.00		\$100.00			

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Shepherd		Michael			1289			
Residential Street Address	City			State	Zip Code			
230 Grandview Rd	,	Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
Corporate Finance			ick Capital Partners, LLC					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111104	in or commonion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	31,201,	Ψ100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
Walsh	1 1130	Toroco		1411	1290			
Residential Street Address	City	Teresa		State				
	City	\M/ = = t-= = -t			Zip Code			
63 Sturges Hwy		Westport		СТ	06880			
Principal Occupation		Name of Employ						
Homemaker			maker	1				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (<u></u>					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	05/	31/2017	\$100.00		\$100.00			
Noney order								
Last Name	First			MI	Contribution ID #			
Stuart		Michele			1293			
Residential Street Address	City			State	Zip Code			
389 Erskine Rd		Stamford		СТ	06903			
Principal Occupation		Name of Employ	er					
Banker		Cowe	n Group					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			Ţ					
Last Name	First			MI	Contribution ID #			
Coleman	1 1100	Todd			1294			
Residential Street Address	City	1000		State	Zip Code			
	City	Westport		CT	06880			
6 Whitney Street Ext		Westport		CI	00000			
Principal Occupation		Name of Employ						
Advertising			earless Group		nt of Contain-ti-			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
_								
If yes, list Event #	05/	31/2017	\$100.00		\$100.00			

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L 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	First			MI	Contribution ID #			
Walsh		Timothy			1295			
Residential Street Address	City			State	Zip Code			
63 Sturges Hwy		Westport		СТ	06880			
Principal Occupation		Name of Employ						
Pharmaceutical Sales			Pharmaceuticals					
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	31/2017	\$100.00		\$100.00			
	1 .				I			
Last Name	First			MI	Contribution ID #			
Smith Residential Street Address	City	Rachel		State	1296 Zip Code			
1 Harbor Point Rd # 1805	City	Stamford		CT	06902			
Principal Occupation		Name of Employ	er	Ci	00902			
Agriculture Consultant			Procurement Group, LLC					
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 11?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	05/	31/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sweeney	1 1130	John			1297			
Residential Street Address	City			State	Zip Code			
3051 Lunada Ln		Alamo		CA	94507			
Principal Occupation	•	Name of Employ	er					
Real Estate		Secur	ity Properties					
Is contributor a principal of a state contractor or prospective state contractor?	[o		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Executive Legislative	l n.	D : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	31/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	03/	31,201,	Ψ100.00		4100.00			
Last Name	First			MI	Contribution ID #			
McGovern		Edward			1298			
Residential Street Address	City			State	Zip Code			
8330 84th Ave SE		Mercer Island	1	WA	98040			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	01/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			day to raining original		
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Stuck		Barton			1299
Residential Street Address	City			State	Zip Code
148 Greens Farms Rd		Westport		СТ	06880
Principal Occupation Retired		Name of Employer Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution
)	dependent child of		3	
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Action 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? X No					
If yes, list Event # Money Order X Credit/Debit Card	06/	01/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
O'Neil		G Michael			1300
Residential Street Address	City			State	Zip Code
2255 Post Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	er	•	
Software Integrator		Tecto	nic		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	if a lobbyist?		
government the contract is with:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?					
If yes, list Event # 06012017A	06/	01/2017	\$100.00		\$100.00
If yes, list Event # 06012017A					
Last Name	First			MI	Contribution ID #
Hackemer		Glenn			1301
Residential Street Address	City			State	Zip Code
6150 S Fulton St		Englewood		СО	80111
Principal Occupation		Name of Employe			
Writer Is contributor a principal of a state contractor or prospective state contractor?		freela		Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37-	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # Cash Credit/Debit Card	06/	01/2017	\$200.00		\$100.00
Last Name	First			MI	Contribution ID #
Carney		Andrew			1350
Residential Street Address	City			State	Zip Code
1140 Hope St Fl 1		Stamford		СТ	06907
Principal Occupation		Name of Employ	er	-	-
Real Estate		NAI S	ignature Group		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or Ye a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with.	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes list Event # 06012017A Cash X Personal Check	06/	01/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut						
Steve Obsitnik for Connecticut July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Tomai		Daniel		E	1351	
Residential Street Address	City	Chaham Talam	1	State	Zip Code	
101 Oceanic Ave Principal Occupation		Staten Island Name of Employ		NY	10312	
President			ture Constructioin			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent ennu e	x _{No}			
government the contract is with: Is this contribution associated with an expert reported in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section 31:						
If yes, list Event # 06012017A No X Cash Personal Check Money Order Credit/Debit Card	06/0	01/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
O'Malley		Ariana			1352	
Residential Street Address	City			State	Zip Code	
27 Driftway Ln		Darien		СТ	06820	
Principal Occupation		Name of Employ	er			
Real Estate			nan Lawrence			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:		acpendent emid e	x _{No}			
Is this contribution associated with an experimental in Section 112	Date	Received	Aggregate Contributions			
an event reported in Section J1? No	06/0	01/2017	\$100.00		\$100.00	
If yes, list Event# 06012017A		,	4			
Last Name	First			MI	Contribution ID #	
Carozza		Greg			1353	
Residential Street Address	City			State	Zip Code	
28 Rakoczy Ave	<u> </u>	Fairfield		СТ	06824	
Principal Occupation		Name of Employ				
Treasury Is contributor a principal of a state contractor or prospective state contractor?		Arcas		Amou	unt of Contribution	
Yes 🔼 N	0	dependent child of		7 tinot	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in section 71:	0.511	0.1 / 0.0.1 =	4400.00			
If yes, list Event # 06012017A	06/0	01/2017	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Dowline		David			1354	
Residential Street Address	City			State	Zip Code	
32 Oval Ave	L	Riverside		СТ	06878	
Principal Occupation		Name of Employ				
Publisher			employed			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}	1		
government the contract is with:	Date	Received	Aggregate Contributions	1		
an event reported in Section J1?				1		
If yes, list Event # 06012017A	06/0	01/2017	\$100.00		\$100.00	

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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	First			MI	Contribution ID #			
O"Neill		Michael		J	1355			
Residential Street Address	City			State	Zip Code			
78 Perry St		Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Construction Executive			ture Construction Group					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		aepenaem emia (x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
No Cash X Personal Check	06/	01/2017	\$100.00		\$100.00			
If yes, list Event # 06012017A								
Last Name	First			MI	Contribution ID #			
Stevenson		Jayne			1356			
Residential Street Address	City			State	Zip Code			
65 St Nicholas Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
First Selectman			of Darien					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Legislative Legislative	D-4-	D i 4						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	01/2017	\$100.00		\$100.00			
If yes, list Event # 06012017A	00/	01/2017	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Payne		Pamela			1357			
Residential Street Address	City			State	Zip Code			
7 Old Mill Ct		Norwalk		СТ	06850			
Principal Occupation		Name of Employ	er	-	•			
Real Estate		Houlil	nan Lawrence					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative	-		x No					
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	01/2017	\$100.00		\$100.00			
If yes, list Event # 06012017A	00/	01/2017	\$100.00					
Last Name	First			MI	Contribution ID #			
Hawthorn		Karen			1358			
Residential Street Address	City			State	Zip Code			
27 Brookdale Rd		Stamford		СТ	06903			
Principal Occupation		Name of Employ	er	-				
Managing Director		Brook	dale Assoc.					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (x No					
government the contract is with: Legislative Legislative	D.	D i 4						
Is this contribution associated with an event reported in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	01/2017	\$100.00		\$100.00			
If yes, list Event # 06012017A Money Order Credit/Debit Card	"	01/201/	φ100.00	I	¥100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitrik for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut			Cary for iming original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Bannerton		Kevin		Е	1359
Residential Street Address	City			State	Zip Code
57 Relihan Rd Principal Occupation		Darien Name of Employe		СТ	06820
Partner/Software Solutions			Bank Solutions		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No		
government the contract is with:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			888		
If yes, list Event # 06012017A	06/0	01/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Effren		Jerry			1360
Residential Street Address	City	<u> </u>		State	Zip Code
1857 Newfield Ave		Stamford		СТ	06903
Principal Occupation		Name of Employe	er		•
Real Estate Development		The G	reyrock Companaies		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x No		
Is this contribution associated with The second of the se	Date	Received	Aggregate Contributions	1	
No Cash X Personal Check	06/0	01/2017	\$100.00		\$100.00
If yes, list Event # 06012017A				<u> </u>	
Last Name	First			MI	Contribution ID #
Effren		Sandra			1361
Residential Street Address	City	C)		State	Zip Code
1857 Newfield Ave Principal Occupation		Stamford Name of Employe		СТ	06903
Real Estate dEVELOPMENT			reyrock Companies		
			<u> </u>	Amou	ınt of Contribution
Yes A No)	dependent child of	•		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with	Date	Received	Aggregate Contributions]	
an event reported in section 31:					
If yes, list Event # 06012017A Cash Cash Personal Check Occupancy Occupan	06/0	01/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Robinson		Susie			1362
Residential Street Address	City			State	Zip Code
4 Rocky Point Rd	L	Norwalk		СТ	06853
Principal Occupation		Name of Employ			
Chief HR Officer Is contributor a principal of a state contractor or prospective state contractor?			e Pharma obbyist, spouse, or	Amou	int of Contribution
Yes X No)	dependent child o	Voc	104	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 71:					
If yes list Event # 06012017A Cash Cash Credit/Debit Card	06/0	01/2017	\$200.00		\$200.00

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I. MONETARY RECEIPT	S (Se	ection 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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Sherwood		Gregory		С	1363
Residential Street Address	City			State	Zip Code
58 Robin Hill Rd		Newtown		СТ	06470
Principal Occupation		Name of Employ	er		
General Contractor		Signa	ture Construction Group		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	Received	Aggregate Controlations		
No Sash Personal Check	06/0	01/2017	\$100.00		\$100.00
If yes, list Event # 06012017A			Ţ		
Last Name	First			MI	Contribution ID #
Cahill		Steven		D	1364
Residential Street Address	City			State	Zip Code
136 Canoe Brook Rd		Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		
General construction		Signa	ture Construction		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		аеренает сппа с	<u> </u>		
government the contract is with: Executive Legislative			X No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06.11	01/2017	#100.00		±100.00
If yes, list Event # 06012017A	06/0	01/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hodgson	1 1150	Jasmine		M	1365
Residential Street Address	City			State	Zip Code
11 Linda Ln		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Commercial Real Estate		Choyo	ce Patterson		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If we sindicate which branch or branches of	,	dependent child of	a lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
No No Personal Check	06.4	24 /2047	+40.00		+40.00
If yes, list Event # 06012017A No Money Order Credit/Debit Card	06/0	01/2017	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Sulberg	riist	Jim		IVII	1366
Residential Street Address	City	31111		State	Zip Code
7 Contentment Is	City	Darien		CT	06820
Principal Occupation	-	Name of Employ	er		
Investments		Self-e	mployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
Yes X No	,	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes list Event # 06012017A No San Credit/Debit Card	06/0	01/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Vanderlande		Emily		E	1367
Residential Street Address	City	6 6 1		State	Zip Code
14 Mead Ave	ļ.,	Cos Cob Name of Employ	ON .	СТ	06807
Principal Occupation Homemaker			maker		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with:	Date	Received	Aggregate Contributions	ŀ	
an event reported in Section J1?	Dute	received	riggiogue Controutions		
If yes, list Event # 06012017A No Solution No Solution No	06/	01/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Courtemanche		George			1245
Residential Street Address	City			State	Zip Code
15 Nearwater Rd		Norwalk		СТ	06853
Principal Occupation		Name of Employ	er	•	
Student		Stude			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No		
Is this contribution associated with an expert concreted in Section 112	Date	Received	Aggregate Contributions		
No No Personal Check	06/	02/2017	\$5.00		\$5.00
If yes, list Event# 06022017A		,	·	<u> </u>	
Last Name	First			MI	Contribution ID #
Sarbinowski		Amy			1246
Residential Street Address	City			State	Zip Code
14 Morehouse Dr	<u> </u>	Darien		СТ	06820
Principal Occupation Journalist/freelance writer		Name of Employ	employed		
·			· <i>′</i>	Amor	ant of Contribution
Yes A N	О	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
all event reported in Section 31?					
If yes, list Event # 06022017A No Cash Credit/Debit Card	06/	02/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Кірр		Susan			1247
Residential Street Address	City			State	Zip Code
35 Yarmouth Rd		Norwalk		СТ	06853
Principal Occupation		Name of Employ			
Homemaker			maker		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
an event reported in Section J1?			55 -5		
If yes, list Event # 06022017A Cash X Personal Check	06/	02/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Wilson	1 1150	William		J	1248			
Residential Street Address	City			State	Zip Code			
27 Crest Rd		Rowayton		СТ	06853			
Principal Occupation		Name of Employ	er					
Investment Bankier			rial Capital, LLC					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with The second of the se	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
U No □ □ ································	06/	02/2017	\$100.00		\$100.00			
If yes, list Event # 06022017A								
Last Name	First			MI	Contribution ID #			
Works		Allison		N	1249			
Residential Street Address	City			State	Zip Code			
38 Nearwater Rd		Norwalk		СТ	06853			
Principal Occupation		Name of Employ	er					
Student		Stude	nt					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
U No ☐ □ ··································	06/	02/2017	\$100.00		\$100.00			
If yes, list Event # 06022017A								
Last Name	First			MI	Contribution ID #			
Kelly		Amanda			1250			
Residential Street Address	City			State	Zip Code			
15 Nearwater Rd		Rowayton		СТ	06853			
Principal Occupation		Name of Employ	er					
Marketing consultant		Self-e	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with A yes We work to expect of in Section 112.	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # 06022017A Cash Cash Personal Check No	06/	02/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Courtemanche		Howard			1251			
Residential Street Address	City			State	Zip Code			
15 Nearwater Rd		Rowayton		СТ	06853			
Principal Occupation		Name of Employ						
Advertising			g & Rubicam					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (-					
government the contract is with: Executive Legislative	-		x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
	 	02/2017	1400.00		±100.00			
If yes, list Event # 06022017A Cash Credit/Debit Card	06/	02/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Beglin		Cynthia K			1302
Residential Street Address	City			State	Zip Code
70 Selden Rd		Old Lyme		СТ	06371
Principal Occupation	_	Name of Employ	er		00071
Finance			and Case		
				1 Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Alliou	int of Contribution
If yes, indicate which branch or branches of		1	·		
government the contract is with:					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
11 1					
If yes, list Event # Cash Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Nietsch		Eric			1303
Residential Street Address	City			State	Zip Code
67 Old Norwalk Rd		New Canaan		СТ	06842
Principal Occupation		Name of Employ	er	•	
Investment Advisor		Five N	1ile River		
			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: In this containation associated with Mathed of containation:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Controllions		
X No Cash Personal Check	06.11	22/2017	+100.00		+400.00
If yes, list Event # Money Order X Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00
•					
Last Name	First			MI	Contribution ID #
Robbins		Thayer			1304
Residential Street Address	City			State	Zip Code
7 Edgehill Dr		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Executive		North	well		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
To this contribution are sixed with	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/0	02/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	,	, -			
Last Name	First			MI	Contribution ID #
Nappi	1 1150	Ralph			1305
Residential Street Address	City	Каіріі		Stata	
	City	Manhara		State	Zip Code
22 Par Ct		Manhasset		NY	11030
Principal Occupation		Name of Employ			
Ultra Pure, LLC			Strategy Officer		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in section 31:	1				
If yes list Event # Cash Personal Check No	06/0	02/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u>	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original								
Steve Obsitnik for Connecticut			July 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Sellhausen		Stephen			1306			
Residential Street Address	City			State	Zip Code			
10 Hillsley Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Real estate		Collin	s enterprises					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
T41 (1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash Personal Check	06/0	02/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			7					
Last Name	First			MI	Contribution ID #			
Collins	1 1150	Arthur			1307			
Residential Street Address	City	Artiful		State	Zip Code			
	City	014 6	_l_					
1455 E Putnam Ave		Old Greenwic		СТ	06870			
Principal Occupation		Name of Employ						
Halstead Properties		Realto	-					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		перениент сина с						
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/0	02/2017	\$100.00		\$100.00			
I you, not broken								
Last Name	First			MI	Contribution ID #			
Foster		Kimberly			1308			
Residential Street Address	City			State	Zip Code			
100 Goodwives River Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er	•				
Trader		Self-e	employed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash Personal Check	06/0	02/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•			•			
Last Name	First			MI	Contribution ID #			
Hingtgen		Donald			1309			
Residential Street Address	City	Donaid		State	Zip Code			
11 Topsail Rd	City	Norwalk		CT	06853			
	_		on.	Ci	00833			
Principal Occupation		Name of Employ	CI					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution			
)	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			-					
X No Cash Personal Check	06/	02/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card	Ι - ΄΄	. ,	450.00					

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I MONETA DV DECEME	0 (0	4° A T							
I. MONETARY RECEIPT	5 (50	ection A-I)	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	First			MI	Contribution ID #				
Masar		Catherine			1317				
Residential Street Address	City			State	Zip Code				
250 E Roanoke St		Seattle		WA	98102				
Principal Occupation		Name of Employ	er						
HR Business Partner		Amaz							
			abbriet enauge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	37	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Bute	Treee.vea	1 1551 egate continuations						
X No Cash Personal Check	06/	04/2017	\$89.00		\$89.00				
If yes, list Event # Money Order X Credit/Debit Card	00/	04/2017	φο9.00		\$69.00				
Last Name	First			MI	Contribution ID #				
Bennett		Robert			1318				
Residential Street Address	City			State	Zip Code				
917 8th St		Manhattan B	each	CA	90266				
Principal Occupation		Name of Employ	er						
Real Estate		Wilsh	ire Capital Parnters, LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
- -	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	04/2017	\$89.00		\$89.00				
If yes, list Event # Money Order X Credit/Debit Card	00/	04/2017	409.00		\$09.00				
Last Name	First			MI	Contribution ID #				
	FIISt	IZ-II.		IVII					
Frankenfield		Kelly		~	1319				
Residential Street Address	City			State	Zip Code				
70 Thrush Ln	<u> </u>	New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	a lobbyist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	04/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Finkelstein		Steven			1320				
Residential Street Address	City	3.646.11		State	Zip Code				
	City	Croonwich		CT	-				
1 Greenway Dr	<u> </u>	Greenwich		CI	06831				
Principal Occupation		Name of Employ							
Lawyer			li Finkelstein &Franklin	_					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		.,	x No						
government the contract is with:									
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	05/2017	\$100.00		\$100.00				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	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	First			MI	Contribution ID #				
Arndt		Kenneth			1321				
Residential Street Address	City			State	Zip Code				
746 E Broadway		Milford		СТ	06460				
Principal Occupation		Name of Employ	er						
Telecommunication		Fronti	ier Communications						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
T 41	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/0	05/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			7						
Last Name	First			MI	Contribution ID #				
Wu	1 1130	lorni		1411	1322				
Residential Street Address	City	Jerry		State	Zip Code				
	City	0-144			*				
159 Woodland Way		Oakland		CA	94611				
Principal Occupation		Name of Employ							
Technology			Machine, Inc.	1					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	06/0	05/2017	\$200.00		\$100.00				
Noney order									
Last Name	First			MI	Contribution ID #				
Chiodo		Donald			1323				
Residential Street Address	City			State	Zip Code				
12 Dibble St		Norwalk		СТ	06853				
Principal Occupation		Name of Employ	er						
Banker		JP Mo	rgan Chase						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/0	05/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card			,,,,,,,						
Last Name	First			MI	Contribution ID #				
Hines	1 1150	James			1324				
Residential Street Address	City	Junes		State	Zip Code				
	City	Westport			-				
44 Bridge St	-	Westport	or.	СТ	06880				
Principal Occupation		Name of Employ							
Student In contributor a principal of a state contractor or prognetive state contractor?		Stude			nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event #	06/0	05/2017	\$50.00		\$50.00				

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A MONETARY DESCRIPT	G (G				
I. MONETARY RECEIPT	5 (50	ection A-I)	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	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
DiLoreto		Andrew			1325
Residential Street Address	City			State	Zip Code
160 Belden Hill Rd		Wilton		СТ	06897
Principal Occupation		Name of Employ	er		
Insurance		Insigh	nt		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X No Cash Personal Check	06/0	05/2017	\$200.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Ulbrich		Frederick		С	1310
Residential Street Address	City			State	Zip Code
153 Washington Ave		North Haven		СТ	06473
Principal Occupation		Name of Employ	er	<u> </u>	00475
Executive			h Stainless Steels		
			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	iit of Contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract is with: Executive Legislative	-	.			
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	06/0	05/2017	\$100.00		\$100.00
<u> </u>				1	
Last Name	First			MI	Contribution ID #
Stearns		Amanda		W	1311
Residential Street Address	City			State	Zip Code
12 Old Parish Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Homemaker		Home	maker		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	of a followist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/0	05/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Stearns		Marshall		E	1312
Residential Street Address	City			State	Zip Code
12 Old Parish Rd		Darien		СТ	06820
Principal Occupation		Name of Employ	er		
Agricultural Consultant		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	<i>'</i>	dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]	
an event reported in Section J1?					
X No T Cash	06/0	05/2017	\$100.00		\$100.00
If yes, list Event # Money Order	ı			I	

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Gordon		Linda		L	1313				
Residential Street Address	City			State	Zip Code				
77 Havemeyer Ln # 24		Stamford		СТ	06902				
Principal Occupation		Name of Employ	er						
Financial Consultant		1 '	employed						
			obbyict chance or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Duit	110001100	1156.05ate continuations						
X No Cash X Personal Check	06/	05/2017	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	00/	03/2017	\$100.00		\$100.00				
Lad Name	First			MI	Contribution ID #				
Last Name	FIISt								
Huffard		Jay		С	1314				
Residential Street Address	City			State	Zip Code				
77 Havemeyer Ln # 32		Stamford		СТ	06902				
Principal Occupation		Name of Employ	er						
Investments		Consc	or Capital						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a fobbyist?						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No T	06/	05/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Huffard		Kirk		D	1315				
Residential Street Address	City			State	Zip Code				
77 Havemeyer Ln # 32		Stamford		CT	06902				
Principal Occupation		Name of Employ	or	<u> </u>	00302				
Retired		Retire							
				Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	int of Contribution				
If yes, indicate which branch or branches of		•	x No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	05/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Scheifele		Wanda		В	1316				
Residential Street Address	City			State	Zip Code				
35 Birchwood Dr		Greenwich		CT	06831				
Principal Occupation		Name of Employ	er						
Realtor		Coldw	vell Banker						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	1	dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
× No	06/	05/2017	\$10.00		\$10.00				
If yes, list Event #	ı								

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· WOMEN BY BEGINS	0 (0				
I. MONETARY RECEIPT	S (S	ection A-I)	1		
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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Finkelstein		Greta			1326
Residential Street Address	City			State	Zip Code
1 Greenway Dr		Greenwich		СТ	06831
Principal Occupation		Name of Employ	er		
Pre-school Administrator			ad of Greenwich		
			obbyist snouse or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	711104	in or commonion
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
TAL 49 6 14 1 M - MAIL 6 49 6	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/	06/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	,	,	7		
Last Name	First			MI	Contribution ID #
Pennino	1 1150	David			1327
Residential Street Address	City	David		State	Zip Code
	City	Milhon			06897
21 Wicks End Ln		Wilton Name of Employ		СТ	06897
Principal Occupation		1 7			
Executive			Source		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	06/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Trennert		Jason			1328
Residential Street Address	City			State	Zip Code
22 E 88th St # 12F		New York		NY	10128
Principal Occupation		Name of Employ	er		•
CEO of brokerage firm		Strate	egas Research Partners		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X No Cash Personal Check	06/	06/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Richardson		Nisha Atre			1329
Residential Street Address	City			State	Zip Code
72 Bowmans Glen Ln		Clinton Corne	ars	NY	12514
Principal Occupation		Name of Employ		141	12311
Finance			ity Securities		
			abbreigt anguag or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	o. controution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Dot-	Pagaiyad			
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check		06/2017	+350.00		+250.00
If yes, list Event # Money Order X Credit/Debit Card	06/	06/2017	\$250.00		\$250.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitrit for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Scocimara		Eriberto			1330
Residential Street Address	City			State	Zip Code
43 Arch St	<u> </u>	Greenwich Name of Employe		СТ	06830
Principal Occupation Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or So Johnwigt? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No	,	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	06/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Neiss		Edward			1331
Residential Street Address	City			State	Zip Code
200 Charter Oak Dr		New Canaan		СТ	06840
Principal Occupation	•	Name of Employe	er	-	•
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child o	a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section J1? Cash Personal Check	06/	06/2017	\$100.00		\$100.00
If yes, list Event# Money Order X Credit/Debit Card		00,201,	\$100.00		4100.00
Last Name	First			MI	Contribution ID #
Lillis		Gerard			1332
Residential Street Address	City			State	Zip Code
74 Ryders Ln	<u> </u>	Wilton		СТ	06897
Principal Occupation		Name of Employe	er II Investments		
Investment Manager Is contributor a principal of a state contractor or prospective state contractor?				T Amou	unt of Contribution
Yes 🔼 No	0	dependent child o	V-	s	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
x No Cash Personal Check	06/	06/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Нау		Bradley			1333
Residential Street Address	City			State	Zip Code
33 Briar Brae Rd	<u> </u>	Darien		СТ	06820
Principal Occupation Real Estate Broker		Name of Employe			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or follobbyist? Ye	Amou	unt of Contribution
If was indicate which branch or branches of	U	dependent child o	i a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?		0.6.10.0:-			
If yes list Event # Cash Credit/Debit Card	06/	06/2017	\$100.00	1	\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original					
Steve Obstunk for Connecticut					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Steinberg		Tracey			1334
Residential Street Address	City			State	Zip Code
11 Stony Point Rd Principal Occupation	l	Westport Name of Employ	or	СТ	06880
Nurse			Hill Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Dute	Received	riggiogue Controutions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	06/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
O'Connor		Timothy			1335
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
10 Irvine Rd		Old Greenwid	ch	СТ	06870
Principal Occupation		Name of Employ	er		
Financial Services		Jeffer			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna c	x No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No Cash Personal Check	06/	07/2017	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Agnifilo		Marc			1336
Residential Street Address	City			State	Zip Code
176 Broadway 7F	<u> </u>	New York		NY	10038
Principal Occupation Attorney		Name of Employ	er nan & Associates		
·				Amou	ant of Contribution
Yes 🔼 N	О	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	07/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Blair		Jake			1337
Residential Street Address	City			State	Zip Code
23 Garden Pl		Brooklyn		NY	11201
Principal Occupation		Name of Employ			
Finance			nvestment Partners		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No	06/	07/2017	\$100.00		\$100.00

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Broadbent		William			1338				
Residential Street Address	City			State	Zip Code				
75 Pecksland Rd		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Institutional Equity Sales		Barcla							
			abbreigt anguag or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check	l								
If yes, list Event # No Money Order X Credit/Debit Card	06/	07/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Broadbent		Camille			1339				
Residential Street Address	City			State	Zip Code				
75 Pecksland Rd		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er	•	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check			4400.00						
If yes, list Event # Money Order X Credit/Debit Card	06/	07/2017	\$100.00		\$100.00				
					i				
Last Name	First			MI	Contribution ID #				
Boucher		Timothy			1340				
Residential Street Address	City			State	Zip Code				
235 Kenilworth Rd		Ridgewood		NJ	07450				
Principal Occupation		Name of Employ	er	•	-				
Business owner		B Squ	ared						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	07/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	07,2027	Ψ200.00						
Last Name	First			MI	Contribution ID #				
	First	Cuataban		IVII					
Beidl	O.	Gretchen		G	1341				
Residential Street Address	City			State	Zip Code				
160 W 86th St PH 1	L	New York		NY	10024				
Principal Occupation		Name of Employ							
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]					
an event reported in Section J1?									
X No Cash Personal Check	06/	07/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I '	*	,	1					

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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	First			MI	Contribution ID #				
Boyle		Susan			1342				
Residential Street Address	City			State	Zip Code				
158 Zaccheus Mead Ln		Greenwich		СТ	06831				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gordian		Maria			1343				
Residential Street Address	City			State	Zip Code				
10 Park Ave # 28A		New York		NY	10016				
Principal Occupation		Name of Employ	er						
Consultant		Bain 8	& Company						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna e	· —						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	-					
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			T-22122	ļ					
Last Name	First			MI	Contribution ID #				
Randon		Pamela			1344				
Residential Street Address	City			State	Zip Code				
38 Main St		New Canaan		СТ	06840				
Principal Occupation		Name of Employ							
Writer			employed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	08/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Lipner	1 1130	William		IVII	1345				
Residential Street Address	City			State	Zip Code				
310 Round Hill Rd		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er	•					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?						
government the contract is with:	-		x _{No}	1					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	ne /	08/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00/	00/201/	\$100.00		φ100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitrik for Connecticut July 10 Filing - Original						
Steve Obsitnik for Connecticut July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			N	MI	Contribution ID #
Lipner		William				1346
Residential Street Address	City				State	Zip Code
310 Round Hill Rd	<u> </u>	Greenwich Name of Employe			СТ	06831
Principal Occupation Retired		Retire				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	f a lobbyist?			
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	No		
an event reported in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash Personal Check Cash Personal Check Money Order Credit/Debit Card	06/	09/2017	\$200.00		ç	\$100.00
Last Name	First				MI	Contribution ID #
Fields	First	Maureen		1	VII	1347
Residential Street Address	City	Hadreen		S	State	Zip Code
100 Midwood Rd		Greenwich			ст	06830
Principal Occupation	•	Name of Employe	er	_		
Homemaker		Home	maker			
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child o	f a lobbyist?	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1? Cash Personal Check	0.51	00/001=				
If yes, list Event # Money Order X Credit/Debit Card	06/	09/2017	\$100.00			\$100.00
Last Name	First			N	MI	Contribution ID #
Kelley		Huntington				1348
Residential Street Address	City				State	Zip Code
10 Graystone Ln	<u> </u>	Weston		(СТ	06883
Principal Occupation Director		Name of Employe				
1999			eld, Bush & Co.		Amou	nt of Contribution
Yes A No	0	dependent child o		Yes	7 tilloui	n or contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section J1? If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	09/2017	\$200.00		9	\$200.00
Last Name	First			N	MI	Contribution ID #
Ulehla	C'i	Anthony			Gr. 4	1349
Residential Street Address 17 Azalea Ln	City	Wilton			State CT	Zip Code 06897
Principal Occupation	<u> </u>	Name of Employe	er			00097
Banking		Jeffrie				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes list Event # Cash Personal Check No	06/	09/2017	\$100.00		:	\$100.00

