

SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

Exploratory Committee Registration

Revised September 2016



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REGISTRATION TYPE		1. COMMITTEE NAME		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		Steve Obsitnik for Connecticut		
2. SUBTYPE OF EXPLORATORY COMMITTEE <i>(Office(s) being considered—Check one box)</i>				
<input type="checkbox"/> A. Offices Include Statewide Office & General Assembly Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No Including State Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input checked="" type="checkbox"/> B. Offices Include