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I MONETA DV DECEIDTS (C L A. D.									
L. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cooper		Linda			1380				
Residential Street Address	City			State	Zip Code				
126 Irene St		Ketchum		ID	83340				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			obbyict chause or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	Aillou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	06/	11/2017	\$50.00		\$50.00				
	l								
Last Name	First			MI	Contribution ID #				
Newman		Felicia			1381				
Residential Street Address	City			State	Zip Code				
135 Overlook Dr		Media		PA	19063				
Principal Occupation		Name of Employ	er						
Market Research Consultant			nan Marketing Research						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:									
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	11/2017	\$100.00		\$100.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Henry		Brian			1382				
Residential Street Address	City			State	Zip Code				
500 Old Academy Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Senior Vice President		Terex							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of		111104	ni or commound				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Doto	Received							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	06/	12/2017	\$200.00		\$100.00				
_ · _ · _ ·									
Last Name	First			MI	Contribution ID #				
Finkelstein		Richard			1383				
Residential Street Address	City			State	Zip Code				
500 NE Spanish River Blvd # 108		Boca Raton		FL	33431				
Principal Occupation		Name of Employ	er						
Property Management		Ascen	d						
			obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dot-	Received							
an event reported in Section J1?	Date	Received	Aggregate Contributions						
_		10/001=							
If yes, list Event # Cash Credit/Debit Card	06/	12/2017	\$100.00		\$100.00				

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	0 (0				
I. MONETARY RECEIPT	S (S	ection A-I)	1		
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	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
Abramowitz		Roy			1384
Residential Street Address	City	-		State	Zip Code
581 Laurel Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		
CPA			Abramowitz & Co		
			obbyist, spouse, or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	711100	nt of continuum
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	12/2017	¢250.00		¢250.00
If yes, list Event # Money Order X Credit/Debit Card	06/	12/2017	\$250.00		\$250.00
	-				
Last Name	First			MI	Contribution ID #
Haroche		Andre			1385
Residential Street Address	City			State	Zip Code
228 Round Hill Rd		Greenwich		СТ	06831
Principal Occupation		Name of Employ	er		
Real Estate Iinvestor		Silver	leaf Capital Group		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/	12/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		•			•
Last Name	First			MI	Contribution ID #
Sellers		Colleen			1386
Residential Street Address	City			State	Zip Code
420 E 54th St # 17A	City	New York		NY	10022
Principal Occupation		Name of Employ	on.	INI	10022
Private Equity Is contributor a principal of a state contractor or prospective state contractor?			bridge Advisors		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	nt of Contribution
If yes, indicate which branch or branches of			X No		
government the contract is with:					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
_					
If yes, list Event # Cash Credit/Debit Card	06/	12/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Randon		William			1387
Residential Street Address	City			State	Zip Code
117 Eel River Rd		Norton		MA	02766
Principal Occupation		Name of Employ	er		•
Private Investor		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
	,	dependent child of	of a foodyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
X No Cash Personal Check	06/	12/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	l ´		•		

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR July 10 Filing - Original	RT		
Steve Obsitnik for Connecticut			July 10 Filling - Original			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First				MI	Contribution ID #
Roth		Stephen				1388
Residential Street Address	City				State	Zip Code
129 Havemeyer Pl		Greenwich			СТ	06830
Principal Occupation		Name of Employe	er			
Private Investor		North	American Capital Corp			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a lo dependent child o	obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of		dependent cinia o	x			
government the contract is with:				No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check	06.1	12/2017	+27F 00			+275.00
If yes, list Event # \times No \tag{No Money Order} \times X \tag{Credit/Debit Card}	06/.	12/2017	\$375.00		5	\$375.00
Last Name	First			$\overline{}$	MI	Contribution ID #
Davis	riist	Mike			IVII	1389
Residential Street Address	City	Pilke		\dashv	State	Zip Code
154 Lombard St	City	San Francisco	n		CA	94111
Principal Occupation		Name of Employe				3.111
Business executive		Imme				
Is contributor a principal of a state contractor or prospective state contractor?			obbyjst spouse or	Т	Amou	nt of Contribution
- -)	dependent child o	of a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with:			x	No		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Credit/Debit Card	06/:	12/2017	\$100.00		:	\$100.00
noney order Card						
Last Name	First				MI	Contribution ID #
Carew		William				1390
Residential Street Address	City				State	Zip Code
24 Lawton Dr		Simsbury			СТ	06070
Principal Occupation		Name of Employe				
Sales & marketing executive		OneDi	<u>-</u>		A	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x	No		
government the contract is with.	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
X No Cash Personal Check	06/:	12/2017	\$100.00		•	\$100.00
If yes, list Event # Money Order X Credit/Debit Card						
Last Name	First				MI	Contribution ID #
Hawes		Elizabeth				1391
Residential Street Address	City				State	Zip Code
6 Richmond Rd		Norwalk			CT	06853
Principal Occupation		Name of Employe	er	-	-	
Homemaker		Home	maker			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of	-	dependent child o	i a loodyist?			
government the contract is with:			x	No		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions			
an event reported in Section 31?						
If yes list Event # Cash Credit/Debit Card	06/	13/2017	\$100.00			\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			July 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Balotescu		Christina			1392
Residential Street Address	City			State	Zip Code
1 Norfield Rd		Weston		СТ	06883
Principal Occupation CEO		Name of Employ 360AI	_{er} umni, LLC		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:	D-4-	D i 4		-	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check No	06/	13/2017	\$100.00		\$25.00
	<u> </u>				
Last Name	First			MI	Contribution ID #
Lempit Residential Street Address	City	Kenneth		State	1393 Zip Code
1845 Gregory Blvd	City	Norwalk		CT	06855
Principal Occupation		Name of Employ	er	101	00033
Marketing			Lawrence Group, Inc		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution
Yes X N If yes, indicate which branch or branches of Executive Legislative	0	dependent child of	of a lobbyist? Yes X No		
Is this contribution associated with Method of contribution	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?			1-88-48		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	13/2017	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Illuzzi		John			1394
Residential Street Address	City			State	Zip Code
468 Sasco Hill Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Financial manager			l Ridge Asset Management		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x _{No}		
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions]	
an event reported in Section J1? If yes, list Event # Cash Personal Check Money Order Cardit/Debit Card	06/	13/2017	\$100.00		\$100.00
injus, instances of the care o					
Last Name	First			MI	Contribution ID #
Perlman	G:	Doug		0	1395
Residential Street Address 88 Fable Farm Rd	City	New Canaan		State CT	Zip Code 06840
Principal Occupation	<u> </u>	Name of Employ	er	1 0	00040
Executive			s Media Advisors		
Is contributor a principal of a state contractor or prospective state contractor?	o	•	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennid (x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			30 .0		
If yes list Event # Cash Personal Check No	06/	13/2017	\$100.00		\$100.00

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I MONETA BY DECEMBER (C. P. A. D.								
L. MONETARY RECEIPT	S (Se	ection A-I)	I					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Steve Obsitnik for Connecticut								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Deutsch		William			1396			
Residential Street Address	City			State	Zip Code			
26 Pilot Rock Ln		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er					
Chairman		Deuts	ch Family Wine & Spirits					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	06/:	13/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card		•	·		·			
Last Name	First			MI	Contribution ID #			
Fusaro		Paul			1397			
Residential Street Address	City	i dui		State	Zip Code			
275 Wellington Dr	City	Fairfield		CT	06824			
Principal Occupation		Name of Employ	ON.	CI	00024			
Portfolio Manager			IQ Advisors LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Атои	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	06/	13/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Fleisher		Michael			1398			
Residential Street Address	City			State	Zip Code			
67 Battle Swamp Rd		Roxbury		CT	06783			
Principal Occupation		Name of Employ	er					
Chief Financial Officer		Wayfa	air.com					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	06/:	13/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Bilek		Robert			1399			
Residential Street Address	City			State	Zip Code			
1375 Galloping Hill Rd		Fairfield		СТ	06824			
Principal Occupation	-	Name of Employ	er		··			
Investment Consultant			nvestment Management					
			obbyict chance or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	. 111100				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Asgregate Contributions					
X No Cash Personal Check	06.	12/2017	#100 00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	J U6/3	13/2017	\$100.00		\$100.00			

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Pace		Anthony			1400				
Residential Street Address	City	-		State	Zip Code				
1607 E Hemingway Dr		North Palm E	Beach	FL	33408				
Principal Occupation		Name of Employ							
Financial Advisor			erg & Ripple						
			obbyjet enouge or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	711100	ant of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Dute	Received	Aggregate Contributions						
x No Cash Personal Check	067	14/2017	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	14/2017	\$100.00		\$100.00				
					I				
Last Name	First			MI	Contribution ID #				
Holahan		Richard			1401				
Residential Street Address	City			State	Zip Code				
150 Rosebrook Rd		New Canaan		CT	06840				
Principal Occupation		Name of Employ	er						
Attorney		Caspi	an Capital LP						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	·					
an event reported in Section J1?									
X No Cash Personal Check	06/	14/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	0	14,2017	Ψ100.00		Ψ100.00				
Last Name	First			MI	Contribution ID #				
Bradshaw-Mack	FIISt	D		IVII					
2,000,000	a:	Bryn		- C	1402				
Residential Street Address	City			State	Zip Code				
11 Equestrian Trl		Weston		СТ	06883				
Principal Occupation		Name of Employ							
Student		Stude	ent						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a followist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
Ŭ No ☐	06/	14/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Moffly		Jonathan			1403				
Residential Street Address	City			State	Zip Code				
40 Powder Horn Hl		Weston		CT	06883				
Principal Occupation		Name of Employ	or		00003				
Publisher			· Media						
		_	abbyist spaysa or	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	iii oi Contridution				
If yes, indicate which branch or branches of		,	x No						
government the contract is with: Executive Legislative	لــا								
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event #	06/	14/2017	\$100.00		\$100.00				

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Scherl		David			1404				
Residential Street Address	City			State	Zip Code				
4 Pump Ln		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
attorney		1 ,	son Cohan, LLP						
			abbyist spanse or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.		D : 1							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	14/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Heelan		Brian			1405				
Residential Street Address	City			State	Zip Code				
141 E 26th St		New York		NY	10010				
Principal Occupation		Name of Employ	er	•					
Real Estate		Newn	nark Knight Frank						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	061	4.4/2047	+100.00		+400.00				
If yes, list Event # Money Order X Credit/Debit Card	06/	14/2017	\$100.00		\$100.00				
F									
Last Name	First			MI	Contribution ID #				
Trautman		Scott			1406				
Residential Street Address	City			State	Zip Code				
131 Fleming Ln		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Sales		FTSE	Russell						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
	,	dependent child of	of a followist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	14/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	ĺ	•			•				
Last Name	First			MI	Contribution ID #				
Reiling	1 1130	Chris		.,,,	1407				
Residential Street Address	City	CIIIIS		Stata					
	City	F-:-6:-14		State	Zip Code				
260 Quarter Horse Ln		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Sales		•	ilesIMS						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		acpendent cinia (or a roodyrst?						
government the contract is with:			x _{No}]					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	14/2017	\$100.00		\$100.00				
11 yes, his Event # Cledit/Debit Cald									

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Smith		Elizabeth			1408				
Residential Street Address	City			State	Zip Code				
71 Hunting Ridge Rd		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Real Estate Agent			m Raveis						
			abbyigt groups or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.		D : 1							
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	14/2017	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Lau		Gregory		Е	1368				
Residential Street Address	City			State	Zip Code				
184 Hillspoint Rd		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Executive Search		RSR F	Partners						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash X Personal Check	061	4.4/2047	+100.00		+400.00				
If yes, list Event # Money Order Credit/Debit Card	06/	14/2017	\$100.00		\$100.00				
F				I					
Last Name	First			MI	Contribution ID #				
Kipp III		Walter		Α	1369				
Residential Street Address	City			State	Zip Code				
35 Yarmouth Rd		Norwalk		СТ	06853				
Principal Occupation		Name of Employ	er						
Attorney		Kip &	Allen, LLP						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	or a roodyrst:						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No	06/	14/2017	\$100.00		\$100.00				
If yes, list Event #		-							
Last Name	First			MI	Contribution ID #				
Kulinski		Karin		A	1370				
Residential Street Address	City	Raim		State	Zip Code				
	City	Alovandria		VA	*				
2208 Collingwood Rd		Alexandria		VA	22308				
Principal Occupation		Name of Employ							
Pilot			d Airlines						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent cinia (or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	14/2017	\$89.00		\$89.00				
11 yes, his Event # Cledit/Debit Cald									

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McIlmurray		Spencer		J	1371				
Residential Street Address	City			State	Zip Code				
27 Pheasant Run		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Consulting services/education		Clario	n Enterprises, LLC						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash X Personal Check	06/:	14/2017	\$25.00		\$25.00				
If yes, list Event #		•	·		·				
Last Name	First			MI	Contribution ID #				
Kocka		Richard		J	1372				
Residential Street Address	City	Richard		State	Zip Code				
204 Lonetown Rd	City	Wost Podding	a	CT	06896				
Principal Occupation		West Redding		CI	00090				
Engineer			otics, Inc						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	14/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Odell		Douglas		В	1373				
Residential Street Address	City			State	Zip Code				
3 Imperial Lndg		Westport		CT	06880				
Principal Occupation		Name of Employ	er		•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	06/:	14/2017	\$100.00		\$100.00				
If yes, list Event #		•	·						
Last Name	First			MI	Contribution ID #				
Ritch		Herald		L	1374				
Residential Street Address	City	Tieraia		State	Zip Code				
10 Fort Hills Ln	City	Greenwich		CT	06831				
Principal Occupation	Щ,	Name of Employ	er	C1	50051				
Investment banker			nt Advisors	A :	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
	١.								
If yes, list Event # Cash Credit/Debit Card	06/	14/2017	\$375.00		\$375.00				

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I MONETA DV DECEMBER (C. P. A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cammisa Jr		Frank		Р	1375				
Residential Street Address	City			State	Zip Code				
39 Lismore Ln	-	Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Spinal surgeon			tal for Special Surgery						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash X Personal Check	064	4.4/2047	+400.00		+400.00				
If yes, list Event # Money Order Credit/Debit Card	06/	14/2017	\$100.00		\$100.00				
\									
Last Name	First			MI	Contribution ID #				
Randon		William		0	1376				
Residential Street Address	City			State	Zip Code				
38 Main St		New Canaan		CT	06840				
Principal Occupation		Name of Employ	er						
Student		Stude	nt						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	14/2017	\$100.00		\$100.00				
If yes, list Event # X Money Order Credit/Debit Card	0	14,2017	Ψ100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
Randon	First	100000							
	a:	James		Н	1377				
Residential Street Address	City			State	Zip Code				
38 Main St		New Canaan		СТ	06896				
Principal Occupation		Name of Employ							
Student		Stude							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (a lobbyist:						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
Ŭ No I□ □	06/	14/2017	\$100.00		\$100.00				
If yes, list Event # Money Order									
Last Name	First			MI	Contribution ID #				
Randon		Elizabeth		М	1378				
Residential Street Address	City			State	Zip Code				
38 Main St		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Unemployed			ployed						
			obbyjet enouge or	Δmou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	,	dependent child of	Vac	Amou	in or Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative		D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
_									
If yes, list Event #	06/	14/2017	\$100.00		\$100.00				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Howe		John		С	1379				
Residential Street Address	City			State	Zip Code				
4 Windy Ln		Westport		СТ	06880				
Principal Occupation		Name of Employ	er	<u> </u>					
Finance		OICP	-						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	Voc	111100	in or commonion				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with	Date	Received	Aggregate Contributions						
an event reported in Section J1?			00 0000						
X No Cash X Personal Check	06/	14/2017	\$100.00		\$100.00				
If yes, list Event #	007	14/2017	\$100.00		φ100.00				
Last Name	First			MI	Contribution ID #				
	rnst	C#		IVII					
Stuart	a:	Scott		G	1409				
Residential Street Address	City			State	Zip Code				
519 N Maple Ave		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Investments		Sage	view Capital						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	06/	15/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Stuart		Lisa			1410				
Residential Street Address	City			State	Zip Code				
519 N Maple Ave		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er	<u> </u>					
Retired		Retire							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of		Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received							
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	064	45/2047	+100.00		+100.00				
If yes, list Event # Money Order X Credit/Debit Card	06/	15/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Vittorias		Luciana			1411				
Residential Street Address	City			State	Zip Code				
1616 S Ocean Blvd		Palm Beach		FL	33480				
Principal Occupation		Name of Employ	er						
Homemaker		Home	emaker						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or of a labbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	15/2017	\$375.00		\$375.00				

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I, MONETARY RECEIPT	S (Se	ection 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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kjaernested		Margaret Eliz	abeth		1412
Residential Street Address	City			State	Zip Code
332 Field Point Rd		Greenwich		СТ	06830
Principal Occupation		Name of Employ	er		
Homemaker		Home	maker		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child of	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			20 10		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	15/2017	\$100.00		\$100.00
					T
Last Name	First			MI	Contribution ID #
Vittoria		Joseph		<u> </u>	1413
Residential Street Address	City			State	Zip Code
1616 S Ocean Blvd		Palm Beach		FL	33480
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	4	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Cash Personal Check Credit/Debit Card	06/	15/2017	\$375.00		\$375.00
Last Name	First			MI	Contribution ID #
Kjaernested		Gudmundur			1414
Residential Street Address	City			State	Zip Code
332 Field Point Rd		Greenwich		СТ	06830
Principal Occupation		Name of Employ			
Shipping			Atlantic Lines		
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions	1	
all event reported in Section 31:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	15/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kim		Eileen			1415
Residential Street Address	City			State	Zip Code
9 Lauder Way		Greenwich		СТ	06830
Principal Occupation		Name of Employ	er	•	
Finance		Ionic	Capital		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		pem emid (x No		
government the contract is with:	Det	Dagaiya4		1	
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	00.1	15/2017	±100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	06/	15/2017	\$100.00		\$100.00

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I MONETADY DECEMBER (6 - 42 A D									
I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kim		John			1416				
Residential Street Address	City			State	Zip Code				
9 Lauder Way		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Finance			Owl Capital						
			obbyjet enouge or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:		D : 1							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	15/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Werner		Roger			1417				
Residential Street Address	City			State	Zip Code				
2124 W Maya Palm Dr		Boca Raton		FL	33432				
Principal Occupation		Name of Employ	er	•					
Television programmer		Self-e	employed						
			obbyjet enouge or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No.	0	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check		. = (0.0.1 =	4400.00						
If yes, list Event # No Money Order X Credit/Debit Card	06/	15/2017	\$100.00		\$100.00				
-	!			1	1				
Last Name	First			MI	Contribution ID #				
Mulroy		Thomas			1418				
Residential Street Address	City			State	Zip Code				
717 Marble Way		Boca Raton		FL	33432				
Principal Occupation		Name of Employ	er						
CEO		T-Rex	Capital Group, LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
	0	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	06/	15/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,	,	Ψ======						
Last Name	First			MI	Contribution ID #				
Robinson	First	Michael		IVII					
	a:	Michael		G	1419				
Residential Street Address	City			State	Zip Code				
1277 Smith Rdg Ed	<u> </u>	New Canaan		СТ	06840				
Principal Occupation		Name of Employ							
Asset management			view Asset Management						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes list Event # Cash Personal Check No	06/	15/2017	\$100.00		\$100.00				
If yes, list Event #	ı			I					

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I. MONETARY RECEIPT	S (Sc	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			July 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Weismann		Paul			1420
Residential Street Address	City			State	Zip Code
55 Old Hill Rd		Westport		СТ	06880
Principal Occupation Finance		Name of Employ Weisn	_{er} nann Capital		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?		
government the contract is with:			x _{No}	1	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	16/2017	\$375.00		\$375.00
If yes, list Event # Money Order X Credit/Debit Card	00/	10,201,	ψ373.00		
Last Name	First			MI	Contribution ID #
Adams		Kathryn			1421
Residential Street Address	City			State	Zip Code
84 Brookside Dr		Greenwich		СТ	06831
Principal Occupation		Name of Employ			
Realtor			by's International Realty obbyist, spouse, or	Amou	ınt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event #	06/	16/2017	\$100.00		\$100.00
I yes, is Even i					
Last Name	First			MI	Contribution ID #
Cutler	a:	Peter			1422
Residential Street Address 506 Merwins Ln	City	Fairfield		State	Zip Code 06824
Principal Occupation		Name of Employ	er	1 (1	00024
Engineer		Googl			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of)	dependent child of	i u loboyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
x No Cash Personal Check	06.0	4.6./2047	+100.00		+400.00
If yes, list Event # Money Order X Credit/Debit Card	06/.	16/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Dunne		Jeffrey			1423
Residential Street Address	City			State	Zip Code
90 Butternut Ln		Southport		СТ	06890
Principal Occupation		Name of Employ	er		
Investment Sales		CBRE			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent child (x No		
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?	Date	1.0001700			
If yes, list Event #	06/	16/2017	\$200.00		\$100.00

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Weaver		Grant			1424				
Residential Street Address	City			State	Zip Code				
60 Tyler Ave		Groton		СТ	06340				
Principal Occupation		Name of Employ	er						
Engineer		The V	Vater Planet Company						
			obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	16/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Sellge		Christine			1425				
Residential Street Address	City	CHISTITE		State	Zip Code				
30 Copper Beech Rd	City	Greenwich		CT	06830				
Principal Occupation		Name of Employ	on.	CI	00030				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			·						
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	16/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Carroll		Timothy			1426				
Residential Street Address	City			State	Zip Code				
218 Mill River Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er	-	•				
Finance		Mone	da Asset Mangement						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	16/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•			·				
Last Name	First			MI	Contribution ID #				
Peterson		Peter			1427				
Residential Street Address	City	1 CtCl		State	Zip Code				
212 Maple Tree Hill Rd	City	Southbury		CT	06488				
		Southbury Name of Employ	on.	Ci	00400				
Principal Occupation		Name of Employ							
Attorney			employed		nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	16/2017	\$100.00		\$100.00				

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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	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gannon		Christine			1428			
Residential Street Address	City			State	Zip Code			
160 Blue Bell Ln		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	-	•			
Accountant		Comp	uledger					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?					
government the contract is with:	Б.	p : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	16/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	10/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kashar		Elisa			1429			
Residential Street Address	City			State	Zip Code			
32 Londonderry Dr		Greenwich		СТ	06830			
Principal Occupation	•	Name of Employ	er		•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mackay	FIISt	Stephen		IVII	1430			
Residential Street Address	City	Эсерпеп		State	Zip Code			
289 Fair Oak Dr		Fairfield		СТ	06824			
Principal Occupation	!	Name of Employ	er					
Sales		Secur	onix, LLC					
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	16/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Barth	1 1130	Patrick		1411	1431			
Residential Street Address	City			State	Zip Code			
328 Sound Beach Ave		Old Greenwid	ch	СТ	06870			
Principal Occupation		Name of Employ	er		1			
Finance		Third	Point					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative		<u> </u>	x _{No}					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06.1	16/2017	4100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	U6/	16/2017	\$100.00		\$100.00			

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A MONETARY DESCRIPT	G (G								
I. MONETARY RECEIPT	5 (5)	ection A-I)	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	First			MI	Contribution ID #				
Novek		Keith			1432				
Residential Street Address	City			State	Zip Code				
121 Clapboard Ridge Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Management Consulting		EY							
		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 10 to	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	16/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		-,	,						
Last Name	First			MI	Contribution ID #				
Barth		Lindsay			1433				
Residential Street Address	City	Linusuy		State	Zip Code				
328 Sound Beach Ave	City	Old Greenwid	-h	CT	06870				
Principal Occupation		Name of Employ		Ci	00870				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	17/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Weinstein		Luke			1434				
Residential Street Address	City			State	Zip Code				
15 Maritone Ln		Deep River		СТ	06417				
Principal Occupation		Name of Employ	er	•	-				
Aviation training		CCL A	viation Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash Personal Check	06/	17/2017	\$38.00		\$38.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Gault		Nancy		R	1435				
Residential Street Address	City	,		State	Zip Code				
91 Clapboard Hill Rd		Westport		CT	06880				
Principal Occupation		Name of Employ	er	L ~ .	1 20000				
Homemaker			emaker						
			abbyigt groups or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Aiilou	an or Commounton				
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}						
government the contract is with:	Б.	D i d		ŀ					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		40/2017			+400.00				
If yes, list Event # Money Order Credit/Debit Card	06/	19/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original									
Steve Oostulik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mountain Jr		Robert		Р	1436				
Residential Street Address	City	0		State	Zip Code				
528 W Lyon Farm Dr Principal Occupation		Greenwich Name of Employe		СТ	06831				
Registered Investment Advisor			^{er} tain Capital Management Iı	ıc					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or		unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:		dependent enna e	x N)					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	19/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Twombly	1 1100	Julian		В	1437				
Residential Street Address	City			State	Zip Code				
1 Running Brook Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er	-	•				
President/Investment Advisor		Canaa	n Consulting Inc.						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child o	x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-					
an event reported in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	19/2017	\$375.00		\$375.00				
Last Name	First			MI	Contribution ID #				
Friedman Agnifilo		Karen			1438				
Residential Street Address	City			State	Zip Code				
176 Broadway 7F		New York		NY	10038				
Principal Occupation		Name of Employ	er						
Prosecutor			unty DA						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No)					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	7					
an event reported in section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	19/2017	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
McKee		Bruce		R	1439				
Residential Street Address	City			State	Zip Code				
5634 Yerba Buena Rd		Santa Rosa		CA	94509				
Principal Occupation		Name of Employ	er						
СРА			R McKee, CPA						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	,					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	┑					
an event reported in Section 31?									
If yes list Event # Cash Credit/Debit Card	06/	19/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Jachinczyk		Michael		С	1440			
Residential Street Address	City			State	Zip Code			
40 Wallacks Ln	ĺ	Stamford		СТ	06902			
Principal Occupation		Name of Employ	er					
Attorney at Law		Micha	el E Jachinczyk, Attorney at I	Law				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
□ No □ □ □ □	06/:	19/2017	\$100.00		\$100.00			
If yes, list Event # 06132017A								
Last Name	First			MI	Contribution ID #			
Tighe		Gerard			1441			
Residential Street Address	City			State	Zip Code			
48 Keofferam Rd		Old Greenwid	ch	CT	06870			
Principal Occupation		Name of Employ	er					
Engineer		Cubro						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # 06132017A Cash Cash Credit/Debit Card	06/:	19/2017	\$50.00		\$50.00			
In yes, list Event in Ool 52017A Interest of the Country of the Co								
Last Name	First			MI	Contribution ID #			
Gerard		Philip		Α	1442			
Residential Street Address	City			State	Zip Code			
17 Van Rensselear Ave		Stamford		CT	06902			
Principal Occupation		Name of Employ	er					
Pilot		Unite	d Airlines					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (or a robbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 06132017A Cash Cash Personal Check One of the content of	06/	19/2017	\$100.00		\$100.00			
Last Name	First	5.		MI	Contribution ID #			
Bilfield	City	Peter		Ct-t-	1443			
Residential Street Address 400 Paek Ave	City	Now York		State	Zip Code			
		New York	25	NY	10022			
Principal Occupation		Name of Employ						
Lawyer Is contributor a principal of a state contractor or prospective state contractor?			nan & goodwin obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Ainou	in or Commountion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date		DE GRACE CONTIDURADIS					
No Cash X Personal Check	06/	19/2017	\$100.00		\$100.00			
If yes, list Event # 06132017A	I 55/	-5/201/	Ψ100.00	I	4-30.00			

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I MONETA BY DECEMBER (C. P. A. D.									
L. MONETARY RECEIPT	S (S	ection A-I)	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	First			MI	Contribution ID #				
Roach		John			1444				
Residential Street Address	City			State	Zip Code				
1 Milbank Ave # 1B		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Finance & Investment		Merril	l Lynch						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash X Personal Check	06/:	19/2017	\$100.00		\$100.00				
If yes, list Event # 06132017A									
Last Name	First			MI	Contribution ID #				
Fields		Douglas		R	1445				
Residential Street Address	City			State	Zip Code				
100 Midwood Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er	<u> </u>	00000				
Retired		Retire							
			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111104	nt of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
No Cash X Personal Check	061	10/2017	¢100.00		¢100.00				
If yes, list Event # 06132017A Money Order Credit/Debit Card	06/.	19/2017	\$100.00		\$100.00				
LadNama	First			М	Ct-ibti ID #				
Last Name	First			MI	Contribution ID #				
Morera	a:	Hector		a	1532				
Residential Street Address	City			State	Zip Code				
119 House St		Glastonbury		СТ	06033				
Principal Occupation		Name of Employ							
Structural Engineer			ann & Whitney						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with:									
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	06/	19/2017	\$50.00		\$50.00				
-									
Last Name	First			MI	Contribution ID #				
Schneider		David			1533				
Residential Street Address	City			State	Zip Code				
36 Rosewood Dr		Easton		СТ	06612				
Principal Occupation		Name of Employ							
Investment professional		Single	etrack Partners, LLC						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (-						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	19/2017	\$100.00		\$100.00				

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I MONETA DV DECEME	0 (0	4° A TO							
I. MONETARY RECEIPT	5 (50	ection A-I)	T						
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	First			MI	Contribution ID #				
Schecter		Jill			1534				
Residential Street Address	City			State	Zip Code				
124 Lockwood Rd	,	Riverside		СТ	06878				
Principal Occupation		Name of Employ	er						
Sales			t Partners						
			obbyist, spouse, or	A may	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	06/	19/2017	\$200.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Hammock		William			1535				
Residential Street Address	City			State	Zip Code				
51 Forest Ave # 93		Old Greenwig	-h	СТ	06870				
		Name of Employ		Ci	00070				
Principal Occupation									
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child o	<u> </u>						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	19/2017	\$50.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	,		,						
Last Name	First			MI	Contribution ID #				
Keith	1 1130	Jeffrey		.,,,	1536				
	C'i	Jenrey		G					
Residential Street Address	City			State	Zip Code				
439 Redding Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Non-profit cancer survivor support		Missio	on (CT Challenge)						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
	,	dependent child of	of a followist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	19/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,		,						
Last Name	First			MI	Contribution ID #				
	1 1130			IVII					
Hinrichs		Susan			1537				
Residential Street Address	City			State	Zip Code				
54 Butternut Hollow Rd	L	Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Retired		Retire	<u>ed</u>						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	06/	19/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I 55/	-,	¥200.00						

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitrik for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Griffiths		Sean			1538
Residential Street Address	City			State	Zip Code
23 Father Peters Ln		New Canaan		СТ	06840
Principal Occupation Attorney		Name of Employe	n Dunn		
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		4	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	19/2017	\$100.00		\$100.00
Last Name	First	•		MI	Contribution ID #
Seidel	riist	Martin		IVII	1539
Residential Street Address	City	Martin		State	Zip Code
394 Stanwich Rd		Greenwich		СТ	06830
Principal Occupation		Name of Employe	er		!
Lawyer		Willkie	e Farr & Gallagher LLP		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amoi	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child o	of a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section J1? X No Cash Personal Check	06/	19/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Audibert		David			1540
Residential Street Address	City			State	Zip Code
387 Lyman Road Wolcott Ct		Wolcott		СТ	06716
Principal Occupation		Name of Employe			
Principal Is contributor a principal of a state contractor or prospective state contractor?			ssion Equity Partners obbyist, spouse, or	1 A mou	ant of Contribution
Yes A No)	dependent child o		S	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	06/	19/2017	\$100.00		\$100.00
Lad Nove	Pi	'			Contribution ID #
Last Name Upton	First	James		MI	1541
Residential Street Address	City	Jailles		State	Zip Code
302 Black Rock Tpke	City	Redding		CT	06896
Principal Occupation		Name of Employe	er	-	
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	06/	19/2017	\$25.00		\$25.00

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I. MONETARY RECEIPT	S (S	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitrit for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Fredericks Jr		Wesley			1542
Residential Street Address	City			State	Zip Code
221 Benedict Hill Rd		New Canaan		СТ	06840
Principal Occupation Attorney		Name of Employe Jenne	r & Block LLP		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Buie	Titoto Tea	riggiogate controlations		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	19/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Keith		Karin			1543
Residential Street Address	City			State	Zip Code
439 Redding Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employe	er	•	•
Real Estate Sales		Berks	hire Hathaway Home Servic	es	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Gallabraida		ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child o	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? X No	06/	19/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Grant		Andrew			1544
Residential Street Address	City			State	Zip Code
82 Vermillion Dr		Avon		СТ	06001
Principal Occupation		Name of Employe			
Healthcare consultant Is contributor a principal of a state contractor or prospective state contractor?		Evaria		Amoi	ant of Contribution
Yes A No)	dependent child o	37 -	S	an of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2017	\$100.00		\$100.00
I ov	Б	I		1.0	[C + T + C + TD #
Last Name Druckenmiller	First	Carry		MI	Contribution ID # 1545
Residential Street Address	City	Gary		State	Zip Code
53 Walbridge Rd	City	West Hartford	d	CT	06119
Principal Occupation		Name of Employe		1	
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	06/	19/2017	\$50.00		\$50.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPOR July 10 Filing - Original	RT		
Steve Obsitnik for Connecticut			July 10 1 ming Chighida			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			M	ЛI	Contribution ID #
Alvine		Robert				1546
Residential Street Address	City				State	Zip Code
171 Five Field Rd		Madison		С	CT	06443
Principal Occupation President		Name of Employe	er er Auto Group			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	.,	Amour	nt of Contribution
If yes, indicate which branch or branches of)	dependent child o	f a lobbyist?	Yes		
government the contract is with: Executive Legislative		n : 1		No		
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
Cash Personal Check	06/	19/2017	¢100.00			t100 00
If yes, list Event # Money Order X Credit/Debit Card	00/.	19/2017	\$100.00			\$100.00
Last Name	First			M	ЛI	Contribution ID #
Fitzgerald		Thomas				1547
Residential Street Address	City			St	State	Zip Code
17 Equestrian Rdg		Newtown		С	CT	06470
Principal Occupation		Name of Employe	er			
CEO		Verde	Energy USA, Inc			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x	No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions			
an event reported in Section J1?						
If yes, list Event # Cash Personal Check No	06/:	19/2017	\$100.00		d	\$100.00
T. W	Б				- I	C (1 (ID)
Last Name Seaver	First	Christine		M	11	Contribution ID # 1548
Residential Street Address	City			St	State	Zip Code
510 West Rd		New Canaan		С	ст	06840
Principal Occupation		Name of Employe	er	-		
Writer		Self-e	mployed			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of		dependent enna o	x	No		
government the contract is with.	Date	Received	Aggregate Contributions			
an event reported in Section J1?			20 10			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/:	19/2017	\$375.00			\$375.00
Last Name	First			Тм	MI I	Contribution ID #
Kinsley	1 1150	David				1549
Residential Street Address	City			St	State	Zip Code
56 Gun Mill Rd		Bloomfield		c	СТ	06002
Principal Occupation		Name of Employe	er	-		
Power equipment provider		Kinsle	y Group			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amour	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x	No.		
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	110		
an event reported in Section J1?			000 Controllions			
If yes list Event # Cash Personal Check No Cash Personal Check	06/:	19/2017	\$100.00		\$	\$100.00

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A MONETARY DECEME	G (G								
L. MONETARY RECEIPT	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Klauberg		Laura			1550				
Residential Street Address	City			State	Zip Code				
101 Lords Hwy	,	Weston		СТ	06883				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			obbyist, spouse, or	A.m.o.	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	Vac	Alliou	iit of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # Cash Credit/Debit Card	06/	19/2017	\$100.00		\$100.00				
it yes, list event#									
Last Name	First			MI	Contribution ID #				
Summers		Michael			1551				
Residential Street Address	City			State	Zip Code				
22 Plum Ct		New Castle		СО	81647				
		ı	on.		01047				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child o	<u> </u>						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	20/2017	\$25.00		\$25.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
	1 1150			1411	1552				
Gonye	o:	Peter		a					
Residential Street Address	City			State	Zip Code				
27 Rowayton Ave		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Executive search		Spend	cer Stuart						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a followist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	20/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00/	20, 201,	Ψ100.00						
					a				
Last Name	First			MI	Contribution ID #				
Sayler		Roger			1553				
Residential Street Address	City			State	Zip Code				
59 White Fall Ln		New Canaan		CT	06840				
Principal Occupation		Name of Employ	er						
Investment management		Churc	ch Pension Group						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			*						
X No Cash Personal Check	067	20/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	1 00/.	20/201/	\$100.00		φ100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Blaustein		David			1554				
Residential Street Address	City			State	Zip Code				
16 W 77th St		New York		NY	10024				
Principal Occupation		Name of Employ	er						
President/Biotech company		Bio, L	td						
			obbyjet enouge or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash Personal Check	06/	20/2017	\$75.00		\$75.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Hobbs		G Warfield			1555				
Residential Street Address	City	- Warnela		State	Zip Code				
181 Mariomi Rd	City	New Canaan		CT	06840				
Principal Occupation		Name of Employ	on.	CI	00040				
		1 ,							
Consulting Geologist			employed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Атои	nt of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	20/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Romero		Kimberly			1556				
Residential Street Address	City			State	Zip Code				
51 Elmwood Dr		Southport		CT	06890				
Principal Occupation		Name of Employ	er						
Abstract Artist		Self-e	employed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	20/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Jones		Tina			1557				
Residential Street Address	City			State	Zip Code				
114 Zaccheus Mead Ln		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Investor			child Inc						
			abbyigt groups or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	067	20/2017	#100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	06/	20/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TYPE OF DEPONT					
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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Stuck		Barton			1558			
Residential Street Address	City			State	Zip Code			
148 Greens Farms Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Venture Capital		Signa	l Lake					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	06/	20/2017	\$200.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		-						
Last Name	First			MI	Contribution ID #			
Wolfsohn		David			1559			
Residential Street Address	City	241.4		State	Zip Code			
118 Wedgewood Dr		Easton		СТ	06612			
Principal Occupation		Name of Employ	er	<u> </u>	00012			
Physician			employed					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with: Executive Legislative		.						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	06/	20/2017	\$200.00		\$100.00			
<u> </u>				1	1			
Last Name	First			MI	Contribution ID #			
Waterbury		Michael			1560			
Residential Street Address	City			State	Zip Code			
20 Found Land Way		Avon		СТ	06001			
Principal Occupation		Name of Employ	er					
Clinical outcome consultant		Reme	dyOne					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	21/2017	\$100.00		\$100.00			
If yes, list Evenen Credit Deort Card								
Last Name	First			MI	Contribution ID #			
Doyle		Timothy			1561			
Residential Street Address	City			State	Zip Code			
10 Sasco Hill Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er					
Insurance consultant		Doyle	Insurance					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a foodyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions]				
an event reported in Section J1?								
If yes list Event # Cash Personal Check No	06/	21/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	i		İ	I				

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I MONETARY DECEME	0 (0	4° A T)							
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original									
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kend		Katherine			1562				
Residential Street Address	City			State	Zip Code				
65 Barnegat Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er		!				
Attorney		Self-e	employed						
			obbyict chance or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
T41 (3.6 1/1.34 — M4.1.6 (3.6	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
x No Cash Personal Check	06/	21/2017	\$375.00		\$375.00				
If yes, list Event # Money Order X Credit/Debit Card			7						
Last Name	First			MI	Contribution ID #				
Judd	1 1150	George			1563				
Residential Street Address	City	George		State	Zip Code				
	City	F-:-6:-14			1				
612 Penfield Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Attorney/CPA			employed						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		перениент сина с	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	21/2017	\$100.00		\$100.00				
in you, not 2 feet to 2 feet and									
Last Name	First			MI	Contribution ID #				
Kaner		Abraham			1564				
Residential Street Address	City			State	Zip Code				
19 Deerwood Ln		Westport		СТ	06880				
Principal Occupation		Name of Employ	er	•					
Business Owner		Morto	n Williams Supermarkets						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Cash Personal Check	06/	21/2017	\$250.00		\$250.00				
If yes, list Event # Money Order X Credit/Debit Card		•			•				
Last Name	First			MI	Contribution ID #				
Tapert		William			1565				
Residential Street Address	City	villiairi		State	Zip Code				
128 Osborne Rd # 505	City	Danbury		CT	06810				
		Name of Employ	ON.	<u> </u>	00010				
Principal Occupation									
Retired		Retire			unt of Contailersi				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of		.,	x No						
government the contract is with: Executive Legislative	-								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	06/	21/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5 (ection A-1)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Epps		Sharon			1566				
Residential Street Address	City			State	Zip Code				
25 Three Wells Ln		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
 Retired		Retire							
			abbyigt groups or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	111100	in or commonion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Tat (3.6 1.4 M — Mail 6 (3.6	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,		Ψ100.00						
Last Name	First			MI	Contribution ID #				
	1 1130	Virginia		1411	1567				
Day Residential Street Address	City	Virginia		State					
	City			1	Zip Code				
26 Deer Park Dr		Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Retired		Retire		1					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	06/2	21/2017	\$100.00		\$100.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Knies		Louise			1568				
Residential Street Address	City			State	Zip Code				
29 Fiddlehead Rd		Oxford		СТ	06478				
Principal Occupation		Name of Employ	er						
Financial analyst		Tile A	merica						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	,		Ţ						
Last Name	First			MI	Contribution ID #				
Kend	1 1150	Peter			1569				
Residential Street Address	City	1 CtCl		State	Zip Code				
65 Barnegat Rd	City	Now Canaan		CT	06840				
		New Canaan		CI	00040				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		,	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event #	06/2	21/2017	\$375.00		\$375.00				

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I MONETADY DECEMBER (CC., A.D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	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	First			MI	Contribution ID #				
Wildstein		Joel			1570				
Residential Street Address	City			State	Zip Code				
87 Spicer Hill Rd		Ledyard		СТ	06339				
Principal Occupation		Name of Employ	er						
Logistics support management		Carwi	ld Corporation						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
s contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Tat (9.6 1) 1 M	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			7						
Last Name	First			MI	Contribution ID #				
Valkenburgh	1 1150	Roger		R	1446				
Residential Street Address	City	Roger		State	Zip Code				
	City	Wilton			06897				
3 Shagbark Pl		Wilton		СТ	06897				
Principal Occupation		Name of Employ							
Attorney		_	ory & Adams, PC						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	<u> </u>						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	21/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Thibeault		Therese		М	1447				
Residential Street Address	City			State	Zip Code				
48 Wall St		Baltic		СТ	06330				
Principal Occupation		Name of Employ	er	-					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No The case of t	06/	21/2017	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pierson		PIhyllis		R	1448				
Residential Street Address	City	,		State	Zip Code				
20 Loeffler Rd # T519		Bloomfield		СТ	06002				
Principal Occupation		Name of Employ	er	<u> </u>	00002				
Retired		Retire							
			abbyigt groups or	Δmou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	in or Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
government the contract is with:	Б.	D i d		1					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check		24 /2017			+400.00				
If yes, list Event # Money Order Credit/Debit Card	06/	21/2017	\$100.00		\$100.00				

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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								
Steve Obsitnik for Connecticut			day for imig original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Jian		Tom		Х	1449			
Residential Street Address	City			State	Zip Code			
61 Beacon Hill Dr		Southbury		СТ	06488			
Principal Occupation Engineer		Name of Employ	er eed Martin					
			physist spausa or	Amou	nt of Contribution			
Yes X No)	dependent child o	Voc					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/2	21/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Dunkin	FIISt	William		W	1450			
Residential Street Address	City	William		State	Zip Code			
153 W Hyerdale		Goshen		СТ	06756			
Principal Occupation		Name of Employe	er	!				
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or General Administration Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a loodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	21/2017	\$50.00		\$50.00			
If yes, list Event #	00/.	21/2017	φ50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Holte		Carl		Т	1451			
Residential Street Address	City			State	Zip Code			
2 Scotland Rd		Baltic		СТ	06330			
Principal Occupation		Name of Employe	er					
Manager			n Precision Products, Inc					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		•	x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	06/2	21/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Kilgore	Tilst	Dustin		IVII	1452			
Residential Street Address	City	2 404		State	Zip Code			
610 Sandstone	ĺ	South Windso	or	СТ	06074			
Principal Occupation		Name of Employ	er					
Retired		Retire	d	_				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			-					
If yes list Event # Cash X Personal Check Cash X Personal Check Credit/Debit Card	06/2	21/2017	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Steve Obsitnik for Connecticut			July 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals		_				
Last Name	First			MI	Contribution ID #			
Nagy		Joseph		J	1453			
Residential Street Address	City			State	Zip Code			
221 Trumbull St # 2307	L	Hartford		СТ	06103			
Principal Occupation Home care stretegy		Name of Employer Carec						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	at a lobbyist?					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Duite	recerred	11gg. ogute Commountons					
If yes, list Event # Cash No Cash No No No Noney Order Credit/Debit Card	06/2	21/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Salonia	FIISt	Pamela		J	1454			
Residential Street Address	City	i dilicia		State	Zip Code			
73 Old Ponsett Rd		Haddam		СТ	06438			
Principal Occupation		Name of Employ	er					
Account manager		Gener	al Electric					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child o	of a lobbyist?					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/2	21/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
duPont		John		w	1455			
Residential Street Address	City			State	Zip Code			
303 Hulls Farm Rd		Southport		СТ	06890			
Principal Occupation		Name of Employe	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1? If yes, list Event # Cash Money Order Credit/Debit Card	06/2	21/2017	\$200.00		\$200.00			
If yes, list Event #					-			
Last Name	First			MI	Contribution ID #			
Abramowitz		Nira		<u> </u>	1456			
Residential Street Address	City	C		State	Zip Code			
411 Harbor Rd Principal Occupation		Southport Name of Employe	or .	СТ	06890			
Hoomemaker			maker					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?					
government the contract is with:			x _{No}	4				
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/2	21/2017	\$100.00		\$100.00			
If yes list Event # Money Order Credit/Debit Card	ı/.		1	1				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	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	First			MI	Contribution ID #				
Duff		Alice			1457				
Residential Street Address	City			State	Zip Code				
63 Midwood Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Real Estate broker		Sothe	by's International Realty						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 10 to	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event #	00,		Ψ100.00						
Last Name	First			MI	Contribution ID #				
Kersey	1 1150	Dallas			1458				
Residential Street Address	City	Dallas		M State					
	City	\Mh			Zip Code				
154 Steep Hill Rd		Weston		СТ	06883				
Principal Occupation		Name of Employ							
Retired		Retire		1					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
× No	06/	21/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Svensk		Robert		Е	1459				
Residential Street Address	City			State	Zip Code				
96 Willow St		Southport		СТ	06890				
Principal Occupation		Name of Employ	er						
Executive/Investment Advisory			sk & Company, Inc						
,			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	06/	21/2017	\$100.00		\$100.00				
If yes, list Event #	00/.	21/2017	\$100.00		Ģ100.00				
Last Name	First			MI	Contribution ID #				
Flaster	riist	Marc		L	1460				
	City	Marc							
Residential Street Address	City	6		State	Zip Code				
91 Harbor Rd		Southport		СТ	06890				
Principal Occupation		Name of Employ							
Investment Banker			er O'Neill & Partners						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			·						
government the contract is with:			x _{No}						
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	21/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut			TYPE OF REPORT July 10 Filing - Original					
Steve Obstinik for Connecticut			Cary 10 1 ming Chighlan					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Reilly		Stephen		W	1461			
Residential Street Address	City			State	Zip Code			
19 Vineyard Ln Principal Occupation		Westport		СТ	06880			
Realtor		Name of Employe Higgir	er ns Group					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?					
government the contract is with:	_		x No	1				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash x Personal Check	06/	21/2017	\$50.00		\$50.00			
If yes, list Event #	007.	21/201/	\$30.00		450.00			
Last Name	First			MI	Contribution ID #			
Greene		Alan			1462			
Residential Street Address	City			State	Zip Code			
10 Runkenhage Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			888					
X No Cash X Personal Check	06/	22/2017	\$50.00		\$50.00			
If yes, list Event #				ļ				
Last Name	First			MI	Contribution ID #			
Reid		Douglas		М	1463			
Residential Street Address	City			State	Zip Code			
258 Mulberry Hill Rd		Fairfield		СТ	06824			
Principal Occupation Retired		Name of Employe						
		Retire		Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	22/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mastrianni Mastrianni	FIISt	Mark		IVII	1571			
Residential Street Address	City	Hurk		State	Zip Code			
2 Abbotts Ln		Westport		СТ	06880			
Principal Occupation		Name of Employe	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent cinia o	x No					
government the contract is with:	Dete	Received		1				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	22/2017	\$100.00		\$100.00			
If yes_list Event # Money Order X Credit/Debit Card	i			1				

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Graham		Stuart			1572			
Residential Street Address	City			State	Zip Code			
12 Country Club Dr		West Simsbu	ırv	СТ	06092			
Principal Occupation		Name of Employ	•					
Construction equipment dealer			at of CT, Inc.					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	iit of Collification			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	22/2017	\$100.00		\$100.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cook Unger		Joan			1573			
Residential Street Address	City			State	Zip Code			
22 Beaver Brook Rd		Weston		СТ	06883			
		Name of Employ	on.	Ci	00003			
Principal Occupation		1 7						
Professor			Jniversity					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent cinia (<u></u>					
government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	22/2017	\$375.00		\$375.00			
If yes, list Event # Money Order X Credit/Debit Card	,	, -	,					
Last Name	First			MI	Contribution ID #			
Sargent	1 1130	loffroy		1411	1574			
	O.	Jeffrey		a				
Residential Street Address	City			State	Zip Code			
31 Rosellen Dr		Trumbull		СТ	06611			
Principal Occupation		Name of Employ	er					
Compliance Consultant		Self-E	Employed					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	or a robbyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	22/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,	, -	,					
Last Name	First			MI	Contribution ID #			
Edelman	First	1-1		IVII				
		John		_	1575			
Residential Street Address	City			State	Zip Code			
133 Spring Valley Rd		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er					
Executive		Desig	n Within Reach					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	22/2017	\$200.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	l ´		·					

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I. MONETARY RECEIPT	S (Se	ection 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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Walker		Michelle			1528
Residential Street Address	City			State	Zip Code
1969 Cross Hwy		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Licensed professional counselor			line Wellness		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions	1	
Is this contribution associated with an event reported in Section J1?					
If yes, list Event # 06152017A No	06/2	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Traynor	1 1150	John			1529
Residential Street Address	City	30		State	Zip Code
1530 Cross Hwy		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		!
CIO		People	es Bank		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31?					
If yes, list Event # 06152017A	06/2	22/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ward		David			1530
Residential Street Address	City			State	Zip Code
426 Mine HI		Fairfield		СТ	06824
Principal Occupation		Name of Employ	er		
Publisher		GBSP			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x No		
government the contract is with:	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # 06152017A	06/2	22/2017	\$100.00		\$100.00
Last Name	First	•		MI	Contribution ID #
Russo	FIISt	Robert		D	1531
Residential Street Address	City	Robert		State	Zip Code
208 Broowlawn Ave	City	Bridgeport		CT	06604
Principal Occupation		Name of Employ	er		
Attorney			& Associates		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		Sima	x No		
government the contract is with:	Doto	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	received	regregate Contributions		
No X Cash Personal Check	06/	22/2017	\$100.00		\$100.00
If yes list Event # 06152017A Money Order Credit/Debit Card	I '			1	

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut July 10 Filing - Original					
Steve Obstitute for Connecticut					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Muldoon Residential Street Address	City	Tim		State	1757 Zip Code
4 Pond Pl	City	Cos Cob		CT	06807
Principal Occupation		Name of Employ	er	<u> </u>	
Residentila developer		Twelv	e Development	_	
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an expert concreted in Section 112	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Responsal Check					
If yes, list Event # 06232017A No Money Order Credit/Debit Card	06/	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Mastrianni		Jane			1576
Residential Street Address	City			State	Zip Code
2 Abbotts Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	er	-	
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		aopenaem emia e	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			86 .8		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
DePasquale		Todd			1577
Residential Street Address	City			State	Zip Code
135 Steep Hollow Dr		Glastonbury		СТ	06033
Principal Occupation		Name of Employ			
Security consultant		HESC			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with an avent reported in Section 112	Date	Received	Aggregate Contributions		
an event reported in section 71:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Tombaugh		Jennifer			1578
Residential Street Address	City			State	Zip Code
162 Westwood Rd		New Haven		СТ	06515
Principal Occupation		Name of Employ			
Travel & tour consultants		Tauck		A	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or	Amot	unt of Contribution
If yes, indicate which branch or branches of GOVERNMENT the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	23/2017	\$100.00		\$100.00

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I MONETARY DECEME	0 (0	4° A T)			
I. MONETARY RECEIPT	5 (5)	ection A-1)	TYPE OF PEROPE		
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	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Norrgard		J Erik			1579
Residential Street Address	City			State	Zip Code
20 Valleywood Rd		Cos Cob		СТ	06807
Principal Occupation		Name of Employ	er		-
Banker		BNY N	1ellon		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
X No Cash Personal Check	06/	23/2017	\$25.00		\$25.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Laird		Tillie		Р	1464
Residential Street Address	City	Time		State	Zip Code
305 Sabbaday Ln	City	Washington		CT	06794
Principal Occupation		Washington	or .	CI	00794
		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	23/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Fabbri		William		F	1465
Residential Street Address	City			State	Zip Code
206 Meadow Strteet		Litchfield		CT	06757
Principal Occupation		Name of Employ	er		
Dentist		Self-e	mployed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash X Personal Check	06/	23/2017	\$100.00		\$100.00
If yes, list Event #		,	7		
Last Name	First			MI	Contribution ID #
Dubiago	1 1100	Arlene		D	1466
Residential Street Address	City	Ariene		State	Zip Code
	City	Ctamford			*
12 Farm Hill Rd		Stamford Name of Employ	ON.	СТ	06902
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/	23/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	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	First			MI	Contribution ID #				
Dubiago		Nicholas			1467				
Residential Street Address	City			State	Zip Code				
12 Farm Hill Rd		Stamford		СТ	06902				
Principal Occupation		Name of Employ	er						
 CPA		Van B	runt Dubiago & Company, Ll	_C					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Tat (3.6 1.4 M — Mail 6 (3.6	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
x No Cash x Personal Check	06/	23/2017	\$100.00		\$100.00				
If yes, list Event #		•			·				
Last Name	First			MI	Contribution ID #				
Rickabaugh	1 1150	Mark		V	1468				
Residential Street Address	City	Mark		State	Zip Code				
	City	Dooton		1	*				
67 Pinckney St		Boston		MA	02114				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e	_						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/2	24/2017	\$375.00		\$375.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Heller		Wendy		L	1469				
Residential Street Address	City			State	Zip Code				
3 Elliott Dr		Simsbury		СТ	06070				
Principal Occupation		Name of Employ	er						
Management/Sales		Rogo	Distributors						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	06/	24/2017	\$100.00		\$100.00				
If yes, list Event #		,	T						
Last Name	First			MI	Contribution ID #				
Loeb	1 1150	Roger		S	1470				
Residential Street Address	City	Roger		State	Zip Code				
26 Ferncliff Dr	City	West Hartfor	d	CT	06117				
				Ci	00117				
Principal Occupation		Name of Employ							
Chairman			S Goodman Inc		nt of Contain-ti-				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	24/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut July 10 Filing - Original									
Steve Obsittink for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Loeb		Jane		В	1471				
Residential Street Address	City			State	Zip Code				
26 Ferncliff Drsive		West Hartfor	-	СТ	06117				
Principal Occupation Homemaker			er emaker						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	24/2017	\$100.00		\$100.00				
If yes, list Event #	00/2	24/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Milne		Allison		М	1472				
Residential Street Address	City			State	Zip Code				
26 Crockett St		Rowayton		СТ	06853				
Principal Occupation		Name of Employ	er						
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	06/2	24/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bellmay		Judson		F	1473				
Residential Street Address	City	CI: I		State	Zip Code				
26 Founders Rd Principal Occupation	ļ	Clinton Name of Employ	or	СТ	06413				
Retired		Retire							
				Amou	ınt of Contribution				
Yes A No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/2	24/2017	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Bollykky	1 1150	Laszlo		J	1474				
Residential Street Address	City			State	Zip Code				
1332 Riverbank Rd		Stamford		СТ	06903				
Principal Occupation		Name of Employ	er	•	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	1.0001700							
X No Cash X Personal Check If yes, list Event # Money Order Credit/Debit Card	06/2	24/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut					
B. Itemized Contributions from	_				
Last Name Rankowitz	First	Andrew		MI	Contribution ID # 1580
Residential Street Address	City			State	Zip Code
67 Long Lots Rd		Westport		СТ	06880
Principal Occupation	•	Name of Employ	er		•
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			X No		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	24/2017	\$375.00		\$375.00
in yes, list Event #	l				
Last Name	First			MI	Contribution ID #
Hofstetter		Thomas			1581
Residential Street Address	City			State	Zip Code
15 Bridge St		Westport		СТ	06880
Principal Occupation		Name of Employ			
Financial Advisor			Fargo Advisors obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?			20 10		
X No	06/	24/2017	\$100.00		\$100.00
					la di pu
Last Name Zadik	First	Christine		MI	Contribution ID # 1582
Residential Street Address	City			State	Zip Code
3 Woodside Dr		Greenwich		СТ	06830
Principal Occupation		Name of Employ	er		
Bookkeeper		Greer	nwich Dental Group		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in section 31:					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	24/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ayoub		Philip			1583
Residential Street Address	City			State	Zip Code
276 Palmer Hill Rd		Riverside		СТ	06878
Principal Occupation	-	Name of Employ	er	-	•
Accountant		Self-e	employed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No	06/	24/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from Individuals								
	_	iiviuuais						
Last Name Ayoub	First	Karen		MI	Contribution ID # 1584			
Residential Street Address	City	Raicii		State	Zip Code			
276 Palmer Hill Rd	City	Riverside		CT	06878			
Principal Occupation		Name of Employ	er					
Homemaker			maker					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	24/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Gammill		Keri			1767			
Residential Street Address	City			State	Zip Code			
2 Old Stamford Rd		New Canaan		CT	06840			
Principal Occupation		Name of Employ	er					
Sales & finance		Tosca	fund US Ltd					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 06252017A Cash X Personal Check Money Order Credit/Debit Card	06/2	25/2017	\$200.00		\$200.00			
1. yes, interest of the control of t								
Last Name	First			MI	Contribution ID #			
Fredericks		Jeanne		М	1768			
Residential Street Address	City			State	Zip Code			
221 Benedict Hill Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Literary agent		Jeann	e Fredereicks Literary Agenc	y Inc				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X No					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # 06252017A	06/2	25/2017	\$100.00		\$100.00			
Lord Nama	First			MI	Contribution ID "			
Last Name Kenney	First	Dion		P P	Contribution ID # 1769			
Residential Street Address	City	21011		State	Zip Code			
17 Wilton Rd W	City	Ridgefield		CT	06877			
Principal Occupation		Name of Employ	er		00077			
Business consultant			rategic Group					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31:								
If yes, list Event # 06252017A Cash Credit/Debit Card	06/2	25/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hebert	1 1150	Robert		J	1770			
Residential Street Address	City	Robert		State	Zip Code			
58 Prospect St	City	Ridgefield		CT	06877			
Principal Occupation	-	Name of Employ	er	<u> </u>	00077			
Fund manager			quity/Partners					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
U No □ □ ································	06/2	25/2017	\$100.00		\$100.00			
If yes, list Event # 06252017A								
Last Name	First			MI	Contribution ID #			
Hebert		Janet		S	1771			
Residential Street Address	City			State	Zip Code			
58 Prospect St		Ridgefield		CT	06877			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
U No ☐ □ ··································	06/2	25/2017	\$100.00		\$100.00			
If yes, list Event # 06252017A								
Last Name	First			MI	Contribution ID #			
Krichka		Leslie		В	1772			
Residential Street Address	City			State	Zip Code			
130 Ramapo Rd		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ	er					
Realtor		South	eby's					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If we sindicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 06252017A Cash Credit/Debit Card	06/2	25/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Townsend		Donald		J	1773			
Residential Street Address	City	5.1.6.1.		State	Zip Code			
130 Ramapo Rd		Ridgefield		СТ	06877			
Principal Occupation		Name of Employ						
Carpentry			employed		nt of Containation			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Det	Dagaiyad						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	067	25/2017	#100 00		¢100.00			
If yes, list Event # 06252017A No Money Order Credit/Debit Card	l 00/.	2J/2U1/	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	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	First			MI	Contribution ID #				
Daigle		Katherine		R	1774				
Residential Street Address	City			State	Zip Code				
239 Peaceable St		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Homemaker		Home	maker						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
No Cash X Personal Check	06/	25/2017	\$100.00		\$100.00				
If yes, list Event # 06252017A		-							
Last Name	First			MI	Contribution ID #				
Veschi		Christine			1775				
Residential Street Address	City	050		State	Zip Code				
445 E 86th St # 8F		New York		NY	10028				
Principal Occupation		Name of Employ	er	141	10020				
Retired		Retire							
			obbyist shouse or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	D-4-	D							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # 06252017A No Money Order Credit/Debit Card	06/.	25/2017	\$100.00		\$100.00				
1									
Last Name	First			MI	Contribution ID #				
Cooper		Alessandra			1593				
Residential Street Address	City			State	Zip Code				
10 Woodside Dr		Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (*						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with on expert separated in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	25/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Banker		Judith			1594				
Residential Street Address	City			State	Zip Code				
49 W Brother Dr		Greenwich		CT	06830				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	25/2017	\$100.00		\$100.00				
,, Cloud Debit Card									

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I MONETA DV DECEMBER (CC A. D.									
L. MONETARY RECEIPT	5 (5)	ection A-I)	T						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McDonagh		Dennis			1595				
Residential Street Address	City			State	Zip Code				
138 E Shore Rd		Huntington		NY	11743				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			abbrief analysis of	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
X No Cash Personal Check	06/	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•							
Last Name	First			MI	Contribution ID #				
Sweet		Eric			1596				
Residential Street Address	City	LITE		State	Zip Code				
82 Ann St	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	or.	CI	00024				
		1 7							
Landscape Architect			scape Design						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna (·						
government the contract is with:									
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	25/2017	\$100.00		\$100.00				
in yes, and break in the state of the state									
Last Name	First			MI	Contribution ID #				
Sullivan		Daeyoung			1597				
Residential Street Address	City			State	Zip Code				
11 Indian Mill Rd		Cos Cob		СТ	06807				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	25/2017	\$200.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•							
Last Name	First			MI	Contribution ID #				
Sullivan		Daeyoung			1598				
Residential Street Address	City	Ducyoung		State	Zip Code				
11 Indian Mill Rd	City	Cos Cob		CT	06807				
			on.	Ci	00807				
Principal Occupation		Name of Employ							
Retired		Retire			nt of Containation				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with: Executive Legislative	-	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	06/	25/2017	\$200.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	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	First			MI	Contribution ID #				
Ertel		Kevin			1599				
Residential Street Address	City			State	Zip Code				
21 Ann St		Old Greenwid	ch	СТ	06870				
Principal Occupation		Name of Employ	er						
Stock Trader		Self-e	employed						
			obbyict chance or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	711104	in or commount				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	25/2017	\$100.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	23, 2017	Ψ100.00		450.00				
Last Name	First			MI	Contribution ID #				
Glasser	1 1150	Ctovon		1411	1600				
Residential Street Address	City	Steven		State					
	City				Zip Code				
249 Overlook Dr		Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Physician			employed						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (<u></u>						
government the contract is with:			x No						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/2	25/2017	\$300.00		\$300.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Smithson		Gloria			1601				
Residential Street Address	City			State	Zip Code				
21 Red Coat Rd		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,	7						
Last Name	First			MI	Contribution ID #				
Broach	1 1150	Mark			1602				
Residential Street Address	City	Hark		State	Zip Code				
	City	Wilton			-				
97 Borglum Rd	Щ,	Wilton	or.	СТ	06897				
Principal Occupation		Name of Employ							
Portfolio Manager			tuck Hill Partners		nt of Contain-ti-				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of		.,	x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?	1								
If yes, list Event # Cash Credit/Debit Card	06/2	25/2017	\$100.00		\$100.00				

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A MONETARY DECEME	G (G								
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cooper		Bennett			1603				
Residential Street Address	City			State	Zip Code				
10 Woodside Dr		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
 Student		Unive	rsity of Richmond						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 10 to	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	06/	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	-0, -01,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
	1 1130	Lisa		.,,,	1604				
Cooper Residential Street Address	City	LISa		Ct-t-					
	City			State	Zip Code				
10 Woodside Dr		Greenwich		СТ	06830				
Principal Occupation		Name of Employ							
Sales		Retgii							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check No	06/2	25/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Adams		James			1605				
Residential Street Address	City			State	Zip Code				
10 Shannon Ln		Cos Cob		СТ	06807				
Principal Occupation		Name of Employ	or	<u> </u>	00007				
Retired		Retire							
				Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of		1	x _{No}						
government the contract is with:	_								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	06/2	25/2017	\$200.00		\$200.00				
Last Name	First			MI	Contribution ID #				
Cracraft		John			1606				
Residential Street Address	City			State	Zip Code				
7 Relay Pl		Cos Cob		СТ	06807				
Principal Occupation		Name of Employ	er		-				
Institutional Salesman		Intera	active Brokers						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
	,	dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	06/	26/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	I 55,	-,	420000	I	,				

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I MONETA DV DECEIDTO (C. 42 A. D.									
L. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
DiLoreto		Andrew			1607				
Residential Street Address	City			State	Zip Code				
160 Belden Hill Rd		Wilton		СТ	06897				
Principal Occupation		Name of Employ	er						
Insurance Executive		Insigh	nt						
Is contributor a principal of a state contractor or prospective state contractor?			abbyist spanse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Table 19 at 10 to	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	26/2017	\$300.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Ragozzino		John			1608				
Residential Street Address	City	301111		State	Zip Code				
27 E Ridge Ct	City	Cheshire		CT	06410				
Principal Occupation		Name of Employ	on.	CI	00410				
		1 7							
Vice President		_	zzino Foods						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			·						
government the contract is with:									
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	26/2017	\$50.00		\$50.00				
				l					
Last Name	First			MI	Contribution ID #				
Uhlein		John			1609				
Residential Street Address	City			State	Zip Code				
38 Jennifer Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Investments		Grena	ndier Capital						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
	,	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	26/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Cimini		Michael			1610				
Residential Street Address	City			State	Zip Code				
8 Sidney Rd		Sturbridge		MA	01566				
Principal Occupation		Name of Employ	or	1 ",	01300				
CEO			riloual, LLC						
			abbreigt anguag or	Amou	nt of Contribution				
Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			000 20111104110110						
X No Cash Personal Check	067	26/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	1 00/	20/201/	\$100.00		φ±00.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Steve Obsitnik for Connecticut			July 10 1 lilling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Evans		Jonathan			1611			
Residential Street Address	City			State	Zip Code			
5 Jofran Ln		Greenwich		СТ	06830			
Principal Occupation Investment management		Name of Employer Evans	er & Co, LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of)	dependent child of	if a lobbyist?					
government the contract is with:			x _{No}	_				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	06/	26/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	20/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Evans		Courtney			1612			
Residential Street Address	City			State	Zip Code			
5 Jofran Ln		Greenwich		СТ	06830			
Principal Occupation		Name of Employe	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?	Dute	received	riggregate Contributions					
X No Cash Personal Check	06/2	26/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			·					
Last Name	First			MI	Contribution ID #			
Mangas		Thomas			1613			
Residential Street Address	City			State	Zip Code			
235 Brushy Ridge Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employe						
Entreprenssur			rfire, LLC	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	26/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mangas		Allison			1614			
Residential Street Address	City			State	Zip Code			
235 Brushy Ridge Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employe	er	-	•			
Homemaker		Home	maker					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?		,	000 2011110410110					
If yes list Event # Cash Personal Check No	06/2	26/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
DiBartholomeo		Tom			1615
Residential Street Address	City			State	Zip Code
10 High Meadow Rd		Weston		СТ	06883
Principal Occupation Physician		Name of Employer Self-e	er mployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
If we sindicate which branch or branches of)	dependent child of	if a lobbyist?	5	
government the contract is with:			x No	_	
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	26/2017	¢100.00		¢100.00
If yes, list Event # Money Order X Credit/Debit Card	00/.	20/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Smith		Mary			1616
Residential Street Address	City			State	Zip Code
18 Hull Pl		Ridgefield		СТ	06877
Principal Occupation		Name of Employe	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		r	x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	4	
an event reported in Section J1?	Dute	Received	riggiogate Contributions		
X No Cash Personal Check	06/2	26/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card		·			
Last Name	First			MI	Contribution ID #
Quigley		Patricia			1617
Residential Street Address	City			State	Zip Code
212 Milbank Ave		Greenwich		СТ	06830
Principal Occupation		Name of Employe			
Retired		Retire		1 4	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in section 31?					
If yes, list Event #	06/2	26/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Sommers		John			1618
Residential Street Address	City			State	Zip Code
42 Sunnybrook Dr		Manchester		СТ	06040
Principal Occupation		Name of Employe	er		
President/Business Owner			Printing Services, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		r	x No		
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date		OB- OBILIO CONTINUONO		
If yes, list Event #	06/2	26/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Steve Obsitnik for Connecticut	July 10 Filing - Original							
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ficaro		John			1619			
Residential Street Address	City			State	Zip Code			
5 Hamilton Ln	,	Weatogue		СТ	06089			
Principal Occupation		Name of Employ	er					
Sales		Cigna						
			obbyict chance or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	Vac	Aillou	int of Contribution			
If yes, indicate which branch or branches of								
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # Cash Cash Personal Check X No	06/	26/2017	\$25.00		\$25.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Sweeney		Barbara			1620			
Residential Street Address	City			State	Zip Code			
3 Buck Hill Rd		Westport		СТ	06880			
Principal Occupation			ON.	Ci	00000			
		Name of Employ						
Realtor			rell Banker	1				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	<u></u>					
government the contract is with:			x No					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	26/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	,		,					
Last Name	First			MI	Contribution ID #			
Lewis	1 1130			1411	1621			
	O.	Marc		a				
Residential Street Address	City			State	Zip Code			
45 Zaccheus Mead Ln		Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
Real Estate Owner and Investment Manager			m Private Investors, LLC					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	a lobbyist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	26/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card			T					
Last Name	First			MI	Contribution ID #			
	FIISt			IVII				
Shea		Patricia		_	1622			
Residential Street Address	City			State	Zip Code			
8 Rustic Ln	L	Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Realtor		Coldv	vell Banker					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	26/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I/	•	,	Ī	•			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			July 10 1 ming Original		
B. Itemized Contributions from	m Ind	lividuals		_	
Last Name	First			MI	Contribution ID #
Lukish		Thomas			1623
Residential Street Address	City			State	Zip Code
1404 Forest Acres Dr	Ь	The Villages		FL	32162
Principal Occupation Retired		Name of Employer Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	f a lobbyist?		
government the contract is with: Executive Legislative		D 1 1		_	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	26/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,	20,2017	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Schley		Daniel			1624
Residential Street Address	City			State	Zip Code
186 Pine Creek Ave	<u> </u>	Fairfield		СТ	06824
Principal Occupation		Name of Employe			
Real Estate Developer			in Capital Investors		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?			1-88-48-4		
If yes list Event # Cash Personal Check No	06/2	26/2017	\$200.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Kerns		Andrea			1625
Residential Street Address	City			State	Zip Code
186 Pine Creek Ave	L	Fairfield		СТ	06824
Principal Occupation		Name of Employe			
Retired		Retire		1 4	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child o	obbyist, spouse, or of a lobbyist? Ye	Amot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section 11?					
If yes, list Event # Cash Credit/Debit Card	06/2	26/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Burgess		W Stephen			1626
Residential Street Address	City			State	Zip Code
2630 Grey Oaks Dr N # 15		Naples		FL	34105
Principal Occupation		Name of Employ	er		-
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?		,	000 201110410115		
If yes list Event # Cash Personal Check No	06/	26/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TYPE OF DEPONT					
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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Fuller		Samuel			1627			
Residential Street Address	City			State	Zip Code			
40 Contentment Island Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Real Estate Development			Development, LLC					
			obbyist, spouse, or	Amou	ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	711100	ant of continuation			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duit	Treeer ved	1156.05ate Commount					
X No Cash Personal Check	06/	26/2017	#27E 00		¢17E 00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	26/2017	\$375.00		\$175.00			
F					I			
Last Name	First			MI	Contribution ID #			
Creighton		Eugent			1758			
Residential Street Address	City			State	Zip Code			
54 Cromwell Pl		Old Saybrool	<	СТ	10000			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•				
an event reported in Section J1?			1.00.10					
X No Cash X Personal Check	06/	26/2017	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	00/.	26/2017	\$100.00		\$100.00			
T. AV	г				G (1 (ID#			
Last Name	First			MI	Contribution ID #			
Bertisch		Lisa			1759			
Residential Street Address	City			State	Zip Code			
99 Old Hebron Rd		Colchester		СТ	06415			
Principal Occupation		Name of Employ	er					
Licensed practical nurse		Gene	sis Healthcare					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	of a followist:					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash X Personal Check	06/	26/2017	\$20.00		\$20.00			
If yes, list Event #		-			· 			
Last Name	First			MI	Contribution ID #			
Simms	1 1150	Barbara		L	1762			
Residential Street Address	City	Darbara						
	City	Ct		State	Zip Code			
1 Harbor Point Rd # 904		Stamford		СТ	06902			
Principal Occupation		Name of Employ						
Teacher			odist Family Center Preschool					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		acpendent cinia (or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
x No	06/	26/2017	\$50.00		\$50.00			
If yes, list Event # Money Order				I				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Seacord		John		М	1763				
Residential Street Address	City			State	Zip Code				
6 Kressfield Farm Ln	<u> </u>	Roxbury		СТ	06783				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Voc Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 11?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	26/2017	\$50.00		\$50.00				
	I								
Last Name	First	Lies		MI	Contribution ID #				
Cingari Residential Street Address	City	Lisa		M State	1764 Zip Code				
20 Auldwood Rd	City	Stamford		CT	06902				
Principal Occupation	_	Name of Employ	er	<u> </u>	00302				
Wholesale beverage distributor		Bresc	om Barton Inc						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? X No Cash Personal Check									
If yes, list Event # No Money Order Credit/Debit Card	06/2	26/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Brown	11130	Douglas		C	1585				
Residential Street Address	City			State	Zip Code				
36 Copper Beech Rd		Greenwich		СТ	06830				
Principal Occupation	•	Name of Employ	er						
Manager		Miller	aft						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Legislative Legislative	Data	D i 4							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	26/2017	\$100.00		\$100.00				
If yes, list Event #	00,	20, 201,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Mitchell		Robert		E	1586				
Residential Street Address	City			State	Zip Code				
13 Joanne Ln	L	Weston		СТ	06883				
Principal Occupation		Name of Employ							
Co-CEO		Mitch							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
Is this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			30 0						
X No	06/2	27/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	ection A-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from Individuals								
		iiviuuais						
Last Name Gaberman	First	Teri		MI	Contribution ID # 1587			
Residential Street Address	City			State	Zip Code			
52 Fawn Ridge Ln		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Non-profit child care		Berni-	-Murcer Friends for Life					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with:	Doto	Received	Aggregate Contributions					
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	27/2017	\$200.00		\$200.00			
If yes, list Event # 06112017A			4-55.55					
Last Name	First			MI	Contribution ID #			
Daniel		Nina		R	1588			
Residential Street Address	City			State	Zip Code			
183 Good Hill Rd		Weston		СТ	06883			
Principal Occupation		Name of Employ	er					
First Selectman		Town	of Weston					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
All event reported in Section 31:								
If yes, list Event # 06112017A No Money Order Credit/Debit Card	06/	27/2017	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Lerner		Britta			1589			
Residential Street Address	City			State	Zip Code			
15 Birch Hill Rd		Weston		СТ	06883			
Principal Occupation	•	Name of Employ	er	•				
Unemployed		Unem	ploiyed					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 06112017A Cash Cash Personal Check No	06/	27/2017	\$200.00		\$200.00			
Last Name	First			MI	Contribution ID #			
Bradshaw-Mack		Melissa			1590			
Residential Street Address	City			State	Zip Code			
11 Equestrian Trl		Weston		СТ	06883			
Principal Occupation	•	Name of Employ	er	•				
Private jeweler		Carat	concierge					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent clind (x No					
government the contract is with.	Doto	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00			
If yes, list Event # 06112017A Money Order Credit/Debit Card	30/.	-,/201/	φ100.00	l	¥100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from Individuals								
	_	iividuais		<u> </u>	T			
Last Name Kim-Blechinger	First	Jacqueline		MI	Contribution ID # 1591			
Residential Street Address	City	-		State	Zip Code			
3 Whippoorwill Rd	ĺ	Weston		СТ	06883			
Principal Occupation		Name of Employ	er					
Investor		B-1 M	lanagement, Inc					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child (x No					
government the contract is with:	Data	Received	Aggregate Contributions	4				
an event reported in Section J1? Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 06112017A	06/2	27/2017	\$100.00		\$100.00			
in yes, list Event # OOTIZOTTA Money Order Cadu								
Last Name	First			MI	Contribution ID #			
DiPasquale		Jess			1592			
Residential Street Address	City			State	Zip Code			
16 Pheasant Hill Rd		Weston		CT	06883			
Principal Occupation		Name of Employ	er					
President/CEO/Director		Allian	ce Globan Networks	_				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with.	Data	Received	Aggregate Contributions	4				
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # 06112017A	06/2	27/2017	\$100.00		\$100.00			
33220277.								
Last Name	First			MI	Contribution ID #			
Wiant		Matt			1776			
Residential Street Address	City			State	Zip Code			
289 Beach Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Business development			vell, LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # 06272017A Cash Personal Check No	06/2	27/2017	\$100.00		\$100.00			
Last Name	First	·		MI	Contribution ID #			
Dougherty Dougherty	FIISt	James		IVII	1777			
Residential Street Address	City	James		State	Zip Code			
46 Stonehedge Ln	City	Monroe		CT	06468			
Principal Occupation		Name of Employ	er	<u> </u>	00400			
VP sales			mline Inc					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative		D : 1		4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
		27/2047	4400.00		+400.00			
If yes, list Event # 06272017A Cash Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Pellegrini		William			1778			
Residential Street Address	City			State	Zip Code			
260 Whiting Pond Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ	er	•	-			
Sales consultant		Whiti	ng Pond LLC					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # 06272017A Cash Credit/Debit Card	06/	27/2017	\$100.00		\$100.00			
	г				C C C D			
Last Name	First	Marron		MI	Contribution ID # 1779			
Fleming Residential Street Address	City	Warren		State	Zip Code			
2445 Parkk Ave # 38	City	Bridgeport		CT	06604			
Principal Occupation		Name of Employ	er		00001			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31?								
If yes, list Event # 06272017A No Money Order Credit/Debit Card	06/	27/2017	\$100.00		\$100.00			
002720177.								
Last Name	First			MI	Contribution ID #			
Brown		Rick			1780			
Residential Street Address	City	F : C !!		State	Zip Code			
159 Hollydale Rd		Fairfield Name of Employ	or.	СТ	06824			
Principal Occupation Engineer		1 7	echnologies					
-			obbyist, spouse, or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		711100	and of Commodulon			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with A yes Method of contribution: Yes	Date	Received	Aggregate Contributions	1				
an event reported in section 31:								
If yes, list Event # 06272017A	06/	27/2017	\$100.00		\$100.00			
in yes, list Event # 00272017A Infoncey Order In Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Duda		Russell			1781			
Residential Street Address	City			State	Zip Code			
12 Adams Dr		Shelton		СТ	06484			
Principal Occupation		Name of Employ						
Finance			& Bradstreet	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			555 Tananaman					
No Cash X Personal Check	06/	27/2017	\$100.00		\$100.00			
If yes, list Event # 06272017A	I		İ	I				

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I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	S (S	ection A-I)	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	First			MI	Contribution ID #				
Cahill		Elena			1782				
Residential Street Address	City			State	Zip Code				
956 Ocean Ave	,	West Haven		СТ	06516				
Principal Occupation		Name of Employ	er						
Professor			rsity of Bridgeport						
			obbyist, spouse, or	Amou	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event # 06272017A	06/	27/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Stirling		Julianne			1783				
Residential Street Address	City			State	Zip Code				
766 Old Post Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er	•	•				
Interior Design		Stirlin	g Design Associates						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Doto	Received	Aggregate Contributions						
an event reported in Section J1? Method of contribution: X Yes	Date	Received	Aggregate Contributions						
Cash Personal Check	0.51		4400.00						
If yes, list Event # 06272017A No Money Order Credit/Debit Card	06/.	27/2017	\$100.00		\$100.00				
-				1	1				
Last Name	First			MI	Contribution ID #				
Limkakeng		Ishmael			1628				
Residential Street Address	City			State	Zip Code				
3237 Novara Way		Pleasanton		CA	94566				
Principal Occupation		Name of Employ	er						
Marketing		Cisco	Inc						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	06/	27/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		,	T						
Last Name	First			MI	Contribution ID #				
	riist	Chuistanhau		IVII					
Gough	o:	Christopher		G	1629				
Residential Street Address	City			State	Zip Code				
251 Fair Oak Dr		Fairfield		СТ	06824				
Principal Occupation		Name of Employ							
Vice President Investor Relations		Edgev	vell Personal Care						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		uepenuent enna (or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Personal Check X No	06/	27/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	ı		İ	I					

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			day for ming onginar		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Novak		Elizabeth			1630
Residential Street Address	City			State	Zip Code
70 Long Neck Pt	<u> </u>	Darien		СТ	06820
Principal Occupation Retired		Name of Employ Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Principle Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	U	dependent child of	a lobbyist?		
government the contract is with:			x _{No}	1	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/.	27/2017	\$100.00		———
Last Name	First			MI	Contribution ID #
Gehring		Kiersten			1631
Residential Street Address	City			State	Zip Code
9 Glenn Gorham Ln	L.,	Darien		СТ	06820
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
Is this contribution associated with Method of contribution	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?			1-88-48		
If yes. list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Gehring		Francis			1632
Residential Street Address	City			State	Zip Code
9 Glenn Gorham Ln	<u> </u>	Darien		СТ	06820
Principal Occupation		Name of Employ			
Investment Banking Is contributor a principal of a state contractor or prospective state contractor?			ort Securities obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	37	Alliot	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section 11?					
If yes, list Event # Cash Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
LoCurto		Kathy			1633
Residential Street Address	City			State	Zip Code
2 Owenoke Park		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: In this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	11001100			
If yes list Event # Cash Personal Check No Cash Personal Check X Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	I		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut July 10 Filing - Original					
Sieve Obsitilik for Connecticut					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
McGuire		Hillary			1634
Residential Street Address	City			State	Zip Code
9 Marlow Ct		Name of Employe		СТ	06878
Principal Occupation Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of	,	dependent child o	Ta lobbyist?		
government the contract is with:			X No	_	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/3	27/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00/2	27,2017	Ψ100.00		
Last Name	First			MI	Contribution ID #
Nair		David			1635
Residential Street Address	City			State	Zip Code
58 Old Rod Rd		Colchester		СТ	06415
Principal Occupation		Name of Employe			
Scrap metal recycling Is contributor a principal of a state contractor or prospective state contractor?			bbyist, spouse, or	A	int of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	Voc	Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00
I yes, use Event ii					
Last Name	First			MI	Contribution ID #
Michaud	a:	Suzanne		G: :	1636
Residential Street Address 52 Indian Field Rd	City	Greenwich		State	Zip Code 06830
Principal Occupation		Name of Employe	er	CI	00030
Chief Financial Officer			I & Diddel		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of)	dependent child o	i u lobbyist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
x No Cash Personal Check	06.15	27/2047	+100.00		+400.00
If yes, list Event # Money Order X Credit/Debit Card	06/2	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Tregurtha		Paul			1637
Residential Street Address	City			State	Zip Code
248 Long Neck Point Rd		Darien		СТ	06820
Principal Occupation		Name of Employe	er		
Commercial moving services			Moving Corp		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of		acpendent child to	x No		
government the contract is with: In this contribution associated with Mathod of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date				
If yes list Event # Cash Personal Check No	06/2	27/2017	\$375.00		\$375.00

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Soll		Bruce			1638			
Residential Street Address	City			State	Zip Code			
141 S Drexel Ave		Columbus		ОН	43209			
Principal Occupation		Name of Employ	er					
 Lawyer		I Brar	nds					
			obbyict enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Table 19 at 10 to	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	27/2017	\$375.00		\$375.00			
If yes, list Event # Money Order X Credit/Debit Card			44.4.4					
Last Name	First			MI	Contribution ID #			
Odom	1 1100	William			1639			
Residential Street Address	City	vviiiiaiii		State	Zip Code			
241 Lake Dale Ave	City	Laka Citu		1	29560			
		Lake City		SC	29500			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (·					
government the contract is with:								
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	27/2017	\$300.00		\$300.00			
,								
Last Name	First			MI	Contribution ID #			
Koorbusch		Daniel			1640			
Residential Street Address	City			State	Zip Code			
167 Riverside Ave		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er	-				
Sales trader		Weed	en & Co					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	*					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	06/	27/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Moore		Christopher			1641			
Residential Street Address	City			State	Zip Code			
5 White Birch Ct		Shelton		CT	06484			
Principal Occupation		Name of Employ	or		00101			
Sales		Trifac						
			abbyigt groups or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Amou	o. controution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4	Dagaiyad		1				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check		27/2017	1100.00		±100.00			
If yes, list Event # Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Steve Obsitnik for Connecticut			July 10 Filling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Mauz		Henry			1642			
Residential Street Address	City			State	Zip Code			
1608 Viscaino Rd		Pebble Beach	1	CA	93953			
Principal Occupation		Name of Employ	er		!			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?			1.00.10					
X No Cash Personal Check	06/	27/2017	\$375.00		\$375.00			
If yes, list Event # Money Order X Credit/Debit Card	00/	27/2017	\$373.00		\$373.00			
Lad Name	Elmat.			LM	Contribution ID#			
Last Name	First			MI	Contribution ID #			
Victory		John			1643			
Residential Street Address	City			State	Zip Code			
50 High Ridge Rd		South Glasto	nbury	СТ	06073			
Principal Occupation		Name of Employ	er					
General Manager		Viame	edia					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution			
	,	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	27/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•			•			
Last Name	First			MI	Contribution ID #			
Schoenfeld		Michael			1644			
Residential Street Address	City	Theriaei		State	Zip Code			
58 Brentwood Dr	City	Glactophury		CT	06033			
Principal Occupation		Glastonbury		Ci	00033			
		Name of Employ						
Wholesaler			hester Tobacco & Candy Com					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna (x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
_								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Yoder		Merle			1645			
Residential Street Address	City			State	Zip Code			
739 Lake Ave		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er	•	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	int of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	ŀ				
an event reported in Section J1?			000 20111104110110					
X No Cash Personal Check	067	27/2017	¢100 00		¢100 00			
If yes, list Event # Money Order X Credit/Debit Card	J U6/.	27/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	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	First			MI	Contribution ID #				
Jedlicka		Michael			1646				
Residential Street Address	City			State	Zip Code				
11 Cove Ridge Ln		Old Greenwid	ch	СТ	06870				
Principal Occupation		Name of Employ	er						
Home builder		Cataly	st Investments, LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	27/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Stanco		Bart			1647				
Residential Street Address	City			State	Zip Code				
406 Rolling Hills Dr		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er	<u> </u>					
Property Manager		1 7	ndis, LLC						
			obbyjet enouge or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	111100	nt of continuation				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	067	27/2017	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	27/2017	\$100.00		\$100.00				
Laddian	Pinnt			M	Ct-ilti ID#				
Last Name	First			MI	Contribution ID #				
Scott	O.	Denise		g	1648				
Residential Street Address	City			State	Zip Code				
198 Rowayton Ave		Norwalk		СТ	06853				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x _{No}						
government the contract is with:	_								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	27/2017	\$100.00		\$100.00				
				1.0					
Last Name	First			MI	Contribution ID #				
Nedder		Michael			1649				
Residential Street Address	City			State	Zip Code				
12 Zygmont Ln		Greenwich		СТ	06831				
Principal Occupation		Name of Employ							
Banker			ng Bank						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	-								
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
_									
If yes, list Event # Cash Credit/Debit Card	06/	27/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ramanathan		Anand			1650
Residential Street Address	City			State	Zip Code
5720 Harder St	<u> </u>	San Jose		CA	95129
Principal Occupation Marketing manager		Name of Employer Skyhi	^{er} gh Networks		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or For tablesists	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	27/2017	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Zadik		David			1651
Residential Street Address	City			State	Zip Code
3 Woodside Dr		Greenwich		СТ	06830
Principal Occupation		Name of Employ	er	-	•
Dentist		Self-e	mployed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? Yes X No Cash Personal Check	06.0	27/2017	±100.00		+100.00
If yes, list Event # Money Order X Credit/Debit Card	06/.	27/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Staw		Michael		J	1652
Residential Street Address	City			State	Zip Code
2 Broadview Rd	<u> </u>	Westport		СТ	06880
Principal Occupation		Name of Employ			
CEO Is contributor a principal of a state contractor or prospective state contractor?			Capital Management obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	37	Alliot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check No	06/	28/2017	\$100.00		\$100.00
-					I
Last Name	First	Dabbia		MI	Contribution ID #
Staw Residential Street Address	City	Debbie		State	1653 Zip Code
2 Broadview Rd	City	Westport		CT	06880
Principal Occupation	<u> </u>	Name of Employe	er	1 0.	00000
Movement/sport skills training			all Connecticut		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		S-pone omite o	x _{No}		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	06/	28/2017	\$100.00		\$100.00

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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								
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Nazarro		Erin		Р	1655			
Residential Street Address	City			State	Zip Code			
48 Portland Ave		Georgetown		СТ	06896			
Principal Occupation		Name of Employe						
Artist			mployed					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or falobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
X No Cash X Personal Check	06/2	28/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Nazarro		Joseph		Α	1656			
Residential Street Address	City			State	Zip Code			
48 Portland Ave	L	Georgetown		СТ	06829			
Principal Occupation		Name of Employ						
Excavation ontractor		Nazar						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Duite	110001100	11gg.egate contributions					
X No Cash X Personal Check	06/	28/2017	\$100.00		\$100.00			
If yes, list Event #			, , , , , , , , , , , , , , , , , , ,					
Last Name	First			MI	Contribution ID #			
Martin		Kevin			1657			
Residential Street Address	City			State	Zip Code			
79 Valleywood Rd		Cos Cob		СТ	06807			
Principal Occupation		Name of Employ	er					
Financial management		Milton	Partners, LLC					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with:	Dete	Received	Aggregate Contributions					
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00,	20,201,	Ψ100.00					
Last Name	First			MI	Contribution ID #			
Trapani		Joseph			1658			
Residential Street Address	City			State	Zip Code			
158 Oldfield Way		Okatie		SC	29909			
Principal Occupation		Name of Employe	er	-	•			
Retired		Retire	d	_				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or f a labbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	x No					
government the contract is with:	Б.	D i d						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	067	28/2017	\$50.00		\$50.00			
If yes list Event # Money Order X Credit/Debit Card	I 00/	20/201/	φ.υυ	I	Ψ0.00			

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I MONETADY DECEMBER (Continue A D									
I. MONETARY RECEIPT	5 (50	ection A-I)	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	First			MI	Contribution ID #				
Cobb		Tobin			1659				
Residential Street Address	City			State	Zip Code				
18 Red Top Rd		Riverside		СТ	06878				
Principal Occupation		Name of Employ	er						
Real Estate investment advisor			River Property						
			obbyist, spouse, or	A may	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of			·						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
If yes, list Event # Cash Credit/Debit Card	06/	28/2017	\$100.00		\$100.00				
if yes, list Event #									
Last Name	First			MI	Contribution ID #				
Robinson		Winthrop			1660				
Residential Street Address	City			State	Zip Code				
18 Putnam Park		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	ON.	Ci	00030				
Insurance consultant			Berkeley						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child o	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	28/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
McKinnon		Sonnet			1661				
Residential Street Address	City	Johnet		State					
	City	Diverside			Zip Code				
34 Indian Pt La		Riverside		СТ	06878				
Principal Occupation		Name of Employ							
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	a lobbyist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	28/2017	\$200.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
McKinnon	1 1130			.,,,	1662				
	O.	Sonnet		G					
Residential Street Address	City			State	Zip Code				
34 Indian Pt La		Riverside		СТ	06878				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	28/2017	\$200.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	l í	•	· ·	I					

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Steve Obsitnik for Connecticut Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name Zaminski	First			MI	Contribution ID # 1663			
Residential Street Address	City	Stephen		State	Zip Code			
16 Dingletown Rd	City	Greenwich		CT	06830			
Principal Occupation		Name of Employe	er					
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section 31? Cash Personal Check	06/	20/2017	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	28/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Vallely		Ryland			1664			
Residential Street Address	City			State	Zip Code			
265 Westover Rd		Stamford		СТ	06902			
Principal Occupation		Name of Employe	er					
Wellness Practitioner			mployed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Marlo		Giselle			1665			
Residential Street Address	City			State	Zip Code			
2901 Catalpa St		Newport Bea		CA	92660			
Principal Occupation		Name of Employe						
Loan Officer			Bay Lending obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	V	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Secont and the estimated with the second of the estimate	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ellenthal		Suzanne			1666			
Residential Street Address	City			State	Zip Code			
18 Highview Dr		Wilton		СТ	06897			
Principal Occupation		Name of Employ	er					
Retired		Retire	d	•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		- "	x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	•				
an event reported in Section J1?								
If yes, list Event # Cash Personal Check No	06/	28/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Vogel		Harriet			1667				
Residential Street Address	City			State	Zip Code				
914 Winters Creek Rd		Palm City		FL	34990				
Principal Occupation		Name of Employ	er						
Counselor; author; speaker			employed						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Harsh		Vera			1668				
Residential Street Address	City			State	Zip Code				
547 Taugwonk Rd		Stonington		СТ	06378				
			on.	Ci	00370				
Principal Occupation		Name of Employ							
Manager			n Allyn Museum						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	28/2017	\$100.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	,	-,	,						
Last Name	First			MI	Contribution ID #				
Harsh	1 1130	Vora		.***	1669				
	O.	Vera		G					
Residential Street Address	City			State	Zip Code				
547 Taugwonk Rd		Stonington		СТ	06378				
Principal Occupation		Name of Employ	er						
Manager		Lyma	n Allyn Museum						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a followist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	06/	28/2017	\$100.00		\$50.00				
If yes, list Event # Money Order X Credit/Debit Card	00/	20, 2017	Ψ100.00		430.00				
	T2' .								
Last Name	First			MI	Contribution ID #				
Tobey		William			1670				
Residential Street Address	City			State	Zip Code				
227 S Bald Hill Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Academic		Harva	ard University						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
	,	dependent child of	or a roodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
X No Cash Personal Check	06/	28/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	30/.	20/201/	\$100.00		¥100.00				

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I MONETADY DECEMBER (Continue A D								
I. MONETARY RECEIPT	5 (50	ection A-I)	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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Russell		William			1671			
Residential Street Address	City			State	Zip Code			
5 Roland Ave		Norwalk		СТ	06855			
Principal Occupation		Name of Employ	er					
CFO		1 ,	d Gesswein & Co, Inc					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Vac	111104	in or commount			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.00.10					
X No Cash Personal Check	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/.	20/2017	\$100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
	First	D-t-i-i-		IVII				
Adair	G'i	Patricia		G	1672			
Residential Street Address	City			State	Zip Code			
330 Elm St # 14		New Canaan		СТ	06840			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	<u> </u>					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
Ŭ No ☐	06/2	28/2017	\$250.00		\$250.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Levine		Tammy			1673			
Residential Street Address	City	-		State	Zip Code			
55 Dawn Harbor Ln		Riverside		СТ	06878			
Principal Occupation		Name of Employ	er					
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/.	20/2017	\$100.00		\$100.00			
LAN	Б			1.0	G (1 (ID#			
Last Name	First			MI	Contribution ID #			
Raveis		Meghan			1674			
Residential Street Address	City			State	Zip Code			
389 Redding Rd		Fairfield		СТ	06824			
Principal Occupation		Name of Employ						
Managing Director			m Raveis Real Estate					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	5 (5)	ection A-I)	T					
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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Gushner-Laufer		Terry			1675			
Residential Street Address	City			State	Zip Code			
998 Fifth Ave		New York		NY	10028			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Table 19 at 10 to	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card		•	·		·			
Last Name	First			MI	Contribution ID #			
Odom		Jo			1676			
Residential Street Address	City			State	Zip Code			
241 Lake Dale Ave	City	Lako City		SC	29560			
Principal Occupation		Lake City Name of Employ	on.	30	29300			
Retired		Retire	-					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of								
government the contract is with:								
Is this contribution associated with A second reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	06/	28/2017	\$300.00		\$300.00			
Last Name	First			MI	Contribution ID #			
LaCapra		George			1677			
Residential Street Address	City			State	Zip Code			
181 Curtiss Ln		Watertown		CT	06795			
Principal Occupation		Name of Employ	er					
Executive Management		UniMe	etal Surface Finishing, LLC					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	,	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
LaCapra		Stacy			1678			
Residential Street Address	City			State	Zip Code			
181 Curtiss Ln		Watertown		СТ	06795			
Principal Occupation		Name of Employ	er					
Development			d Way of Greater Waterbury					
			obbyjet enouse or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	. 111100				
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	067	20/2017	#100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	06/	28/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Steve Obsitnik for Connecticut			July 10 1 lilling Chightan		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
McMahon		Kevin			1679
Residential Street Address	City			State	Zip Code
191 Marshall Ridge Rd Principal Occupation	L	New Canaan		СТ	06840
Attorney		Name of Employer Self-e	er mployed		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		аерепаені спіта о	x N		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	4	
an event reported in Section J1?	Duite	10001100	riggiogate contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Neuenfeldt	1 1150	Janea		1411	1680
Residential Street Address	City	34.104		State	Zip Code
176 Shore Rd		Old Greenwic	:h	СТ	06870
Principal Occupation		Name of Employ	er		•
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child o	if a lobbyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kindy		Janet			1681
Residential Street Address	City			State	Zip Code
9 Old Oak Rd		Darien		СТ	06820
Principal Occupation		Name of Employe	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X N)	
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions	7	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lin		Anchi			1682
Residential Street Address	City			State	Zip Code
168 Cannon Rd		Wilton		СТ	06897
Principal Occupation		Name of Employe			
Banking			rgan Chase	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Ye	es Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		-	x N	, [
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	\exists	
an event reported in Section J1?			- 10 T		
If yes list Event # Cash Personal Check No	06/2	28/2017	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut			TYPE OF REPOR July 10 Filing - Original	L'				
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Dantini		Peter			1683			
Residential Street Address	City	N 6		State	Zip Code			
882 Valley Rd Principal Occupation	L	New Canaan Name of Employe	or .	СТ	06840			
Dentist			mployed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amo [*]	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o		No				
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	-				
an event reported in Section J1?			1-88-48-4					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	28/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Riccardi		Tracey			1784			
Residential Street Address	City	,		State	Zip Code			
55 Blueberry Ln		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Homemaker		Home	make					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Yes Amo	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent child o	· —	No				
Is this contribution associated with Is the contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions	_				
No Cash X Personal Check	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # 06282017A								
Last Name	First			MI	Contribution ID #			
Riccardi		Michael			1785			
Residential Street Address	City			State	Zip Code			
55 Blueberry Ln	<u> </u>	Darien		СТ	06820			
Principal Occupation President		Name of Employe	Investment Corp					
			·	Amo	unt of Contribution			
Yes 🔼 No	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	No				
Is this contribution associated with	Date	Received	Aggregate Contributions	\neg				
an event reported in section 31:								
If yes, list Event # 06282017A Cash Cash Personal Check Money Order Credit/Debit Card	06/	28/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Riether		Charles			1786			
Residential Street Address	City			State	Zip Code			
31 Broadway		North Haven		СТ	06478			
Principal Occupation		Name of Employ						
Sales trader Is contributor a principal of a state contractor or prospective state contractor?			pobbyist, spouse, or	Amo	unt of Contribution			
Yes X No	0	dependent child of		Yes				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X 1	No				
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes list Event # 06282017A	06/	28/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	, , , , , , , , , , , , , , , , , , , 	cenon /x-1)	TYPE OF REPORT						
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kirchner		Steven		Α	1787				
Residential Street Address	City			State	Zip Code				
38 Silver Sproing Rd		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er						
Investment banker		Hunt	Financial Securities						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # 06282017A Cash Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00				
in yes, list Event # 00202017A Noney Order Cledit/Debit Cald									
Last Name	First			MI	Contribution ID #				
Basch		James		D	1788				
Residential Street Address	City			State	Zip Code				
21 Easthill Rd		Stamford		СТ	06903				
Principal Occupation		Name of Employ	er						
Psychotherapist		JABD	LLC						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
All event reported in Section 31:									
If yes, list Event # 06282017A No Money Order Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00				
					Ĭ				
Last Name	First			MI _	Contribution ID #				
Ward		Stevenson		E	1789				
Residential Street Address	City	Б.,		State	Zip Code				
6 Harbor Blluff Ln Principal Occupation		Rowayton		СТ	06853				
Retired		Name of Employ Retire							
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
an event reported in Section J1?			86 .8						
No Cash X Personal Check	06/2	28/2017	\$100.00		\$100.00				
If yes, list Event # 06282017A									
Last Name	First			MI	Contribution ID #				
Fichthorn		John		Α	1790				
Residential Street Address	City			State	Zip Code				
7 Allwood Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ	er						
Portfolio manager		B Rile	y & Co LLC						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 71:									
If yes, list Event # 06282017A Cash Credit/Debit Card	06/2	28/2017	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
		ii viuuii s		MI	Contribution ID#			
Last Name Stoddard	First	Jackie		MI	Contribution ID # 1791			
Residential Street Address	City			State	Zip Code			
114 Nearwater Ln		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Homemaker		Home	maker	_				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date	received	riggregate contributions					
If yes, list Event # 06282017A	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # 06282017A	<u> </u>							
Last Name	First			MI	Contribution ID #			
Bryan		Emily		D	1792			
Residential Street Address	City			State	Zip Code			
1 Ox Ridge Ln		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Adjunct Professor		Sacre	d Heart University					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyfst?					
government the contract is with: Executive Legislative				4				
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No X Cash Personal Check	06/	28/2017	\$100.00		\$100.00			
If yes, list Event # 06282017A								
Last Name	First			MI	Contribution ID #			
Zea		Michael			1793			
Residential Street Address	City			State	Zip Code			
952 Weed St		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Chief of Strategy		Point	72					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1? X Yes Method of contribution: X Cash Personal Check								
If yes, list Event # 06282017A	06/	28/2017	\$100.00		\$100.00			
T. AV	г			1	C CT C ID#			
Last Name Infusino	First	loffway.		MI	Contribution ID # 1794			
Residential Street Address	City	Jeffrey		State	Zip Code			
4 Lyndale Park	City	Westport		CT	06880			
Principal Occupation		Name of Employ	or	[C1	00000			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}]				
Is this contribution associated with an event reported in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
— X C I								
If yes, list Event # 06292017A Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ction A-i)	TYPE OF REPORT					
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
	_	iiviuuais						
Last Name Gildea	First	Amy		MI	Contribution ID # 1795			
Residential Street Address	City	,		State	Zip Code			
330 Elm St		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Mortgage Officer		People	es United Bank					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Duite	recerred	1.66.06ate continuations					
If yes, list Event # 06292017A	06/2	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Chiodo		Timothy		K	1796			
Residential Street Address	City			State	Zip Code			
30 Bob Hill Ln		New Canaan		СТ	06840			
Principal Occupation Financial analyst		Name of Employ	ass Group Management					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No.)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contribution associated with support the contribution associated with support and in Section 112.	Date	Received	Aggregate Contributions					
an event reported in Section J1? X Cash Personal Check								
If yes, list Event # 06292017A	06/2	29/2017	\$100.00		\$100.00			
					•			
Last Name	First			MI	Contribution ID #			
Koyner		Ira			1797			
Residential Street Address	City	Weston		State CT	Zip Code 06883			
176 Godfrey Rd E Principal Occupation		Name of Employ	or	CI	00003			
Banker		1 ,	an Stanley					
		_	obbyist, spouse, or	Amou	nt of Contribution			
Yes 🔼 No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with X Vos Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 71:								
If yes, list Event # 06292017A Cash Cash Personal Check No	06/2	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Koyner	1 1130	Hillary		1411	1798			
Residential Street Address	City			State	Zip Code			
176 Godfrey Rd E		Weston		СТ	06883			
Principal Occupation		Name of Employ	er					
Homemaker		Home	maker					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (x No					
government the contract is with: Legislative Legislative Legislative Method of contribution:	Det	Pagaiya4						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	29/2017	\$100.00		\$100.00			
If yes, list Event # 06292017A Money Order Credit/Debit Card	I 30/	->/201/	\$100.00	I	¥100.00			

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	U (cenon /x-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Crovato		Ellen			1799			
Residential Street Address	City			State	Zip Code			
1052 Oenoke Rdg		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Director of Development		New 0	Canaan Library					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Parsonal Charles								
If yes, list Event # 06292017A No Money Order Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			
	L							
Last Name	First			MI	Contribution ID #			
Drake	O.	Ronald		0	1800			
Residential Street Address	City			State	Zip Code			
111 Parish Ln		New Canaan		СТ	06840			
Principal Occupation		Name of Employ						
Retired		Retire		۸	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1? Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Sash Personal Check	06/	29/2017	\$100.00		\$100.00			
If yes, list Event # 06292017A	00/	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Drake		Elizabeth		М	1801			
Residential Street Address	City			State	Zip Code			
111 Parish Ln		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
СРА		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	•					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes, list Event # 06292017A Cash Cash Personal Check No	06/	29/2017	\$100.00		\$100.00			
					.			
Last Name	First			MI	Contribution ID #			
Infusino		Randi			1802			
Residential Street Address	City			State	Zip Code			
4 Lyndale Park		Westport		СТ	06883			
Principal Occupation		Name of Employ						
Retired		Retire			out of Countrille 1			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	X No					
government the contract is with:	Data	Received	Aggregate Contributions	1				
an event reported in Section J1?	Date		1.55105ate Contributions					
No X Cash Personal Check	06/	29/2017	\$100.00		\$100.00			
If yes, list Event # 06292017A	I 30/		Ψ100.00		T-30.00			

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut July 10 Filing - Original					
Steve Obstrik for Connecticut					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hetherington		John			1803
Residential Street Address	City			State	Zip Code
697 Valley Rd Principal Occupation		New Canaan		СТ	10000
Retired		Name of Employer Retire			
			obbyist, spouse, or	Amo	unt of Contribution
Yes X No)	dependent child of		es	
If yes, indicate which branch or branches of government the contract is with:			x ,	lo	
Is this contribution associated with	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # 06292017A No Money Order Credit/Debit Card	06/2	29/2017	\$100.00		\$100.00
Last Name	First			Lva	Contribution ID #
Garrity	FIISt	Jonathan		MI P	1804
Residential Street Address	City	Jonathan		State	Zip Code
4 Hampton Ln		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er		!
Fund Manager		Camb	ridge Hanover		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?	CS	
government the contract is with:			x ,	lo	
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check	06.1	20/2017	#100.00		±100.00
If yes, list Event # 06292017A No Money Order Credit/Debit Card	06/	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Abramowitz		Roy			1805
Residential Street Address	City	-		State	Zip Code
581 Laurel Rd		New Canaan		СТ	06840
Principal Occupation		Name of Employ	er	•	-
CPA		Roy A	Abramowitz & Co	_	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Yes Amo	unt of Contribution
If yes, indicate which branch or branches of		dependent enna o	x _N	r.	
government the contract is with.	Date	Received	Aggregate Contributions	-	
an event reported in Section J1?	Bute	Received	riggregate contributions		
No Cash X Personal Check	06/2	29/2017	\$100.00		\$100.00
If yes, list Event # 06292017A					
Last Name	First			MI	Contribution ID #
Shea		Pamela			1806
Residential Street Address	City			State	Zip Code
24 E Maple St		New Canaan		СТ	06840
Principal Occupation		Name of Employ			
Retired		Retire	abbreigt anguag or	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or f a lobbyist?	es Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			X N	lo	
government the contract is with.	Date	Received	Aggregate Contributions	\dashv	
an event reported in Section J1?					
If yes list Event # 06292017A Cash X Personal Check	06/2	29/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	, , , , , , , , , , , , , , , , , , , 	cenon /x-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Orr		Anne-Maria		F	1807			
Residential Street Address	City			State	Zip Code			
5 Hidden Meadow Ln		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Homemaker		Home	maker					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with x Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Parsonal Chark								
If yes, list Event # 06292017A No Money Order Credit/Debit Card	06/2	29/2017	\$100.00		\$100.00			
in yes, list Event in ODZ JZOTTA Intoley Order Card								
Last Name	First			MI	Contribution ID #			
Heetherington		Норе			1808			
Residential Street Address	City			State	Zip Code			
697 Valley Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodysst?					
government the contract is with:			x _{No}					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
All event reported in Section 31:								
If yes, list Event # 06292017A No Money Order Credit/Debit Card	06/2	29/2017	\$100.00		\$100.00			
302200177								
Last Name	First			MI	Contribution ID #			
Joliet		Sadhana		D	1809			
Residential Street Address	City			State	Zip Code			
103 Osborne Ln		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Marketing		Accen		•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Executive Legislative								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06.1	20/2017	±100.00		±100.00			
If yes, list Event # 06292017A Money Order Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Mpoynihan	riist	Miriam		IVII	1810			
Residential Street Address	City	i-iiiiaiii		State	Zip Code			
330 Elm Stteet 6	City	New Canaan		CT	06840			
Principal Occupation		Name of Employ	er		00040			
Homemaker			emaker					
			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
an event reported in Section J1?			·					
No Cash X Personal Check	06/2	29/2017	\$250.00		\$250.00			
If yes, list Event # 06292017A	I			1				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT						
Steve Obsitnik for Connecticut			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
		iividuais		1	T				
Last Name Campbell III	First	Douglas		MI	Contribution ID # 1811				
Residential Street Address	City	Douglas		State	Zip Code				
36 Club Rd	City	Stamford		CT	06905				
Principal Occupation		Name of Employ	er						
Consultant Two (2) Campbell Associates									
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	•					
an event reported in Section J1?			30 .0						
If yes, list Event # 06292017A	06/2	29/2017	\$25.00		\$25.00				
					F				
Last Name	First	_		MI	Contribution ID #				
Campbell		Gwynne			1812				
Residential Street Address	City	a		State	Zip Code				
36 Club Rd		Stamford		СТ	06905				
Principal Occupation		Name of Employ							
Education consultant Is contributor a principal of a state contractor or prospective state contractor?			2) Campbell Road obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Is this contribution associated with X Yes Method of contribution:	Date	Received	Aggregate Contributions						
No No Cash X Personal Check	06/2	29/2017	\$25.00		\$25.00				
If yes, list Event # 06292017A		,			·				
Last Name	First			MI	Contribution ID #				
Trepanier		Alena		Α	1813				
Residential Street Address	City			State	Zip Code				
32 Twin Pond Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Homemaker		Home	maker						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions	1					
an event reported in Section 31:									
If yes, list Event # 06292017A Cash Personal Check No	06/2	29/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Ceraso	11130	Karen			1814				
Residential Street Address	City			State	Zip Code				
175 Adams Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Realtor		Halste	ead Properties						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		acpondent emili (x No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			55 -5						
If yes, list Event # 06292017A	06/2	29/2017	\$50.00		\$50.00				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-1)	TYPE OF PEROPE						
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	First			MI	Contribution ID #				
Ceraso		Anthony			1815				
Residential Street Address	City			State	Zip Code				
175 Adams Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er		-				
Auto repair		AC Au	ito Body						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with	Date	Received	Aggregate Contributions						
an event reported in Section 31:									
No X Cash Personal Check	06/	29/2017	\$50.00		\$50.00				
If yes, list Event # 06292017A									
Last Name	First			MI	Contribution ID #				
London		Philip		j	1819				
Residential Street Address	City	р		State	Zip Code				
1100 N Glebe 100		Arlington		VA	22201				
Principal Occupation		Name of Employ	or	VA	22201				
Chairman		CACI	Ci						
			obbyist, spouse, or	A.m.o.v	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with:									
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Gustafson		Ronald		Е	1760				
Residential Street Address	City			State	Zip Code				
46 Standish Dr		Ridgefield		СТ	06877				
Principal Occupation		Name of Employ	er	-	-				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash X Personal Check	06/	29/2017	\$100.00		\$100.00				
If yes, list Event #		•							
Last Name	First			MI	Contribution ID #				
Fancer	1 1100	Troy			1761				
Residential Street Address	City	1109		State	Zip Code				
502 Bronson Rd	City	Southport		CT	06890				
			OF .	CI	00890				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00				

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I MONETA DV DECEIDTS (C L A. D.								
I. MONETARY RECEIPTS	5 (56	ection A-I)	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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Terris		Eddie			1684			
Residential Street Address	City			State	Zip Code			
68 Lockdale Dr		Oakdale		СТ	06370			
Principal Occupation		Name of Employ	er					
Printer		Сору	Cats Inc					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes list Event #	06/2	29/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cooper		Rebecca			1685			
Residential Street Address	City			State	Zip Code			
35 Anderson Rd		Greenwich		СТ	06830			
Principal Occupation		Name of Employ	er	<u> </u>				
Retired		Retire						
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	3/	7 tinou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	D-4-	D						
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	06/2	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Russell		Wendy			1686			
Residential Street Address	City			State	Zip Code			
5 Roland Ave		Norwalk		СТ	06855			
Principal Occupation		Name of Employ	er					
Speech Pathologist		Сооре	erative Educational Services					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist:					
government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	06/2	29/2017	\$100.00		\$100.00			
I yes, incluy older cleans bear can								
Last Name	First			MI	Contribution ID #			
Gesswein		Dwight			1687			
Residential Street Address	City			State	Zip Code			
828 Sasco Hill Rd		Fairfield		CT	06824			
Principal Occupation		Name of Employ	er					
Sales of commercial tools & supplies		Gessv	vein Co					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	29/2017	\$100.00		\$100.00			

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I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-I)	TWDE OF DEDORT					
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	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Gesswein		Martha			1688			
Residential Street Address	City			State	Zip Code			
828 Sasco Hill Rd	,	Fairfield		СТ	06824			
Principal Occupation		Name of Employ	or .	<u> </u>	00021			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	06/	29/2017	\$50.00		\$50.00			
If yes, list Event # Money Order X Credit/Debit Card			70000		T			
Last Name	First			MI	Contribution ID #			
	FIISt			IVII				
Dowd		Paul			1689			
Residential Street Address	City			State	Zip Code			
35 Sheffield Ln		Avon		CT	06001			
Principal Occupation		Name of Employ	er					
Business Owner		Mana	ged Air Systems					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Dete	D i 4						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ford		Cher			1690			
Residential Street Address	City			State	Zip Code			
8641 Oceanview Ave		Orange		CA	92865			
Principal Occupation		Name of Employ	er					
Retired		Retire						
				A.m.o.v	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	Amou	iit of Collifoution			
If yes, indicate which branch or branches of			x No					
government the contract is with: Executive Legislative								
Is this contribution associated with A second of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			
in yes, list event #								
Last Name	First			MI	Contribution ID #			
Dyke		David			1691			
Residential Street Address	City			State	Zip Code			
2289 Guadelupe Dr	City	Naples		FL	34119			
		Naples Name of Employ	TOP .	1 -	J711 <i>3</i>			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I,	*		I				

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I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Steve Obsitnik for Connecticut July 10 Filing - Original					
Steve Obsitnik for Connecticut July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Jones		Jill			1692
Residential Street Address	City			State	Zip Code
4 Compo Pkwy		Westport		СТ	06880
Principal Occupation Retired		Name of Employ Retire			
			obbyjet enouse or	Amou	unt of Contribution
Yes X No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions		
an event reported in Section 31? Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Brumit	1 1150	Brian		""	1693
Residential Street Address	City	2.14.1		State	Zip Code
19 Church St S		Westport		СТ	06880
Principal Occupation		Name of Employ	er	•	•
Investment management		Old H	ill Investment Group, LLC		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyfst?		
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received		-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card	00,		Ψ100.00		
Last Name	First			MI	Contribution ID #
Bebon		Richard			1694
Residential Street Address	City			State	Zip Code
270 Fallow Field Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employ			
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or	Amou	int of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with.	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/2	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Cooper		Grant			1695
Residential Street Address	City			State	Zip Code
35 Anderson Rd		Greenwich		СТ	06830
Principal Occupation		Name of Employ	er		
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1?			30 .0		
If yes list Event # Cash Personal Check No Cash Personal Check	06/2	29/2017	\$100.00		\$100.00

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I, MONETARY RECEIPTS (Section A-I)									
	S (S	ection A-1)	I TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut July 10 Filing - Original									
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Baugier		Hombeline			1696				
Residential Street Address	City			State	Zip Code				
367 Riversville Rd		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Jeweler		Homb	eliine Baugier Jeweler						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
T41 (3.6 1/1.34 — M4.1.6 (3.6	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00/.	23,201,	Ψ100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Perkins	THSt	Uarm.		IVII	1697				
	City	Harry		Ct-t-					
Residential Street Address	City			State	Zip Code				
11 Cleft Rock Ln		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ							
Executive			ecticut Container						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
Ŭ No ☐	06/2	29/2017	\$250.00		\$250.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Lebec		Alain			1698				
Residential Street Address	City			State	Zip Code				
10 Lauder Ln		Greenwich		СТ	06831				
Principal Occupation		Name of Employ	er						
Business consultant			ican Corporate Partners						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child o		711100	ni or commound				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06.1	20/2017	\$100.00		±100 00				
If yes, list Event # Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00				
					a				
Last Name	First			MI	Contribution ID #				
Raker		Heather			1699				
Residential Street Address	City			State	Zip Code				
20 Horseshoe Rd	L	Darien		СТ	06820				
Principal Occupation		Name of Employ							
Homemaker			maker						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/2	29/2017	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5)	ection A-1)	TYPE OF REPORT					
Steve Obsitnik for Connecticut Steve Obsitnik for Connecticut Steve Obsitnik for Connecticut								
Stove desiring for connecticut								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Ohls		Theodore			1700			
Residential Street Address	City			State	Zip Code			
22 Nimitz Pl		Old Greenwid	ch	СТ	06870			
Principal Occupation		Name of Employ	er					
Building Engineer		Ashfo	rth					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Mathus		Elizabeth			1701			
Residential Street Address	City			State	Zip Code			
384 Hollow Tree Ridge Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ	er					
Homemaker			maker					
			obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	067	20/2017	¢100.00		¢100.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	29/2017	\$100.00		\$100.00			
LadNama	Pinnt			М	Contribution ID#			
Last Name	First	10 1		MI	Contribution ID #			
Bealle	O.	Kimberly		a	1702			
Residential Street Address	City	5 .		State	Zip Code			
43 Brookside Rd		Darien		СТ	06820			
Principal Occupation		Name of Employ						
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		1	x No					
government the contract is with:	Б.	D : 1						
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06.0	20 /2017	+400.00		+100.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Law		James			1703			
Residential Street Address	City			State	Zip Code			
1 Allwood Rd	L	Darien		СТ	06820			
Principal Occupation		Name of Employ						
Financial advisor			ens, Inc.					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (-					
government the contract is with:			x _{No}					
Is this contribution associated with Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			

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A MONETARY DESCRIPT	G (G								
I. MONETARY RECEIPT	S (S	ection A-I)	1						
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	First			MI	Contribution ID #				
Barrett		Ruth			1704				
Residential Street Address	City			State	Zip Code				
129 Beachside Ave		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Writer			mployed						
			obbyist, spouse, or	A	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Voc	Aillou	int of Contribution				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in section 31:									
Ľ No I□ □	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order									
Last Name	First			MI	Contribution ID #				
Barrett		Rob			1705				
Residential Street Address	City			State	Zip Code				
129 Beachside Ave		Westport		СТ	06880				
		· · · · · · · · · · · · · · · · · · ·	ON.	Ci	00000				
Principal Occupation		Name of Employ							
Executive			t Media						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (<u></u>						
government the contract is with:			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			·						
Last Name	First			MI	Contribution ID #				
Thammana	1 1100	Srinivas		.,	1706				
	City	Sillivas		Ct-t-					
Residential Street Address	City			State	Zip Code				
10 Independence Cir		Middlebury		СТ	06762				
Principal Occupation		Name of Employ	er						
Technology solutions		Virpie	Inc.						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a loodyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card			·						
Last Name	First			MI	Contribution ID #				
Wilson	1 1150	Christophor		1411	1707				
	o:	Christopher		a					
Residential Street Address	City			State	Zip Code				
46 Loughlin Ave		Cos Cob		СТ	06807				
Principal Occupation		Name of Employ	er						
Asset Management Sales		Princi	pal Global Investors						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event #	06/	29/2017	\$100.00		\$100.00				
If yes, list Event #	i			l					

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Steve Obsitnik for Connecticut			TYPE OF REPORT July 10 Filing - Original		
Steve Obstank for Connecticut			July 10 1 ming Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Carbino		Michael			1708
Residential Street Address	City			State	Zip Code
4 Foxfire Ln		Westport		СТ	06880
Principal Occupation Financial Planner		Name of Employer Barnu	er m Wealth Management		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	a loodyist?		
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions	-	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Kommel	riist	Lynda		IVII	1709
Residential Street Address	City	Lynda		State	Zip Code
37 Green Acre Ln		Westport		СТ	06880
Principal Occupation		Name of Employ	er	-!	!
Asian Securities analyst		Mayba	ank Kim Eng Securities		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or See Jackbridge Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child of	of a lobbyist?		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section J1? X No	06/	29/2017	\$50.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card		,			·
Last Name	First			MI	Contribution ID #
Guere		Robert			1710
Residential Street Address	City			State	Zip Code
32 Robin Ln		Monroe		СТ	06468
Principal Occupation Financial advisor		Name of Employer MeRr	er		
			obbyist, spouse, or	T Amou	ant of Contribution
Yes A No)	dependent child o	37-	;	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
If yes, list Event # X No Cash Personal Check Money Order X Credit/Debit Card	06/	29/2017	\$200.00		\$100.00
				1	La .a . m.
Last Name Ashcraft	First	Rebecca		MI	Contribution ID # 1711
Residential Street Address	City	Repecca		State	Zip Code
45 Red Rose Cir	City	Darien		CT	06820
Principal Occupation		Name of Employe	er	1	
Retired		Retire	d		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or fa lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1	
an event reported in Section 31?					
If yes list Event # Cash Credit/Debit Card	06/	29/2017	\$50.00		\$50.00

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I. MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	T						
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	First			MI	Contribution ID #				
Vancil		Richard			1712				
Residential Street Address	City			State	Zip Code				
47 Middle Beach Rd W	City	Madison		CT	06443				
		1		CI	00443				
Principal Occupation		Name of Employ	er						
Investment Research		IDC							
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	int of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Tati valo to tal a — Matte valo	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	29/2017	\$375.00		\$375.00				
If yes, list Event # Money Order X Credit/Debit Card	00/.	23/2017	\$373.00		\$373.00				
F									
Last Name	First			MI	Contribution ID #				
Tobey		Elizabeth			1713				
Residential Street Address	City			State	Zip Code				
227 S Bald Hl		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er	•	•				
Retired		Retire	hd.						
			abbyist spanse or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	rinoc	ant of Contribution				
If yes, indicate which branch or branches of		•							
government the contract is with:									
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
Ŭ No ☐ □	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Equi		Taylor			1714				
·	C'i	Taylor		G					
Residential Street Address	City			State	Zip Code				
8 Talcott Forest Rd		Farmington		СТ	06032				
Principal Occupation		Name of Employ	er						
Lawyer		Brign	ole, Bush & Lewis						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			35 -3						
X No Cash Personal Check	06/	20/2017	#F0.00		+ F0.00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	29/2017	\$50.00		\$50.00				
1									
Last Name	First			MI	Contribution ID #				
Bulkin		Rosemary			1715				
Residential Street Address	City			State	Zip Code				
60 Ferris Hill Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er	•					
Retired		Retire							
			abbyigt groups or	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		acpendent child (·						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Personal Check X No	06/	29/2017	\$100.00		\$100.00				
If yes, list Event #	ı		İ	I					

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I, MONETARY RECEIPTS (Section A-I)								
	5 (50	ection A-I)	I TYPE OF BERORE					
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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Roth		Kelli			1716			
Residential Street Address	City			State	Zip Code			
8 Bermuda Rd		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Real Estate Agent			nan Lawrence					
			abbyist spanse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
government the contract is with.	Б.	D : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Lamando		Jacqueline			1717			
Residential Street Address	City			State	Zip Code			
368 Center St		Southport		СТ	06890			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
			abbyist spanse or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Б.	D : 1						
Is this contribution associated with an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	06/	29/2017	\$375.00		\$375.00			
Last Name	First			MI	Contribution ID #			
Wolfsohn		Micah			1718			
Residential Street Address	City			State	Zip Code			
118 Wedgewood Dr		Easton		СТ	06612			
Principal Occupation		Name of Employ	er	-	=			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/.	29/2017	\$100.00		φ100.00			
	- T-				a			
Last Name	First	_		MI	Contribution ID #			
Orr		Anne			1719			
Residential Street Address	City			State	Zip Code			
5 Hidden Meadow Ln		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Designer		Viney	ard Vines					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes list Event # Cash Personal Check No	06/	29/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	I			ı				

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I MONETADY DECEMBER (CC., A.D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	T						
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	First			MI	Contribution ID #				
Debicella		Dan			1720				
Residential Street Address	City			State	Zip Code				
1 Lazybrook Rd	,	Shelton		СТ	06484				
Principal Occupation		Name of Employ	er						
EVP Strategy			g's Market Company						
			obbyist, spouse, or	A mou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with.	Data	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
Cash Personal Check	06.0	20/2017	+100.00		+400 00				
If yes, list Event # No Money Order X Credit/Debit Card	06/.	29/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Wackerman		James			1721				
Residential Street Address	City			State	Zip Code				
536 Redding Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Financial broker		Guy C	Carpenter, LLC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of Executive Legislative			x No						
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Duit	Treee.vea	1 156. Chaire Commontain						
X No Cash Personal Check	067	20/2017	¢100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	29/2017	\$100.00		\$100.00				
F									
Last Name	First			MI	Contribution ID #				
Twombly		Linda			1722				
Residential Street Address	City			State	Zip Code				
1 Running Brook Ln		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a followist:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card		•							
Last Name	First			MI	Contribution ID #				
McMahon	1 1150	Ellen		.,,,	1723				
Residential Street Address	City	Lileii		Stata					
	City	N C		State	Zip Code				
191 Marshall Ridge Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		acpendent child (or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with Yes Yes	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes list Event # Cash Personal Check No	06/	29/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card				Ī					

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I MONETA DV DECEDTO (CC A. D.								
I. MONETARY RECEIPT	5 (5)	ection A-I)	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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Gardner		Shawn			1724			
Residential Street Address	City			State	Zip Code			
65 Mill Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Real Estate agent		Willia	m Raveis					
		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with Yes Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Jaffe		Spencer			1725			
Residential Street Address	City			State	Zip Code			
59 Summersweet Ln		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er	<u> </u>				
Marketing		IBM	-					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	111104	in or commonion			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Data	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check	067	20/2017	#27F 00		¢275.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	29/2017	\$375.00		\$375.00			
LadNama	Pinnt			Lva	Contribution ID#			
Last Name	First			MI	Contribution ID #			
Lagaros	O.	Marie		a	1726			
Residential Street Address	City			State	Zip Code			
32 Pocconock Trl		New Canaan		СТ	06840			
Principal Occupation		Name of Employ						
Homemaker			emaker					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with:	_							
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check								
If yes, list Event # Money Order X Credit/Debit Card	06/.	29/2017	\$100.00		\$100.00			
-								
Last Name	First			MI	Contribution ID #			
DeFrino		Janet			1727			
Residential Street Address	City			State	Zip Code			
5 Cadlipp St		Norwalk		СТ	06853			
Principal Occupation		Name of Employ						
Investor		Alicar	nto					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (x No					
government the contract is with:								
Is this contribution associated with an event reported in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	29/2017	\$100.00		\$100.00			

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original	`	
Steve Obsitnik for Connecticut			July 10 1 ming Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
DeFrino		Peter			1728
Residential Street Address	City			State	Zip Code
5 Cudlipp St Principal Occupation	<u> </u>	Norwalk		СТ	06853
Investor		Name of Employe Alican			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution
If we sindicate which branch or branches of	0	dependent child o	if a lobbyist?	es	
government the contract is with:			x N	io l	
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	20/2017	¢100.00		¢100 00
If yes, list Event # Money Order X Credit/Debit Card	06/.	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
DeFrino		Anne			1729
Residential Street Address	City			State	Zip Code
5 Cudlipp St		Norwalk		СТ	06853
Principal Occupation		Name of Employe	er		
Student		Stude	nt		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of		dependent enna o			
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	0	
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	29/2017	\$100.00		\$100.00
If yes, list Event # Money Order X Credit/Debit Card					
Last Name	First			MI	Contribution ID #
DeFrino		Kate			1730
Residential Street Address	City			State	Zip Code
5 Cudlipp St		Norwalk		CT	06853
Principal Occupation		Name of Employe			
Student		Stude		A	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child o	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	io	
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section 31?					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	29/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Hommes	11130	Mark		1411	1731
Residential Street Address	City			State	Zip Code
63 Rockwood Ln		Greenwich		СТ	06830
Principal Occupation		Name of Employe	er		•
Banker		JPMor	gan		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	X N	io l	
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	_	
an event reported in Section J1?			55 0		
If yes list Event # Cash Personal Check No	06/	30/2017	\$100.00		\$100.00

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I MONETA DV DECEMBER (CC A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dewoing-Hommes		Carolyn			1732				
Residential Street Address	City			State	Zip Code				
63 Rockwood Ln		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er						
Consultant		Rocky	vood LLC						
			obbyist spanse or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
TAL 49 6 14 1 M - MAIL 6 49 6	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	30, 201,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Nagler	1 1150	Christian			1733				
Residential Street Address	City	Christian		State	Zip Code				
	City	Nemuelle			06854				
7 Point Rd		Norwalk		СТ	06854				
Principal Occupation		Name of Employ							
Attorney			nd & Ellis LLP						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative									
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
LiaBraaten		Clayton			1734				
Residential Street Address	City			State	Zip Code				
43055 Unison Knoll Cir		Ashburn		VA	20148				
Principal Occupation		Name of Employ	er						
Technology Executive		Micro	Strategy						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes list Event # Cash Personal Check Money Order	06/	30/2017	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Goldberg		Amy			1735				
Residential Street Address	City			State	Zip Code				
82 Compo Rd N		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Student		Stude							
			obbyict chance or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	7 111100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	ŀ					
an event reported in Section J1?	Date	Received	Asgregate Contributions						
X No Cash Personal Check	067	20/2017	#100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	J Ub/.	30/2017	\$100.00		\$100.00				

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I MONETA BY DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (Se	ection A-I)	1					
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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Castrignano		Robert			1736			
Residential Street Address	City			State	Zip Code			
1251 6th Ave		New York		NY	10020			
Principal Occupation		Name of Employ	er					
Banking			er, O'Neill					
			obbyjet enouge or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
an event reported in Section J1?			1.00.10					
x No Cash Personal Check	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	00/.	30/2017	\$100.00		φ100.00			
Last Name	First			MI	Contribution ID #			
	FIISt	Ch a m d		IVII				
Simon	o:	Cheryl		a	1737			
Residential Street Address	City			State	Zip Code			
475 Stanwich Rd	L.,	Greenwich		СТ	06831			
Principal Occupation		Name of Employ	er					
Attorney		Pitney	/ Bowes					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Yes Wethod of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event #	06/3	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Stern		Amy			1738			
Residential Street Address	City			State	Zip Code			
932 Mill Hill Rd		Southport		СТ	06890			
Principal Occupation		Name of Employ	er	<u> </u>	00030			
Retired		Retire						
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of		7 tinou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received						
an event reported in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06.1	20/2017	+100.00		+100.00			
If yes, list Event # No Money Order X Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00			
-								
Last Name	First			MI	Contribution ID #			
Sweitzer		B W			1739			
Residential Street Address	City			State	Zip Code			
27 Old Stamford Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
University Dean		St. Jo	hn's University					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00			
11 yes, his Event # Cledit/Debit Cald								

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I MONETA DV DECEMBER (C. P. A. D.								
I. MONETARY RECEIPT	S (S	ection A-I)	1					
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	n Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
West		Christopher			1740			
Residential Street Address	City			State	Zip Code			
969 Smith Ridge Rd		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
General contractor		West	Construction Corp					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in section 31:								
If yes list Event #	06/3	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card								
Last Name	First			MI	Contribution ID #			
Ethridge		Gregory			1741			
Residential Street Address	City			State	Zip Code			
585 Weed St	ĺ	New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Investor			n Patterson Global Advisers L	ıc				
			obbyist, spouse, or		ınt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	711100	ant of continuation			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions					
an event reported in Section J1?	Date	Received	Aggregate Contributions					
Cash Personal Check		20 (20 4 7	1005.00		4405.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$225.00		\$125.00			
•								
Last Name	First			MI	Contribution ID #			
Ethridge		Rebecca			1742			
Residential Street Address	City			State	Zip Code			
585 Weed St		New Canaan		СТ	06840			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a followist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with A second of contribution: Yes Yes	Date	Received	Aggregate Contributions					
an event reported in Section J1?								
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/3	30/2017	\$225.00		\$125.00			
in yes, list Event ii								
Last Name	First			MI	Contribution ID #			
Hudkins		James			1743			
Residential Street Address	City			State	Zip Code			
2 Jefferson Xing		Farmington		СТ	06032			
Principal Occupation		Name of Employ	er		-			
President		Main	Capital Corp					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	_	dependent child of	or a roodyrst?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1				
an event reported in Section J1?								
If yes, list Event # Personal Check X No	06/3	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card	ı			I				

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I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Steve Obsitnik for Connecticut									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Saxe		T Brock			1744				
Residential Street Address	City			State	Zip Code				
930 Oenoke Rdg		New Canaan		СТ	06840				
Principal Occupation		Name of Employ	er						
Real estate investment management		Tomb	rock Corporation						
			obbyist snouse or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	3/						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Tati valo to tal a — Matte valo	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
X No Cash Personal Check	06/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	00,	30, 201,	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Berardino	1 1150	Thomas			1745				
Residential Street Address	City	THOTHAS		State	Zip Code				
	City	New Canasa			06840				
295 Brushy Ridge Rd		New Canaan		СТ	06840				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (
government the contract is with: Executive Legislative			x No						
Is this contribution associated with Yes Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?									
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Galik		Diana			1746				
Residential Street Address	City			State	Zip Code				
15 Butlers Island Rd		Darien		СТ	06820				
Principal Occupation		Name of Employ	er	-					
Homemaker		Home	maker						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?									
If yes list Event #	06/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Lederman		Seth			1747				
Residential Street Address	City			State	Zip Code				
166 E 96th St		New York		NY	10128				
Principal Occupation		Name of Employ	er	I	1				
CEO			Pharma						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with Method of contribution:	Doto	Received	Aggregate Contributions	ŀ					
an event reported in Section J1?	Date	Received	Asgregate Contributions						
X No Cash Personal Check	067	20/2017	#100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	J Ub/.	30/2017	\$100.00		\$100.00				

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I MONETADY DECEMBER (CC., A.D.									
I. MONETARY RECEIPT	5 (5)	ection A-I)	T						
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	First			MI	Contribution ID #				
Smiley		Jessica			1748				
Residential Street Address	City			State	Zip Code				
208 Evergreen Ave		Brooklyn		NY	11221				
Principal Occupation		Name of Employ	er						
Social Media Director		1 '	Pharmaceuticals						
			obbyist, spouse, or	Amou	ınt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}						
government the contract is with:	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # No Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00				
J., v									
Last Name	First			MI	Contribution ID #				
Liistro		Paul			1749				
Residential Street Address	City			State	Zip Code				
1 Meadow Brook Ln		Westport		СТ	06880				
Principal Occupation		Name of Employ	er		•				
CEO of CRCC health care		Arbor	s of Hop Brook						
			obbyist spouse or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Б.	D : 1							
Is this contribution associated with an event reported in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Walsh		Jerome			1750				
Residential Street Address	City			State	Zip Code				
96 Doubling Rd		Greenwich		СТ	06830				
Principal Occupation		Name of Employ	er	•					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
Yes X No)	dependent child of							
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions						
an event reported in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	067	20/2017	\$100.00		¢100.00				
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$100.00		\$100.00				
-									
Last Name	First			MI	Contribution ID #				
Christofferson		Karen			1751				
Residential Street Address	City			State	Zip Code				
12 North Ave		Westport		СТ	06880				
Principal Occupation		Name of Employ	er						
Investment Banker		Snow	bridge Advisors						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	or a roodyrst?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	1					
an event reported in Section J1?			-						
X No Cash Personal Check	06/	30/2017	\$100.00		\$100.00				
If yes, list Event # Money Order X Credit/Debit Card	"	30/201/	φ100.00		¥100.00				

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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								
Steve Obsitnik for Connecticut July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hedman		Carl			1752			
Residential Street Address	City			State	Zip Code			
101 Smedley Rd	<u> </u>	Fairfield		СТ	06824			
Principal Occupation Executive		Name of Employe S&P G						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution			
If yes, indicate which branch or branches of	D	dependent child o	if a lobbyist?	es				
government the contract is with:			X N	0				
Is this contribution associated with an event reported in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	06/	20/2017	¢50.00		¢E0.00			
If yes, list Event # Money Order X Credit/Debit Card	06/.	30/2017	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Eaker		Dean			1753			
Residential Street Address	City			State	Zip Code			
284 Riversville Rd		Greenwich		СТ	06831			
Principal Occupation		Name of Employe	er					
Market technoloogist			Assets Holdings	•				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent enna o	x _N	60				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	<u> </u>				
an event reported in Section J1?			1-86-18-11-11-11-11-11-11-11-11-11-11-11-11-					
If yes, list Event # Cash Personal Check Money Order X Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			
If yes, list Event # Money Order X Credit/Debit Card				ļ				
Last Name	First			MI	Contribution ID #			
Munger		Stephen			1754			
Residential Street Address	City			State	Zip Code			
16 Knollwood Dr	<u> </u>	Greenwich		СТ	06830			
Principal Occupation		Name of Employe						
Investment Banker			obbyist, spouse, or	Amo	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	dependent child o		es	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x N	o				
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions					
an event reported in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	30/2017	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Wetmore		Timothy			1755			
Residential Street Address	City			State	Zip Code			
14 Guyer Rd		Westport		СТ	06880			
Principal Occupation		Name of Employe	er					
Architect			architects					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	X N					
government the contract is with: Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions	<u> </u>				
an event reported in Section J1?			30 -0					
If yes list Event # Cash Personal Check No	06/	30/2017	\$50.00		\$50.00			

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A MONEMARY DE OFFICE	G (G				
I. MONETARY RECEIPT	5 (50	ection A-I)	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	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
van Dijk		Laura			1756
Residential Street Address	City			State	Zip Code
138 Greens Farms Rd		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Management Consultant		Bain 8	& Company		
			obbyict chause or	Amou	nt of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
TAL 49 6 14 1 M - MAIL 6 49 6	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
X No Cash Personal Check	06/	30/2017	\$75.00		\$50.00
If yes, list Event # Money Order X Credit/Debit Card		•	·		·
Last Name	First			MI	Contribution ID #
Goldwasser		Dan		L	1765
Residential Street Address	City	Duli		State	Zip Code
192 Regents Park	City	Wostport		CT	06880
Principal Occupation		Westport Name of Employ	on.	CI	00000
Retired		Retire	-		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of					
government the contract is with:					
Is this contribution associated with an event reported in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1? Cash Personal Check					
If yes, list Event # Cash Credit/Debit Card	06/3	30/2017	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Goldwasser		Monique			1766
Residential Street Address	City			State	Zip Code
192 Regents Park		Westport		CT	06880
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	*		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with Method of contribution:	Date	Received	Aggregate Contributions		
an event reported in Section J1?					
× No F cash	06/3	30/2017	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Coogan		Maureen		Е	1816
Residential Street Address	City			State	Zip Code
5 Compo Pkwy		Westport		СТ	06880
Principal Occupation		Name of Employ	er		
Homemaker			emaker		
			abbyigt groups or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	. 111100	
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with Method of contribution:	Dete	Received	Aggregate Contributions		
an event reported in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06.	20/2017	#100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	J Ub/.	30/2017	\$100.00		\$100.00

I, Me	ONETARY RECI	EIPTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Re					REPORT		
Steve Obsitnik for Connecticut				July 10 Filing - 0	Original		
B. Ite	emized Contribution	s from Inc	lividuals				
Last Name		First				MI	Contribution ID #
Coogan			Joseph			В	1817
Residential Street Address		City				State	Zip Code
5 Compo Pkwy			Westport Bs				06880
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a principal of a state contractor or prospective state contractor?	Yes	x No	Is contributor a lob dependent child of		Yes	Am	ount of Contribution
If yes, indicate which branch or branches of Executive	Legislative				x _{No}		
government the contract is with: Is this contribution associated with Method of co		Date	Received	Aggregate Contribut			
an event reported in Section J1?	_	Date	Received	Aggregate Contribut	nons		
x No Cash	X Personal Chec	ek 06/	30/2017	\$ 1	00.00		\$100.00
If yes, list Event # Money (Order Credit/Debit O	Card	30,201,	Ψ-	00.00		4100.00
Last Name		First				MI	Contribution ID #
Sledge			Christine			М	1818
Residential Street Address		City				State	Zip Code
35 Bridge St # 104			Westport			СТ	06880
Principal Occupation		•	Name of Employer				
Retired			Retired	l			
Is contributor a principal of a state contractor or prospective state contractor?	Yes	x _{No}	Is contributor a lob		Yes	Am	ount of Contribution
If yes, indicate which branch or branches of			dependent child of	a lobbyist?			
government the contract is with:	Legislative				x No		
Is this contribution associated with an event reported in Section J1? Method of co	ontribution:	Date	Received	Aggregate Contribut	tions		
Cash	Personal Chec	ek					
If yes, list Event # No Money (Order Credit/Debit C	Card 06/	30/2017	\$1	00.00		\$100.00
					Total of S	Section B	\$92,840.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDU	JALS (Sectio	ns A + B)	(Total on Line 14	4, Column A of Su	ımmary Page)		\$92,840.00
	· ·		·				
I. M	IONETARY REC	EIPTS (S	Section A-I)				
NAME OF COMMITTEE (Provide Complete Name as Reg	gistered with Commissi	on)			TYPI	E OF REI	PORT
Steve Obsitnik for Connecticut					July 10 Filing	g - Original	
C1. Con	tributions from Oth	er Comm	ittees				
Name of Committee			Name of Treasurer	r			
Address		Is this cont	ribution associated wi	th an	Yes	No	Amount of Contribution
			ted in Section J1?				
			If yes, list Event #				
	State Zip Code	Date F	teceived	Aggregate Contr	ibutions		
City	<u> </u>						
				1			
	,			•			
				7	Total of Sect	ion C1	

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Total of Section D

									1 age 217 01 200
	I. MONETA	ARY RECI	EIPTS (S	ection A	A-I)				
NAME OF COMMITTEE							TY	PE OF REPORT	
Steve Obsitnik for Connecticu	ıt						July 10 Filir	g - Original	
C	2. Reimbursements or S	Surplus Dist	tributions	from ot	her Co	mmittees	•		
Name of Committee					Name o	f Treasurer			
Address Date F						Date Received		Amount of Receipt	
									-
City		State	Zip Code		Paymen				
							shared expense from exploratory	committee	
Expenditure # Description									
							Tot	al of Section C2	
									I
	I. MON	NETARY I	RECEIPT	ΓS (Sec	tion A	-I)			
NAME OF COMMITTEE							TYPE	OF REPORT	
Steve Obsitnik for Connection	eut						July 10 Filing	- Original	
	D. Loa	ans Received	d this Peri	iod					
Name of Lender				Source of	f Loan:				Date of Receipt
				Banl		Candidate	Individua	Other	•
Street Address			City				State	Zip Code	Is there a cosigner or Guarantor of this loan?
									Yes No
Name of Cosigner/Guarantor (if applicable									Amount Received
0									
Street Address			City				State	Zip Code	

	I. MC	ONETARY RECE	IPTS (Section A-I)						
NAME OF COMMITTEE						TYPE OF REPO	ORT		
Steve Obsitnik for Connec	eticut				J	July 10 Filing - Original			
E. Personal	Funds of the Candidate	Received this Perio	d (Candidate Commit	ttees ONL	Y)				
Date of Receipt	Method of Payment Cash	Personal Cl	heck Credit/I	Debit Card		Amount			
					Tota	al of Section E			
	I.	. Monetary Receip	ts (Section A-I)						
NAME OF COMMITTEE	NAME OF COMMITTEE					TYPE OF REPO	RT		
Steve Obsitnik for Connec	cticut				July	10 Filing - Original			
G. Interest from Deposits in Authorized Accounts									
Name of Institution				Da	nte Receiv	ved	Amount		
Street Address		City		State		Zip Code	-		
		<u> </u>				Total of Section G			
	I. MO	NETARY RECEI	PTS (Section A-I)						
NAME OF COMMITTEE					1	ГҮРЕ OF REPORT	,		
Steve Obsitnik for Connec	eticut				July ⁴	10 Filing - Original			
	H. Public Grant F	unds Received from	the Citizens' Election	ı Fund					
Purpose of Grant:		Grant Cycle:				Date Received	Amount		
Initial Supplemental	Grant Adjustment /Post Election Deficit	Primary	General Election	Special Elect	ion				
						Total of Section H			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				TYPE OF REPORT					
Steve Obsitnik for Connecticut			July 1	0 Filing - Original					
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name			Date o	f Transaction	Amount Received				
Street Address	City	State		Zip Code					
Description									
				Total of Section I					

	II. EVENT ACTIVITY	(Sections J	J1 - J4)								
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Com	nmission)			TYPE	OF REPO	RT				
Steve Obsitnik for Connecticut					July 10 Filing - O	July 10 Filing - Original					
	J1. Event Inform	nation									
Event # Date of Event 04/02/2017 Letter A	Description Meet and Greet Event					Was this	a fundraisin	ng event?			
Location: Street Address 26 Cherry Tree La				City Riverside		•	State CT	Zip Code 06878			
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	aired information for			ed			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. No						ns and					
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re-	ceipts here.)				\$0.00			
Event # Date of Event 04/03/2017 Letter A	Description Meet and Greet Event					Was this	a fundraisin	ng event?			
Location: Street Address 14 Adams Farm Rd				City New Cana	ian		State CT	Zip Code 06840			
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party an- host(s) for food, bever	d complete requ	aired information for			ed			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00			
Event # Date of Event	Description Meet and Greet Event						a fundraisin Yes	ng event?			
Location: Street Address 233 Marvin Ridge Rd				City Darien			State CT	Zip Code 06840			
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section Je with a House Party an host(s) for food, bever	d complete requ	aired information for			ed			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info	3 In-Kind Donations not Considered Contributions and formation.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? X No							\$0.00				

	II. EVENT ACTIVITY	(Sections J	J1 - J4)							
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Com	mission)			TYPE	OF REPO	RT			
Steve Obsitnik for Connecticut					July 10 Filing - Original					
	J1. Event Inforn	nation								
Event # Date of Event	Description Meet and Greet Event					Was this a	fundraisin Tes	g event?		
Location: Street Address 494 Main St				City Monroe			State CT	Zip Code 06468		
Was this event hosted at a personal residence? Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Ass with a House Party and complete required information for any puchases mad host(s) for food, beverage and invitations.								ed		
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 Is complete required inform		ons not Considered	Contributions	s and			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No							\$0.00			
Event # Date of Event	Description Meet and Greet Event					Was this a	fundraisin Yes	g event?		
Location: Street Address 90 Field Point Cir				City Greenwich			State CT	Zip Code 06830		
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.							
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes No	If yes, to to Section J3 In complete required inform		ons not Considered	Contributions	and			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rece	eipts here.)				\$0.00		
Event # Date of Event	Description Meet and Greet Event					Was this a	fundraisin Yes	g event?		
Location: Street Address 5 Covlee Dr				City Westport			State CT	Zip Code 06880		
Was this event hosted at a personal residence?	X Yes No	with a House Party and complete required information for any puchases made by								
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Receipts here.)					\$0.00		

	II. EVENT ACTIVITY	(Sections J	J1 - J4)							
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	mission)			TYPE	OF REPO	RT			
Steve Obsitnik for Connecticut					July 10 Filing - Original					
	J1. Event Inforn	nation								
Event # Date of Event 05/07/2017 Letter A	Description Meet and Greet Event					Was this a	fundraisin	g event?		
Location: Street Address 2 Pequot Trl				City Westport			State CT	Zip Code 06880		
Was this event hosted at a personal residence? X Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Asso with a House Party and complete required information for any puchases made host(s) for food, beverage and invitations.								ed		
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	and			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No						\$0.00				
Event # Date of Event	Description Meet and Greet Event					Was this a	fundraisin	g event?		
Location: Street Address 5 Covlee Dr				City Westport			State CT	Zip Code 06880		
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.							
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	s and			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Rec	ceipts here.)				\$0.00		
Event # Date of Event	Description Meet and Greet Event					Was this a	fundraising	g event?		
Location: Street Address 6 Richmond Rd				City Rowayton			State CT	Zip Code 06853		
Was this event hosted at a personal residence?	X Yes No	with a House Party and complete required information for any puchases made by								
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes X No	complete required information.							
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Receipts here.)					\$0.00		

	II. EVENT ACTIVITY	(Sections J	J1 - J4)						
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Com	mission)			TYPE	OF REPO	RT		
Steve Obsitnik for Connecticut					July 10 Filing - Original				
	J1. Event Inform	nation		l					
Event #	Description					Was this a	fundraisin	g event?	
Date of Event Letter A	Meet and Greet Event					X y	res	No	
Location: Street Address				City			State	Zip Code	
25 Van Zant St # 19C				Norwalk			СТ	06855	
Was this event hosted at a personal residence? Yes if yes, go to Section J4 In-Kind Donations not Considered Contributions Associate with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.							ċd		
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required information		ons not Considered	Contributions	and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No								\$0.00	
Event #	Description					Was this a	fundraisin	g event?	
Date of Event Letter B	Meet and Greet Event					X y	/es	No	
Location: Street Address				City			State	Zip Code	
2 Owenoke Park				Westport			СТ	06880	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.						
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ons not Considered	Contributions	and		
Subpart 1:		Yes	s (If yes, enter Total Receipts here.)						
Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	x No		,				\$0.00	
Event #	Description					Was this a	fundraisin	g event?	
Date of Event Letter A	Meet and Greet Event					X Y	/es	No	
Location: Street Address 888 North St				City Greenwich	ı	•	State CT	Zip Code 06831	
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bevera	l complete requi	ired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	complete required information.						
Subpart 1:		Yes	(If yes, enter Total Rec	eipts here.)					
Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	X No						\$0.00	

	II. EVENT ACTIVITY	(Sections	J1 - J4)						
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Com	nmission)			TYPE	OF REPO	ORT		
Steve Obsitnik for Connecticut					July 10 Filing - Original				
	J1. Event Inform	nation							
Event # Date of Event 05/21/2017 Letter A	Description Meet and Greet Event					Was this	a fundraisir Yes	ng event?	
Location: Street Address 77 Havemeyer La 16				City Stamford		•	State CT	Zip Code 06902	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	aired information for			ed	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.						ns and			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00	
Event # Date of Event	Description Meet and Greet Event					Was this	a fundraisir Yes	ng event?	
Location: Street Address 20 Ketchum St				City Westport			State CT	Zip Code 06880	
Was this event hosted at a personal residence?		Yes X No		d complete requ	aired information for	nsidered Contributions Associated atton for any puchases made by			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00	
Event # Date of Event	Description Meet and Greet Event					Was this	a fundraisir Yes	ng event?	
Location: Street Address 1 Sasqua Rd				City Norwalk			State CT	Zip Code 06855	
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section Je with a House Party an host(s) for food, bever	d complete requ	aired information for			ed	
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X 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 purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Receipts here.)						

	II. EVENT ACTIVITY	(Sections J	J1 - J4)							
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	nmission)			TYPE	OF REPC	RT			
Steve Obsitnik for Connecticut					July 10 Filing - O	July 10 Filing - Original				
	J1. Event Inform	nation								
Event # Date of Event 05/25/2017 Letter A	Description Meet and Greet Event						a fundraisin Yes	g event?		
Location: Street Address 279 Sound Beach Ave FI 2				City Old Green	ıwich	•	State CT	Zip Code 06870		
Was this event hosted at a personal residence?		Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	aired information for			ed		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Consider to complete required information.					ions not Considered	Contribution	ns and			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00		
Event # Date of Event	Description Meet and Greet Event					l—	a fundraisin Yes	g event?		
Location: Street Address 500 Steamboat Rd				City Greenwich	า		State CT	Zip Code 06830		
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.							
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00		
Event # Date of Event	Description Meet and Greet Event						a fundraisin Yes	g event?		
Location: Street Address 300 Mansfield Ave				City Darien			State CT	Zip Code 06820		
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	aired information for			ed		
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X 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 purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Receipts here.)							

	II. EVENT ACTIVITY	(Sections	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	mplete Name as Registered with Com	nmission)			TYPE	OF REPC	RT	
Steve Obsitnik for Connecticut					July 10 Filing - O	riginal		
	J1. Event Inform	nation						
Event # Date of Event 06/02/2017 Letter A	Description Meet and Greet Event						a fundraisin	ng event?
Location: Street Address 15 Nearwater Rd				City Norwalk			State CT	Zip Code 06853
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J ² with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00
Event # Date of Event 06/07/2017 Letter A	Description Meet and Greet Event						a fundraisin	ng event?
Location: Street Address 1700 Broadway				City New York			State NY	Zip Code 10019
Was this event hosted at a personal residence?		Yes X No	if yes, go to Section Je with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Re	ceipts here.)				\$0.00
Event # Date of Event	Description Meet and Greet Event						a fundraisin Yes	ng event?
Location: Street Address 11 Equestrian Trl				City Weston			State CT	Zip Code 06883
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section Je with a House Party an host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Re	ceipts here.)				\$0.00

	II. EVENT ACTIV	VITY (Sections J1	- J4)		
NAME OF COMMITTEE (Providence)	de Complete Name as Registered wit	h Commission)		TYPE O	F REPORT
Steve Obsitnik for Connecticu	ıt			July 10 Filing - Orig	jinal
	J1. Event I	nformation			
Frank #					
Event # Date of Event	Description Meet and Greet Event				Was this a fundraising event? X Yes No
Location: Street Address			City		State Zip Code
9 W Broad St			Stamford		CT 06902
Was this event hosted at a personal residence	ee?	v	if yes, go to Section J4 In-Kind Donat with a House Party and complete requ host(s) for food, beverage and invitation	ired information for ar	
Did this fundraiser include items donated by donated by an individual of up to \$100?	y a business entity of up to \$200 or items		If yes, to to Section J3 In-Kind Donati complete required information.	ions not Considered Co	ontributions and
Subpart 1: Was this fundraiser a tag sale, auction, or ot purchases from an individual of up to \$100?		Yes ((If yes, enter Total Receipts here.)		\$0.00
Event # Date of Event	Description Meet and Greet Event				Was this a fundraising event? X Yes No
Location: Street Address 100 Harbor Dr			City Greenwich	1	State Zip Code CT 06830
Was this event hosted at a personal residence	pe?	v	if yes, go to Section J4 In-Kind Donat with a House Party and complete requ host(s) for food, beverage and invitation	ired information for ar	
Did this fundraiser include items donated by donated by an individual of up to \$100?	y a business entity of up to \$200 or items		If yes, to to Section J3 In-Kind Donati complete required information.	ions not Considered Co	ontributions and
Subpart 1: Was this fundraiser a tag sale, auction, or ot purchases from an individual of up to \$100?		Yes ((If yes, enter Total Receipts here.)		\$0.00
Event # Date of Event	Description Meet and Greet Event				Was this a fundraising event? X Yes No
Location: Street Address 1118 Cross Hwy			City Fairfield		State Zip Code CT 06824
Was this event hosted at a personal residence	e?	v	if yes, go to Section J4 In-Kind Donat with a House Party and complete requ host(s) for food, beverage and invitation	ired information for ar	
Did this fundraiser include items donated by donated by an individual of up to \$100?	y a business entity of up to \$200 or items		If yes, to to Section J3 In-Kind Donati complete required information.	ions not Considered Co	ontributions and
Subpart 1: Was this fundraiser a tag sale, auction, or ot purchases from an individual of up to \$100?		Yes ((If yes, enter Total Receipts here.)		\$0.00

	II. EVENT ACTIVITY	(Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	mission)			TYPE	OF REPORT	Γ	
Steve Obsitnik for Connecticut					July 10 Filing - O	riginal		
	J1. Event Inforn	nation						
Event # Date of Event Letter	Description Meet and Greet Event					Was this a fu	ndraising eve	ent?
06/16/2017 A	lifeet and Greet Event					X Yes	; <u> </u>	No
Location: Street Address 1615 Cross Hwy				City Fairfield			I -	Code 824
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, beverage	complete requi	red information for			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	sess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 I complete required infor		ons not Considered	Contributions a	nd	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Reco	eipts here.)				\$0.00
Event # Date of Event 06/20/2017 Letter A	Description Meet and Greet Event					Was this a fu		ent? No
Location: Street Address 28 Compo Pkwy				City Westport			I -	Code 880
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, beverage	complete requi	red information for			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	sess entity of up to \$200 or items	Yes No	If yes, to to Section J3 I complete required infor		ons not Considered	Contributions a	nd	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Reco	eipts here.)				\$0.00
Event # Date of Event	Description Meet and Greet Event					Was this a fu		ent? No
Location: Street Address 77 Havemeyer Ln # 16				City Stamford			I -	Code 902
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, beverage	complete requi	red information for			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	Yes X No	If yes, to to Section J3 I complete required infor		ons not Considered	Contributions a	nd	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Reco	eipts here.)				\$0.00

	II. EVENT ACTIVITY	(Sections J	J1 - J4)					
NAME OF COMMITTEE (Provide Con	mplete Name as Registered with Com	nmission)			TYPE	OF REPO	RT	
Steve Obsitnik for Connecticut					July 10 Filing - O	riginal		
	J1. Event Inform	nation						
Event # Date of Event 06/23/2017 Letter A	Description Meet and Greet Event						a fundraisin Yes	g event?
Location: Street Address 10 Woodside Dr				City Greenwich	ı	•	State CT	Zip Code 06830
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00
Event # Date of Event	Description Meet and Greet Event						a fundraisin Yes	g event?
Location: Street Address 196 Bible St				City Cos Cob			State CT	Zip Code 06807
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes X No	(If yes, enter Total Red	ceipts here.)				\$0.00
Event # Date of Event	Description Meet and Greet Event						a fundraisin Yes	g event?
Location: Street Address 38 Byfield Ln				City Greenwich	1		State CT	Zip Code 06830
Was this event hosted at a personal residence?		X Yes No	if yes, go to Section J4 with a House Party and host(s) for food, bever	d complete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ness entity of up to \$200 or items	Yes X No	If yes, to to Section J3 complete required info		ions not Considered	Contribution	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with	Yes No	(If yes, enter Total Red	ceipts here.)				\$0.00

	II. EVENT ACTIVITY	(Section	ons J	1 - J4)					
NAME OF COMMITTEE (Provide Cor	nplete Name as Registered with Com	nmission)				TYPE	OF REP	ORT	
Steve Obsitnik for Connecticut	1					July 10 Filing - O	riginal		
	J1. Event Inform	nation							
Event # Date of Event	Description Meet and Greet Event						Was this	s a fundraisii Yes	ng event?
Location: Street Address 267 Ivy Hill Rd	·				ity idgefield			State	Zip Code 06877
Was this event hosted at a personal residence?		$\overline{}$	Yes No	if yes, go to Section J4 In- with a House Party and con host(s) for food, beverage	mplete requ	ired information for			eed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items		Yes No	If yes, to to Section J3 In-Icomplete required informa		ons not Considered	Contribution	ons and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Receipt	ts here.)				\$0.00
Event # Date of Event	Description Meet and Greet Event						Was this	s a fundraisii Yes	ng event?
Location: Street Address 766 Old Post Rd					^{ity} airfield			State CT	Zip Code 06824
Was this event hosted at a personal residence?		$\overline{}$	Yes No	if yes, go to Section J4 In- with a House Party and con host(s) for food, beverage	mplete requ	ired information for			ted
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items		Yes No	If yes, to to Section J3 In-I complete required informa		ons not Considered	Contributi	ons and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Receipt	ts here.)				\$0.00
Event # Date of Event 06/28/2017 Letter A	Description Meet and Greet Event						Was this	s a fundraisii Yes	ng event?
Location: Street Address 410 Willow Tree Ridge Rd					ity Parien			State CT	Zip Code 06820
Was this event hosted at a personal residence?			Yes No	if yes, go to Section J4 In- with a House Party and con host(s) for food, beverage	mplete requ	ired information for			ed
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items		Yes No	If yes, to to Section J3 In-I complete required informa		ons not Considered	Contributi	ons and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Receipt	ts here.)				\$0.00

	II. EVENT	Γ ACTIVITY	(Section	ons J	l - J4)						
NAME OF COMMITTEE (Provide	Complete Name as Regi	istered with Com	mission)					ТҮРЕ (OF REP	PORT	
Steve Obsitnik for Connecticut								July 10 Filing - Or	riginal		
	J1	l. Event Inforn	nation								
Event # Date of Event 06/29/2017 Letter A	Description Meet and Greet Ev	rent							Was the	is a fundra	ising event?
Location: Street Address 95 Country Club Rd							City New Can	aan		State	Zip Code 06840
Was this event hosted at a personal residence?				Yes No	with a Hou	ise Party and		ations not Considered quired information for tions.			
Did this fundraiser include items donated by a bidonated by an individual of up to \$100?	ousiness entity of up to \$200 or	items	_	Yes No	-	Section J3 equired info		ations not Considered (Contributi	ions and	
Subpart 1: Was this fundraiser a tag sale, auction, or other purchases from an individual of up to \$100?	sale of donated items with		_	Yes No	(If yes, ent	er Total Red	ceipts here.)				\$0.00
							T	otal of Section J1			\$0.00
	II.EV	ENT ACTIV	ITY (Se	ectior	ıs J1 - J	J4)	1				
NAME OF COMMITTEE (Provide	Complete Name as Reg	gistered with Con	nmission))				TYPE OF		RT	
Steve Obsitnik for Connecticut							ľ	uly 10 Filing - Origin	ıaı		
	J3. In-Kind Donat	tions Not Consi	idered C	Contri	butions						
Name of the Donor											
Street Address					City					State	Zip Code
Donation Given by:	Description of Donation										arket Value of
Individual		ı			1				_	1	-chatton
Business Entity	Date Received	Event #				A	ggregate valu	e for this event			
Sole Proprietorship											
								Total of Section	n J3		

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	II.EVENT ACTIVITY (Sect	ions J1 - J4)					
NAME OF COMMITTEE (Provide 0	Complete Name as Registered with Commission)			TYPE	OF REP	ORT	
Steve Obsitnik for Connecticut				July 10 Filing	յ - Origina	I	
J4. In-Kir	nd Donations Not Considered Contributions Asso	ciated with a H	ouse Part	y			
Name of Host			Is this event	supporting more	than one c	andidate?	
Geoff Bradshaw-Mack			Yes	X No	If yes, c Addend	-	mization in
Street Address		City	•			State	Zip Code
11 Equestrian Trl		Weston				СТ	06883
Description of Donation Food for receptioin							arket Value of Donation
Event # 06112017A	Aggregate value of this Event - all hosts \$280.00	Aggregate val	ue of all Event	s - this host/cand	idate 50.00		\$150.00
Name of Host Blaine Marder			Is this event	supporting more X No		omplete Ite	mization in
Street Address		City	ļ			G	7' 0 1
38 Byfield Ln		Greenwich				State	Zip Code 06830
Description of Donation Food for reception							arket Value of Donation
Event # 06242017A	Aggregate value of this Event - all hosts \$165.00	Aggregate val	ue of all Event	s - this host/candi	idate 25.00		\$125.00
Name of Host Wayne Cooper			Is this event	supporting more X No		omplete Ite	mization in
Street Address		City				1	
10 Woodside Dr		Greenwich				State	Zip Code 06830
Description of Donation Food for receptioin							arket Value of Donation
Event # 06232017A	Aggregate value of this Event - all hosts \$400.00	Aggregate val	ue of all Event	s - this host/cand	idate 00.00		\$200.00

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Name of Host			Is this event supporting more than one	candidate?	mization in
Preston Henske			Yes X No Addend	-	mization in
Street Address		City		State	Zip Code
196 Bible St		Cos Cob		СТ	06807
Description of Donation Food and beverage					arket Value of Oonation
Event # 06242017B	Aggregate value of this Event - all hosts \$263.04	Aggregate valu	ue of all Events - this host/candidate \$263.04		\$263.04
Name of Host			Is this event supporting more than one	candidate?	
Jim Stirling				complete Iter	mization in
Street Address		City		State	Zip Code
766 Old Post Rd		Fairfield		СТ	06824
Description of Donation Food and beverage					arket Value of Oonation
Event # 06272017A	Aggregate value of this Event - all hosts \$120.00	Aggregate valu	ue of all Events - this host/candidate \$120.00		\$120.00
Name of Host			Is this event supporting more than one	ann didata?	
Thad Eidman				complete Iter	mization in
Street Address		City		State	Zip Code
2 Pequot Trl		Westport		СТ	06880
Description of Donation Food and beverage					arket Value of Oonation
Event # 05112017A	Aggregate value of this Event - all hosts \$172.00	Aggregate valu	ue of all Events - this host/candidate \$50.00		\$50.00
			Lear a a	*1.0	
Name of Host			Is this event supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second supporting more than one of the second support suppor	candidate? complete Itei	mization in
Martin Bell		Les.	Yes X No Addend	lum J4	
Street Address 5 Covelee Dr		City Westport		State CT	Zip Code 06880
Description of Donation Food and beverage					arket Value of Oonation
Event # 05112017A	Aggregate value of this Event - all hosts \$172.00	Aggregate valu	ue of all Events - this host/candidate \$122.00		\$122.00

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Name of Host			Is this event supporting more than one of	candidate?	mization in
George Hawes			Yes X No Addend	-	mzación m
Street Address		City	•	State	Zip Code
6 Richmond Rd		Rowayton		СТ	06855
Description of Donation Food and beverage					arket Value of Jonation
Event # 06152017A	Aggregate value of this Event - all hosts \$75.00	Aggregate valu	ue of all Events - this host/candidate \$75.00		\$75.00
Name of Host			Is this event supporting more than one	candidate?	
Wayne LoCurto				complete Iter	nization in
Street Address		City		State	Zip Code
2 Owenoke Park		Westport		СТ	06880
Description of Donation Food and beverage					arket Value of Jonation
Event # 05162017B	Aggregate value of this Event - all hosts \$180.00	Aggregate valu	ue of all Events - this host/candidate \$180.00		\$180.00
			lear a a		
Name of Host Chris York			Is this event supporting more than one of Yes X No Addendard	complete Iter	mization in
Street Address		City		State	Zip Code
77 Havemeyer Ln # 16		Stamford		СТ	06902
Description of Donation Food and beverage					arket Value of Jonation
Event # 05212017A	Aggregate value of this Event - all hosts \$30.00	Aggregate valu	ue of all Events - this host/candidate \$30.00		\$30.00
Name of Host			Is this event supporting more than one of	candidate? complete Itei	nization in
Michael Gilerman			Yes X No Addend	-	
Street Address		City		State	Zip Code
1 Sasqua Rd		Norwalk		СТ	06855
Description of Donation Food and beverage					arket Value of Jonation
Event # 05232017A	Aggregate value of this Event - all hosts \$40.00	Aggregate valu	ue of all Events - this host/candidate \$40.00		\$40.00

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Name of Host			Is this event supporting more than one of		migation in
Geoff Mack			Yes X No Addend	-	mization in
Street Address		City	•	State	Zip Code
11 Equestrian Trl		Weston		СТ	06883
Description of Donation Food and beverage					arket Value of Conation
Event # 06112017A	Aggregate value of this Event - all hosts \$280.00	Aggregate val	ue of all Events - this host/candidate \$130.00		\$130.00
Name of Host			Is this event supporting more than one of	andidate?	
Paul Keblish				omplete Ite	mization in
Street Address		City		State	Zip Code
1815 Cross Hwy		Fairfield		СТ	06824
Description of Donation Food and beverage					arket Value of Donation
Event # 06162017A	Aggregate value of this Event - all hosts \$90.00	Aggregate val	ue of all Events - this host/candidate \$90.00		\$90.00
Name of Host			Is this arount around rive more than one	andidata?	
Julie Chandler			Is this event supporting more than one of Yes X No Addend	omplete Ite	mization in
Street Address		City	•	State	Zip Code
28 Compo Pkwy		Westport		СТ	06880
Description of Donation Food and beverage					arket Value of Oonation
Event # 06202017A	Aggregate value of this Event - all hosts \$165.00	Aggregate val	ue of all Events - this host/candidate \$165.00		\$165.00
		•	Lan a a		
Name of Host			Is this event supporting more than one of Yes X No Added		mization in
Wayne Cooper		City	Yes X No Addend	um J4	
Street Address 10 Woodside Dr		Greenwich		State CT	Zip Code 06830
Description of Donation Food and beverage					arket Value of Oonation
Event #					

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267 Ivy Hill Rd					Ridgefield				СТ	06877
Description of Donation Food and beverage				l						Iarket Value of Donation
Event # 06252017A	Aggregate value of this Ever	nt - all hosts	\$:	30.00	Aggregate valu	ue of all E	vents - this host/	candidate \$30.00		\$30.00
							Total of S	Section J4		\$2,010.04
	III. NONM	10NET	ARY RECE	CIPTS (S	Sections K -	L)				
NAME OF COMMITTEE (Provide 0					Sections K -	L)	TY	PE OF REF	PORT	
NAME OF COMMITTEE (Provide of Steve Obsitnik for Connecticut					Sections K -		TY) July 10 Filing -		PORT	
	Complete Name as Regi:	stered witl			Sections K -				PORT	
Steve Obsitnik for Connecticut	Complete Name as Regi:	stered witl	h Commission)		Sections K -				PORT	
	Complete Name as Regi:	stered witl	h Commission)		Sections K -				PORT	
Steve Obsitnik for Connecticut	Complete Name as Regi:	stered witl	h Commission)		City					Zip Code
Steve Obsitnik for Connecticut Name	Complete Name as Regis K. In	n-Kind C	h Commission)		City					Zip Code
Name Street Address Is this contribution associated with an event reporte Section J1? If yes, list Event#	Complete Name as Regis K. In	n-Kind C	h Commission) Contributions Description of In-R	Kind Contrib	City			Original	State	
Name Street Address Is this contribution associated with an event reported Section J1?	Complete Name as Regis K. In	n-Kind C	h Commission) Contributions	Kind Contribu	City ution		July 10 Filing -		State Fair Ma	Zip Code arket Value of this Contribution
Name Street Address Is this contribution associated with an event reporte Section J1? If yes, list Event# Is Contributor a lobbyist, spouse, or dependent chil	K. II ed in Yes No	n-Kind C	Description of In-F	Kind Contribu	City ution	te	July 10 Filing -	Yes No Legislative	State Fair Ma	arket Value of this
Name Street Address Is this contribution associated with an event reporte Section J1? If yes, list Event# Is Contributor a lobbyist, spouse, or dependent chil of a lobbyist? Type of Contributor:	K. In Red in Yes No	n-Kind C	Description of In-Future a principal of a s	Kind Contribution of the state contracts anch or branch is with:	City ution	te	July 10 Filing -	Yes No Legislative	State Fair Ma	arket Value of this

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				Deposit Made	
Residential Street Address	Ci	ty	State	Zip Code		Amount of Deposit	
Name of Telephone company							
Street Address City State Zip Code							
Total of Section L							

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O					F REPORT		
Steve Obsitnik for Con	nnecticut		July 10 Filing - O				
	N. Expenses Paid By Commi	ittee					
Name of Payee Gulf Party Line Corporati	on		Payment	. =	neck #		
Street Address 4000 Lake Beau Pre Blvd	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture# Ev licable)	vent#		\$5.26		
Name of Payee Gulf Party Line Corporation Date of Payment 04/02/2017					Method of Payment Check # Debit Card X EFT		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees	<u>, </u>			Amount		
Is this expenditure coordinate which reimbursement is soughtful tyes, assign an Expenditure		diture # Ev licable)	vent #		\$12.80		
Name of Payee Gulf Party Line Corporati	ion		f Payment 3/2017	ı =	neck #		
Street Address 4000 Lake Beau Pre Blvc	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
which reimbursement is soug		diture # Ev	vent #		\$17.58		

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT		
Steve Obsitnik for Cor	nnecticut		July 10 Filing - C	Driginal			
	N. Expenses Paid By Commi	ttee					
Name of Payee Gulf Party Line Corporati	on		Date of Payment 04/04/2017	. =	neck# ebit Card		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$33.75		
Name of Payee Gulf Party Line Corporation Date of Payment 04/05/2017					Method of Payment Check # Debit Card X EFT		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees	-			Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$9.60		
Name of Payee Gulf Party Line Corporati	ion		Date of Payment 04/06/2017	. =	neck# ebit Card		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
which reimbursement is sough		diture # licable)	Event #		\$3.20		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O					OF REPORT		
Steve Obsitnik for Cor	nnecticut		July 10 Filing - O				
	N. Expenses Paid By Commi	ttee					
Name of Payee Gulf Party Line Corporati	on		ate of Payment 4/07/2017	. =	neck # ebit Card		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zin Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$9.60		
Name of Payee Gulf Party Line Corporation Date of Payment 04/08/2017					Method of Payment Check # Debit Card X EFT		
Street Address 4000 Lake Beau Pre Blvo	i # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees	-			Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$9.74		
Name of Payee Gulf Party Line Corporati	ion		ate of Payment 4/09/2017	. =	neck # ebit Card		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
which reimbursement is sough		diture # licable)	Event #		\$12.21		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission	on)		ТҮРЕ О	PE OF REPORT		
Steve Obsitnik for Cor	nnecticut			July 10 Filing - C	Original		
	N. Expenses Paid By Co	ommittee					
Name of Payee Gulf Party Line Corporati	ion		Date of Pays 04/10/20		. =	eck #	
Street Address 4000 Lake Beau Pre Blvd	d # 63	City Baton Rouge	•		State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees	·				Amount	
which reimbursement is sous	ed with another candidate for 2ht? Yes X No x # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	#		\$12.80	
Name of Payee Date of Payment Scott Howell & Company 04/10/2017					Method of Payment Check # Debit Card X EFT		
Street Address 3900 Willow St Ste 200		City Dallas			State TX	Zip Code 75226	
Purpose of Expend CNSLT	Description Media training	·				Amount	
which reimbursement is sous	ed with another candidate for 2ht? Yes X No x # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #	#		\$4,000.00	
Name of Payee Tusk Productions, LLC			Date of Pays 04/10/20		1 =	eck #	
Street Address 38 Lakewood Dr		City Denville			State NJ	Zip Code 07834	
Purpose of Expend CNSLT	Description March retainer for fundraising consulting services					Amount	
which reimbursement is sough	ed with another candidate for Yes X No	Expenditure # (if applicable)	Event #	#		\$5,000.00	

NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	E OF REPORT		
Steve Obsitnik for Con	necticut		July 10 Filing - C	Driginal		
	N. Expenses Paid By Commi	ttee	<u>'</u>			
Name of Payee Lliam Morrison			Date of Payment	Method of Payment Check # Debit Card X EFT		
Street Address 96 Bishop St		City New Haven		State Zip Code CT 06511		
Purpose of Expend CNSLT	Description Consulting support services			Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou			Event #	\$5,000.00		
Name of Payee Lliam Morrison			Date of Payment	Method of Payment Check # Debit Card X EFT		
Street Address 96 Bishop St		City New Haven		State Zip Code CT 06511		
Purpose of Expend RMB	Description Name badgers, inserts, & mileage			Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou			Event #	\$117.56		
Name of Payee Lliam Morrison			Date of Payment	Method of Payment Check # Debit Card X EFT		
Street Address 96 Bishop St		City New Haven		State Zip Code CT 06511		
Purpose of Expend OVHD	Description Mileage reimbursement			Amount		
Is this expenditure coordinate which reimbursement is soughtful to the sou			Event #	\$253.80		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT		
Steve Obsitnik for Con	necticut			July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Tusk Productions, LLC			Date of Payr		1 =	neck # ebit Card	
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 Event # Event # (if applicable)						\$661.23	
Name of Payee Date of Payment Gulf Party Line Corporation 04/11/2017					Method of Payment Check # Debit Card X EFT		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		nditure # plicable)	Event #			\$3.20	
Name of Payee Gulf Party Line Corporati	on		Date of Payr		1 =	neck # ebit Card	
Street Address 4000 Lake Beau Pre Blvo	i # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure	—	nditure # plicable)	Event #			\$6.40	

NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ С	OF REPORT	F REPORT		
Steve Obsitnik for Con	nnecticut		July 10 Filing - 0	Original			
	N. Expenses Paid By Commi	ttee					
Name of Payee Tusk Productions, LLC			Date of Payment 04/12/2017	1 =	neck # ebit Card		
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 coordinate which reimbursement is sough If yes, assign an Expenditure			Event #		\$5,000.00		
Name of Payee United States Postal Service Date of Payment 04/12/2017					Method of Payment Check # X Debit Card 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 coordinate which reimbursement is soug If yes, assign an Expenditure			Event #		\$9.80		
Name of Payee Gulf Party Line Corporati	ion		Date of Payment 04/13/2017	1 =	neck # ebit Card		
Street Address 4000 Lake Beau Pre Blvc	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
which reimbursement is soug		liture # icable)	Event #		\$3.20		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O						OF REPORT		
Steve Obsitnik for Cor	nnecticut			July 10 Filing - C				
	N. Expenses Paid By Com	mittee						
Name of Payee Gulf Party Line Corporati	ion		Date of Payr		1 =	neck # ebit Card		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge	•		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees					Amount		
which reimbursement is sous	— 1	enditure # pplicable)	Event #	!		\$4.95		
Name of Payee Date of Payment Universal Printing & Mailing Services Inc 04/14/2017					Method of Payment Check # Debit Card X EFT			
Street Address 90 Tunxis Hill Rd		City Fairfield			State CT	Zip Code 06825		
Purpose of Expend PRNT	Description Form B printing	·				Amount		
which reimbursement is sous	— I	enditure # pplicable)	Event #	!		\$58.49		
Name of Payee Gulf Party Line Corporat	ion		Date of Payr 04/15/20		. =	neck # ebit Card		
Street Address 4000 Lake Beau Pre Blvo	d # 63	City Baton Rouge			State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees					Amount		
which reimbursement is sour	=	enditure # pplicable)	Event #	:		\$3.20		

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					E OF REPORT		
Steve Obsitnik for Con	necticut			July 10 Filing - C	Original		
	N. Expenses Paid By Comm	nittee					
Name of Payee Gulf Party Line Corporati	on		Date of Pays		. =	neck# ebit Card	
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
Is this expenditure coordinate which reimbursement is soughtfy yes, assign an Expenditure		enditure # oplicable)	Event #	ŧ		\$11.48	
Name of Payee Date of Payment Gulf Party Line Corporation 04/18/2017					Method of Payment Check # Debit Card X EFT		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		enditure # oplicable)	Event #	ŧ		\$18.30	
Name of Payee Gulf Party Line Corporati	ion	_	Date of Payr		ı =	neck# ebit Card	
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
Is this expenditure coordinate which reimbursement is soughtfyes, assign an Expenditure		enditure # oplicable)	Event #	ŧ		\$3.20	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O					OF REPORT		
Steve Obsitnik for Con	necticut			July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee	l				
Name of Payee Lenovo			Date of Payr		X Do	rment neck # ebit Card	
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? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)						\$1,982.99	
Name of Payee Date of Payment Gulf Party Line Corporation 04/20/2017					Method of Payment Check # Debit Card X EFT		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		nditure # plicable)	Event #			\$16.85	
Name of Payee Gulf Party Line Corporati	on		Date of Payn		1 =	neck# ebit Card	
Street Address 4000 Lake Beau Pre Blvo	i # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is soug	—	nditure # plicable)	Event #			\$7.55	

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT		
Steve Obsitnik for Cor	nnecticut		July 10 Filing - C				
	N. Expenses Paid By Commi	ittee					
Name of Payee Gulf Party Line Corporati	on		Pate of Payment 194/22/2017	. =	neck # ebit Card		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure	□	diture # licable)	Event #		\$9.60		
Name of Payee Gulf Party Line Corporation Date of Payment 04/23/2017					Method of Payment Check # Debit Card X EFT		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$9.60		
Name of Payee Gulf Party Line Corporati	on		Date of Payment	1 =	neck # ebit Card		
Street Address 4000 Lake Beau Pre Blvo	1 # 63	City Baton Rouge		State LA	Zip Code 70820		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
which reimbursement is sough		diture # licable)	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 Fi					10 Filing - Original					
N. Expenses Paid By Committee										
Name of Payee Gulf Party Line Corporation			Date of Payme 04/25/2013		Method of Payment Check # Debit Card X EFT					
Street Address 4000 Lake Beau Pre Blvc	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 Yes Expenditure # (if applicable) Event #						\$1.03				
Name of Payee Date of Payment The Union League Club 04/25/2017					Method of Payment Check # Debit Card X EFT					
Street Address City 38 E 37th St 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 Yes Expenditure # (if applicable) 03292017A				7A	\$1,842.72					
Name of Payee Country Club of Darien Date of Payment 04/25/2017					Method of Payment Check # Debit Card X EFT					
Street Address City 300 Mansfield Ave 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 Yes Expenditure # (if applicable) O3302017A					\$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					Method of Payment Check # Debit Card X EFT					
Street Address City 300 Hurlbutt St 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 Yes Expenditure # (if applicable) 03232017A				.7A	\$2,144.02					
Name of Payee Date of Payment Gulf Party Line Corporation 04/26/2017						Method of Payment Check # Debit Card X EFT				
Street Address 4000 Lake Beau Pre Blvd # 63 Baton Rouge					State Zip Code LA 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 Expenditure # (if applicable) Expenditure # (if applicable)					\$6.40					
Name of Payee Date of Payment Gulf Party Line Corporation 04/27/2017					Method of Payment Check # Debit Card X EFT					
Street Address 4000 Lake Beau Pre Blvd # 63 Baton Rouge					State LA	Zip Code 70820				
Purpose of Expend WEB	Description Online fundraising fees					Amount				
Is this expenditure coordinated with another candidate for Wes Expenditure # Event # Which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum					\$44.27					

	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	F REPORT	
Steve Obsitnik for Cor	nnecticut			July 10 Filing - C	Priginal		
	N. Expenses Paid By Com	nittee					
Name of Payee Date of Payment Gulf Party Line Corporation 04/28/2017					Method of Payment Check # Debit Card EFT		
Street Address 4000 Lake Beau Pre Blvo	d # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sous		enditure # pplicable)	Event #	i		\$18.48	
Name of Payee Date of Payment Gulf Party Line Corporation 04/29/2017					Method of Payment Check # Debit Card X EFT		
Street Address 4000 Lake Beau Pre Blvo	d # 63	City Baton Rouge			State LA	Zip Code 70820	
Purpose of Expend WEB	Description Online fundraising fees	·				Amount	
which reimbursement is sous	- I as	enditure # pplicable)	Event #			\$9.18	
Name of Payee Gulf Party Line Corporat	ion		Date of Payr 04/30/20		1 =	neck # ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sous		enditure # pplicable)	Event #	:		\$8.15	

	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI					F REPORT	
Steve Obsitnik for Connecticut July 10 Filing - O						
	N. Expenses Paid By Commi	ittee				
Name of Payee Gulf Party Line Corporati	ion		Date of Payment 05/01/2017	De De	yment heck # ebit Card FT	
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$8.15	
Name of Payee Date of Payment Gulf Party Line Corporation 05/02/2017					Method of Payment Check # Debit Card X EFT	
Street Address City 6300 Windward Dr Burke				State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$30.40	
Name of Payee Tusk Productions, LLC			Date of Payment 05/02/2017	De De	yment heck # ebit Card FT	
Street Address 38 Lakewood Dr		City Denville		State NJ	Zip Code 07834	
Purpose of Expend CNSLT	Description May retainer for fundraising support services				Amount	
which reimbursement is sough		diture # licable)	Event #		\$5,000.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	F REPORT	
Steve Obsitnik for Con	nnecticut			July 10 Filing - 0	Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Lliam Morrison			Date of Payr		1 =	neck # ebit Card	
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? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)						\$5,000.00	
Name of Payee Date of Payment Gulf Party Line Corporation 05/03/2017					Method of Payment Check # Debit Card X EFT		
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		nditure # plicable)	Event #	ŧ		\$15.59	
Name of Payee Gulf Party Line Corporati	on		Date of Payr		1 =	neck # ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is soug		nditure # plicable)	Event #	ŧ		\$36.18	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	F REPORT	
Steve Obsitnik for Con	necticut			July 10 Filing - 0	Original		
	N. Expenses Paid By Comm	ittee					
Name of Payee Gulf Party Line Corporati	on		Date of Payr		De De	vment neck # ebit Card	
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 Event # Event # (if applicable)						\$10.63	
Name of Payee Date of Payment Alexandra Stienestra 05/05/2017				CI	Method of Payment Check # Debit Card X EFT		
Street Address 38 Lakewood Dr		City Denville			State NJ	Zip Code 07834	
Purpose of Expend RMB	Description FedEx express mail; vehicle parking					Amount	
which reimbursement is sough		nditure # plicable)	Event #	ŧ		\$129.56	
Name of Payee Gulf Party Line Corporati	on		Date of Payr		1 =	neck# ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend CNSLT	Description Online communication and fundraising platform					Amount	
which reimbursement is soug		nditure # plicable)	Event #			\$400.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	F REPORT	
Steve Obsitnik for Con	necticut			July 10 Filing - C	Original		
	N. Expenses Paid By Commi	ttee					
Name of Payee Gulf Party Line Corporati	on		Date of Payr		1 =	neck # ebit Card	
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 Event # (if applicable)						\$3.20	
Name of Payee Gulf Party Line Corporation Date of Payment 05/08/2017				CI De	Method of Payment Check # Debit Card X EFT		
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough	ed with another candidate for Yes Expendent? # and complete Itemization in Addendum		Event #	!		\$9.60	
Name of Payee Gulf Party Line Corporati	on		Date of Payr		Cł	Method of Payment Check # Debit Card X EFT	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description onl					Amount	
which reimbursement is soug		liture # licable)	Event #			\$17.15	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	F REPORT	
Steve Obsitnik for Cor	necticut			July 10 Filing - 0	Original		
	N. Expenses Paid By Comm	ittee	,				
Name of Payee Gulf Party Line Corporati	on		Date of Payr 05/10/20		De De	rment neck # ebit Card	
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 Event # (if applicable)						\$1.03	
Name of Payee Date of Payment Gulf Party Line Corporation 05/11/2017						Method of Payment Check # Debit Card X EFT	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		nditure # plicable)	Event #	!		\$3.20	
Name of Payee Gulf Party Line Corporati	on		Date of Payr		1 =	neck# ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		nditure # plicable)	Event #			\$4.95	

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)		ТҮРЕ О	F REPORT	F REPORT	
Steve Obsitnik for Cor	necticut		July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee				
Name of Payee United States Postal Ser	vice		Date of Payment 05/13/2017	ı =	ck# oit Card	
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			Ā	Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # dicable)	Event #		\$134.00	
Name of Payee Staples	,		Date of Payment 05/13/2017	1 = -	ck# oit Card	
Street Address 420-440 Westport Ave		City Norwalk		State CT	Zip Code 06851	
Purpose of Expend OFFICE	Description Printer ink				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # dicable)	Event #		\$92.51	
Name of Payee Karen Hubrich			Date of Payment 05/15/2017	1 =	ck# oit Card	
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	
which reimbursement is sough		diture # dicable)	Event # 05042017A		\$384.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	REPORT	
Steve Obsitnik for Cor	nnecticut			July 10 Filing - C	Original		
	N. Expenses Paid By Comn	nittee					
Name of Payee Gulf Party Line Corporati	ion		Date of Payr 05/15/20		1 =	neck # ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sous		nditure # plicable)	Event#	i		\$22.40	
Name of Payee Date of Payment Gulf Party Line Corporation 05/16/2017					Method of Payment Check # Debit Card X EFT		
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sous		nditure # plicable)	Event #			\$26.45	
Name of Payee Gulf Party Line Corporat	ion	_	Date of Payr 05/18/20		ı =	neck # ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sous	— I	nditure # plicable)	Event #	:		\$16.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI					F REPORT	F REPORT	
Steve Obsitnik for Con	necticut			July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee	,				
Name of Payee Gulf Party Line Corporati	ion		Date of Payr		D	rment neck # ebit Card TT	
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 Event # Event # (if applicable)						\$6.40	
Name of Payee Date of Payment Gulf Party Line Corporation 05/21/2017						Method of Payment Check # Debit Card X EFT	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		nditure # plicable)	Event #	!		\$36.91	
Name of Payee Gulf Party Line Corporati	on		Date of Payr		1 =	neck# ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is soug		nditure # plicable)	Event #			\$4.53	

	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI					F REPORT	FREPORT	
Steve Obsitnik for Cor	nnecticut			July 10 Filing - C	Original		
	N. Expenses Paid By Commi	ittee	l				
Name of Payee Gulf Party Line Corporati	ion		Date of Payr			yment 'heck# lebit Card FT	
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 Event # (if applicable)						\$16.60	
Name of Payee Date of Payment Martin Bell 05/23/2017				Method of Payment Check # Debit Card 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	
which reimbursement is sough		diture # licable)	Event #			\$228.55	
Name of Payee Gulf Party Line Corporati	ion		Date of Payn			yment heck# bebit Card FT	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		diture # licable)	Event #			\$27.35	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI					F REPORT	F REPORT	
Steve Obsitnik for Cor	necticut			July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee	,				
Name of Payee Gulf Party Line Corporati	on		Date of Payr		De De	rment neck # ebit Card	
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 Event # (if applicable)						\$21.67	
Name of Payee Date of Payment Gulf Party Line Corporation 05/26/2017						Method of Payment Check # Debit Card X EFT	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		nditure # plicable)	Event #			\$3.20	
Name of Payee Gulf Party Line Corporati	on		Date of Payr		1 =	neck# ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough	—	nditure # plicable)	Event #			\$7.43	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					F REPORT	F REPORT	
Steve Obsitnik for Con	nnecticut			July 10 Filing - C	Original		
	N. Expenses Paid By Commi	ttee					
Name of Payee Gulf Party Line Corporati	ion		Date of Payn 05/30/20		. –	neck #	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					I Amount	
Is this expenditure coordinated with another candidate for Wes Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum						\$52.54	
Name of Payee Gulf Party Line Corporation Date of Payment 05/31/2017				Method of Payment Check # Debit Card X EFT			
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					I Amount	
which reimbursement is sough	— I	liture # licable)	Event #	:		\$75.36	
Name of Payee Gulf Party Line Corporati	ion		Date of Payn 06/01/20		ı =	neck #	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is soug		liture # licable)	Event #			\$12.80	

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF				F REPORT		
Steve Obsitnik for Cor	necticut		July 10 Filing - C	Original		
	N. Expenses Paid By Commi	ittee				
Name of Payee Lliam Morrison			Oate of Payment	. =	neck #	
Street Address 96 Bishop St		City New Haven		State CT	Zip Code 06511	
Purpose of Expend CNSLT	Description Consulting support services for May 2017				I Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # Event # (if applicable)					\$5,000.00	
Name of Payee Date of Payment Tusk Productions, LLC 06/02/2017				Method of Payment Check # Debit Card X EFT		
Street Address City 38 Lakewood Dr Denville				State NJ	Zip Code 07834	
Purpose of Expend CNSLT	Description June retainer for fundraising support services				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event#	\$5,000.00		
Name of Payee Date of Payment Gulf Party Line Corporation 06/02/2017					ment neck # ebit Card	
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 Expenditure # Event # (if applicable) \$24.15						

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					OF REPORT		
Steve Obsitnik for Con	nnecticut			July 10 Filing - C	Original		
	N. Expenses Paid By Commi	ittee					
Name of Payee Stripe			Date of Payr 06/03/20		1 =	neck # ebit Card	
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? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)						\$96.80	
Name of Payee Date of Payment Stripe 06/03/2017				Method of Payment Check # Debit Card X 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	
which reimbursement is sough	— I	diture # licable)	Event #	ŧ	\$15.00		
Name of Payee Gulf Party Line Corporation Date of Payment 06/04/2017				Method of Payment Check # Debit Card X EFT			
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is soug		diture # licable)	Event #	ŧ		\$8.96	

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF				F REPORT		
Steve Obsitnik for Connecticut July 10 Filing - Or				riginal		
	N. Expenses Paid By Commi	ittee				
Name of Payee Alexandra Stienestra			nte of Payment 5/05/2017	. =	neck # ebit Card	
Street Address City 38 Lakewood Dr Denville					Zip Code 07834	
Purpose of Expend RMB	Description Food & beverage for meet & greet 05/30/2017A				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum					\$947.63	
Name of Payee Gulf Party Line Corporation Date of Payment 06/05/2017				Method of Payment Check # Debit Card X 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 coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #	\$16.30		
Name of Payee Gulf Party Line Corporation Date of Payment 06/06/2017					Method of Payment Check # Debit Card X EFT	
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
which reimbursement is soug	— I	diture # licable)	Event #		\$38.96	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT		
Steve Obsitnik for Cor	necticut			July 10 Filing - C	Original		
	N. Expenses Paid By Comm	ittee	,				
Name of Payee Gulf Party Line Corporati	ion		Date of Payr		De De	rment neck # ebit Card TT	
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 Event # Event # (if applicable)						\$20.95	
Name of Payee Date of Payment Gulf Party Line Corporation 06/08/2017				Method of Payment Check # Debit Card X EFT			
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		nditure # plicable)	Event #			\$12.80	
Name of Payee Gulf Party Line Corporati	on		Date of Payr		1 =	neck# ebit Card	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough	—	nditure # plicable)	Event #			\$15.70	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF				F REPORT			
Steve Obsitnik for Cor	necticut		July 10 Filing - C	Original			
	N. Expenses Paid By Committee						
Name of Payee Gulf Party Line Corporati	on		Date of Payment 06/11/2017		vment heck # ebit Card FT		
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		\$4.95					
Name of Payee Date of Payment Gulf Party Line Corporation 06/12/2017					Method of Payment Check # Debit Card X 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 coordinate which reimbursement is sour If yes, assign an Expenditure	— I	diture # licable)	Event #		\$41.13		
Name of Payee Gulf Party Line Corporation Date of Payment 06/13/2017					Method of Payment Check # Debit Card X EFT		
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
which reimbursement is sough	= 1	diture # licable)	Event #		\$23.01		

	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF				OF REPORT	F REPORT	
Steve Obsitnik for Con	nnecticut		July 10 Filing -	Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee Gulf Party Line Corporati	ion		Date of Payment 06/14/2017		yment heck # ebit Card FT	
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		\$28.08				
Name of Payee Date of Payment Gulf Party Line Corporation 06/15/2017					Method of Payment Check # Debit Card X 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 coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$51.16	
Name of Payee Staples Date of Payment 06/15/2017					Method of Payment Check # X Debit Card 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 Event # (if applicable) \$37.52						

	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OI				F REPORT		
Steve Obsitnik for Connecticut July 10 Filing - Or				Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee Gulf Party Line Corporati	on		Date of Payment		yment heck # ebit Card FT	
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
Is this expenditure coordinate which reimbursement is sous If yes, assign an Expenditure		\$49.58				
Name of Payee Gulf Party Line Corporation Date of Payment 06/17/2017					Method of Payment Check # Debit Card X EFT	
Street Address City 6300 Windward Dr Burke				State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #		\$4.60	
Name of Payee Gulf Party Line Corporation Date of Payment 06/19/2017					Method of Payment Check # Debit Card X EFT	
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
which reimbursement is sough	= 1	diture # licable)	Event #		\$62.26	

	IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commission)			ТҮРЕ О	OF REPORT		
Steve Obsitnik for Cor	nnecticut			July 10 Filing - C	Original		
	N. Expenses Paid By Commi	ittee	,				
Name of Payee Gulf Party Line Corporation Date of Payment 06/20/2017					Method of Payment Check # Debit Card X 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 Wes Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum						\$25.91	
Name of Payee Country Club of Darien Date of Payment 06/20/2017				Method of Payment Check # Debit Card X 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	
which reimbursement is sough		diture # licable)	Event #		\$2,217.57		
Name of Payee Gulf Party Line Corporati	ion		Date of Payr			yment heck # ebit Card FT	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend CNSLT	Description Online communication and fundraising platform					Amount	
which reimbursement is sough		diture # licable)	Event #			\$400.00	

	IV. EXPENDITURES (Se	ections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O				PE OF REPORT			
Steve Obsitnik for Cor	nnecticut			July 10 Filing - C	Original		
	N. Expenses Paid By Commi	ittee					
Name of Payee Date of Payment 9 Gulf Party Line Corporation 06/21/2017					Method of Payment Check # Debit Card X 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						\$55.51	
Name of Payee Date of Payment Gulf Party Line Corporation 06/22/2017					Method of Payment Check # Debit Card X EFT		
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		diture # licable)	Event #	:		\$25.15	
Name of Payee Gulf Party Line Corporati	ion		Date of Payn			yment heck # lebit Card FT	
Street Address 6300 Windward Dr		City Burke			State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees					Amount	
which reimbursement is sough		diture # licable)	Event #			\$10.63	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF				F REPORT			
Steve Obsitnik for Cor	nnecticut		July 10 Filing - C	Priginal			
	N. Expenses Paid By Committee						
Name of Payee Gulf Party Line Corporati	ion		Date of Payment 06/24/2017	. =	neck # ebit Card		
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure	\$23.98						
Name of Payee Gulf Party Line Corporation Date of Payment 06/25/2017				Method of Payment Check # Debit Card X 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 coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event#	\$48.85			
Name of Payee Gulf Party Line Corporation Date of Payment 06/26/2017					Method of Payment Check # Debit Card X EFT		
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015		
Purpose of Expend WEB	Description Online fundraising fees				Amount		
which reimbursement is sough	— I	diture # licable)	Event#		\$68.96		

	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF				F REPORT	F REPORT	
Steve Obsitnik for Cor	necticut		July 10 Filing - C	Original		
	N. Expenses Paid By Commi	ttee				
Name of Payee Gulf Party Line Corporati	on		Date of Payment 06/27/2017		yment heck # ebit Card FT	
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		\$105.09				
Name of Payee Date of Payment Red Maverick Media, LLC 06/27/2017					Method of Payment Check # Debit Card X EFT	
Street Address 403 N 2nd St Harrisburg				State PA	Zip Code	
Purpose of Expend A-DM	Description Printing, mailing list, and postage				Amount	
Is this expenditure coordinate which reimbursement is sour If yes, assign an Expenditure		diture # licable)	Event #	\$11,885.00		
Name of Payee Gulf Party Line Corporation Date of Payment 06/28/2017					Method of Payment Check # Debit Card X EFT	
Street Address 6300 Windward Dr		City Burke		State VA	Zip Code 22015	
Purpose of Expend WEB	Description Online fundraising fees				Amount	
which reimbursement is sough		diture # licable)	Event #		\$90.75	

	IV. EXPENDITURE	ES (Sect	tions N - S)					
NAME OF COMMITTE	E (Provide Complete Name as Registered with Commiss	sion)			ТҮРЕ О	OF REPORT		
Steve Obsitnik for Connecticut July 10 Filing - Or					Original			
	N. Expenses Paid By C	Committe	ee					
Name of Payee Date of Payment Gulf Party Line Corporation 06/29/2017				Method of Payment Check # Debit Card 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						\$172.89		
Name of Payee Gulf Party Line Corporation Date of Payment 06/30/2017				Method of Payment Check # Debit Card X 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 coordinate which reimbursement is sous If yes, assign an Expenditure		Expenditu (if applica		Event #	i		\$80.29	
Name of Payee Tusk Productions, LLC				Date of Payr 06/30/20			ayment Check # Debit Card 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 coordinate which reimbursement is soug If yes, assign an Expenditure		Expenditu (if applica		Event #			\$5,000.00	
					Total of S	Section N	\$71,167.51	

	IV.	. EXPENDITURES (Sect	ions N - S)					
NAME OF COMMITTEE	(Provide Complete Name as Ro	egistered with Commission)				TYPI	E OF REPOR	Т
						July 10 Filing -	Original	
	О. Ехре	enses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly) Date of Payment				nt	Is Reimbursement Claimed? Yes No			
Street Address City				nte	Zip Code			Amount
Purpose of Expenditure (by code)	escription	•	•	Event #	<i>‡</i>			
						Total o	of Section O	
	IV. EXP	ENDITURES (Sections N	- S)					
NAME OF COMMITTEE	(Provide Complete Name as Re	egistered with Commission)				ТҮРЕ (OF REPORT	
Steve Obsitnik for Conne	ecticut				Ju	ıly 10 Filing - Or	iginal	
	P. Expenses	s Incurred on Committee Cr	edit Card					
Name of Issuing Institution			Type of Cred Visa Other	N	Master C	ard Dis	scover	American Express
Name of Vendor			•				Date of Tr	ansaction
Street Address			City				State	Zip Code
Purpose of Expenditure (by code)	Description							Amount
Is this expenditure coordinated which reimbursement is sought		Yes No	Expenditure # (if applicable)		Event #	#		
If yes, assign an Expenditure #	and complete Itemization in Adder	ndum						
						Total of Secti	on P	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commissi	F REPORT							
Steve Obsitnik for Connecticut		July 10 Filing - Orig	ly 10 Filing - Original					
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor			Date Incurre	ed				
Street Address	City		State	Zip Code				
Purpose of Expenditure (by code) Description				unt Incurred aate or Actual)				
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # E (if applicable)	event#						
		Total of Section Q						

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE (Provide (Complete N	ame as Registered with Comr	mission)			TYPE OF REPORT			
Steve Obsitnik for Connecticut						July 10 Filing - Original			
R.	Itemizatio	on of Reimbursements and	d Secondary Pa	ayees					
				ı			Paym	nent to Re	imburse Committee
Last Name of Worker/Consultant		First		MI	Date	of Payment to Vendor	Worl		ltant as reported in
Morrison		Lliam			04/	11/2017	[Chec	·k #
							[_	t Card
								x _{EFT}	
Name of Vendor Paid by Committee Worker/Co	nsultant			•					
Staples									
Street Address of Vendor			City					State	Zip Code
Skiff & Dixwell			New Haven					СТ	06514
Purpose of Expenditure (by code) OFFICE Description Badges & i	nserts								
Is this expenditure coordinated with another candidate for Yes Expenditure # Event # Amount						Amount			
which reimbursement is sought?		x No	(if applicable)						\$85.07
If yes, assign an Expenditure # and completes Ite	emization in Ac	ldendum R							
Last Name of Worker/Consultant		First		MI	Date	of Payment to Vendor			imburse Committee
Morrison		Lliam			04/	11/2017	Worker/Consultant as reported in Section N:		
							[-	Chec	k #
							<u> </u>		t Card
Name of Vendor Paid by Committee Worker/Co	nsultant						[x _{EFT}	
Staples									
Street Address of Vendor			City					State	Zip Code
85 N Main St			Branford					CT	06405
Purpose of Expenditure (by code) OFFICE Description Badges & i	nserts								
Is this expenditure coordinated with another can which reimbursement is sought?	lidate for	Yes	Expenditure # (if applicable)			Event #			Amount
	which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum R (if applicable) \$34.55								

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete	Name as Registered with Comr	mission)			TYPE OF REPORT			
Steve Obsitnik for Connecticut					July 10 Filing - Original			
R. Itemizat	on of Reimbursements and	l Secondary Pa	iyees					
Γ						Daym	ant to Do	imhuraa Cammittaa
Last Name of Worker/Consultant	First MI Date			of Payment to Vendor	Work	ment to Reimburse Committee rker/Consultant as reported in tion N:		
Stienstra	Alexandra			04/	11/2017	Г	_	• "
							Chec	
						L	Debit Card X EFT	
Name of Vendor Paid by Committee Worker/Consultant			<u> </u>			<u> </u>	EFI	
FedEx Express								
Street Address of Vendor		City					State	Zip Code
3875 Airways Blve	875 Airways Blve Memphis					-	TN	38118
Purpose of Expenditure (by code) POST Description Express mail								
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes	Expenditure # (if applicable)			Event #			Amount
	x No	(II applicable)						\$61.45
If yes, assign an Expenditure # and completes Itemization in A	Addendum R							
Last Name of Worker/Consultant	First		MI	Date	of Payment to Vendor			imburse Committee Itant as reported in
Frick	Jamie			04/	04/11/2017			num us reported in
						[Chec	k #
						[Debi	t Card
						[x _{EFT}	
Name of Vendor Paid by Committee Worker/Consultant Amazon.com								
Street Address of Vendor		City					State	Zip Code
410 Terry Ave N		Seattle				'	WA	98109
Purpose of Expenditure (by code) OFFICE Description Name badge insert r	efills							
Is this expenditure coordinated with another candidate for	Yes	Expenditure #			Event #			Amount
which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in a	X No	(if applicable)						\$26.30

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTE	E (Provide Complete N	ame as Registered with Comm	nission)			TYPE OF REPORT			
Steve Obsitnik for Cor	nnecticut					July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultan Stienstra	t					of Payment to Vendor	Wor	ment to Reimburse Committee orker/Consultant as reported in etion N: Check # Debit Card	
							l	x _{EFT}	i Caru
Name of Vendor Paid by Committee Worker/Consultant Staples									
Street Address of Vendor 7000 Hdley Rd City South Plaiinf			City South Plaiinfiel	eld				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? If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # Event #			Event #	Amount \$66.24		
Last Name of Worker/Consultan Stienstra	t	First Alexandra		MI	Date of Payment to Vendor 04/11/2017		Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card X EFT		
Name of Vendor Paid by Comm Staples	ittee Worker/Consultant			•					
Street Address of Vendor 7000 Hadley Rd			City South Plainfield	d				State NC	Zip Code 07080
Purpose of Expenditure (by code) POST	Description Stamps								
Is this expenditure coordinated which reimbursement is sought?	,	Yes X No	Expenditure # (if applicable)			Event #			Amount \$441.00

]	IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTEE	(Provide Complete N	ame as Registered with Comn	nission)			TYPE OF REPORT			
Steve Obsitnik for Conne	ecticut					July 10 Filing - Original			
	R. Itemizatio	n of Reimbursements and	l Secondary Pa	ıyees					
							Paym	ment to Re	imburse Committee
Last Name of Worker/Consultant		First		MI	Date	of Payment to Vendor	Worl		ltant as reported in
Stienstra		Alexandra			04/	11/2017]	Chec	·k #
							[Debi	t Card
							[x EFT	
Name of Vendor Paid by Committe	ee Worker/Consultant								
Staples							_		<u> </u>
Street Address of Vendor 300 Main St			City Madison					State NJ	Zip Code 07940
300 Main St			Madison					145	07540
Purpose of Expenditure (by code) OFFICE Description Envelopes									
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No			Expenditure # Event # (if applicable)			Event #	Amount		
If yes, assign an Expenditure # and	completes Itemization in Ad								\$66.24
Last Name of Worker/Consultant		First		MI	Date	of Payment to Vendor	-		imburse Committee
Stienstra		Alexandra			05/	05/2017	Worker/Consultant as reported in Section N:		
							[Chec	k #
							[,		t Card
Name of Vendor Paid by Committe	ee Worker/Consultant						L	x _{EFT}	
FedEx Express									
Street Address of Vendor			City					State	Zip Code
3875 Airways Blvd			Memphis					TN	38116
Purpose of Expenditure	Description Express mail								
Is this expenditure coordinated with which reimbursement is sought?	h another candidate for	Yes	Expenditure # (if applicable)			Event #			Amount
If yes, assign an Expenditure # and	completes Itemization in Ad	X No	(IF/						\$20.91

	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete N	ame as Registered with Comm	mission)			TYPE OF REPORT			
Steve Obsitnik for Co.	nnecticut					July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultar	nt	First MI Date o			of Payment to Vendor	-	yment to Reimburse Committee orker/Consultant as reported in		
Stienstra		Alexandra			05/	05/2017	Section	tion N:	
								Check #	
						Debit Card X EFT		Caid	
Name of Vendor Paid by Committee Worker/Consultant Fedex Express									
Street Address of Vendor 3875 Airways Blvd			City Memphis					tate N	Zip Code 38116
Purpose of Expenditure (by code) POST Description Express mail									
Is this expenditure coordinated with another candidate for which reimbursement is sought? X No			Expenditure # Event # (if applicable)			Event #	Amount \$56.65		
If yes, assign an Expenditure # a	and completes Itemization in Ad	ddendum R							430.03
Last Name of Worker/Consultar	nt	First		MI	Date	of Payment to Vendor	-		imburse Committee Itant as reported in
Stienstra		Alexandra			05/	05/2017	Section	tion N:	
								Debit	
							×	EFT	
Name of Vendor Paid by Comm 220 Madison Garage Co									
Street Address of Vendor 220 Madison Ave			City New York					tate IY	Zip Code 10016
Purpose of Expenditure (by code) OVHD	Description Vehicle parking								
Is this expenditure coordinated which reimbursement is sought.		Yes	Expenditure # (if applicable)			Event #			Amount
If yes, assign an Expenditure # a		x No							\$52.00

		IV. EXPENDITURES	(Sections N -	S)					
NAME OF COMMITTE	EE (Provide Complete N	ame as Registered with Comn	nission)			TYPE OF RE	EPOR	Т	
Steve Obsitnik for Co	nnecticut					July 10 Filing - Original			
	R. Itemizatio	on of Reimbursements and	l Secondary Pa	iyees					
Last Name of Worker/Consultan	nt				Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card X EFT			ltant as reported in	
Name of Vendor Paid by Comm Stew Leonard's Wines	nittee Worker/Consultant								
Street Address of Vendor City 55 Westport Ave Norwalk			l -					State CT	Zip Code 06851
Purpose of Expenditure (by code) FOOD	Description Food & beverage for r	neet & greet event					•		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # (if applicable) Event # 05042017			Event # 05042017A	Amount \$228.55		
Last Name of Worker/Consultan	at	First Alexandra		MI		of Payment to Vendor	Wor Secti	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card X EFT	
Name of Vendor Paid by Comm Alexandra Stienestra	nittee Worker/Consultant					-	•		
Street Address of Vendor 38 Lakewood Dr			City Denville					State NJ	Zip Code 07834
Purpose of Expenditure (by code) FOOD	Description Reimbursement for fo	od & beverage for 05/30/201	17A						
Is this expenditure coordinated which reimbursement is sought.		Yes	Expenditure # Event # (if applicable)			Event#		Amount	
If yes, assign an Expenditure # a	and completes Itemization in Ac	X No				05302017A			\$947.63
						Total of Section R			\$2,086.59

IV. EXPENDITURES (Sectuibs N - S)								
NAME OF COMMITTEE (Provide Complete Nar	ne 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					RT			
J4. In - Kind Donations N	ot Considered Contribution Asso	ciated with a House	Party -	Addendum				
Event #								
Name of Candidate								
Se	ection N. ADDENDUM		ı					
NAME OF COMMITTEE				TYPE OF REPORT				
	Expenses Paid By Committee - Ac							
Expenditure #		Aı	nount of	Expenditure				
Name of Candidate		Office S	ought					

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 Pai	d During this I	Period - Addendum						
Expenditure #		Amount of Expenditure						
Name of Candidate		Office Sought						
Section R. ADDENDUM		ı						
NAME OF COMMITTEE		TYPE OF REPORT						
R. Itemization of Reimbursements and Secondary Pay	ees - Addendu	m						
Expenditure #		Amount of Expenditure						
Name of Candidate	•	Office Sought						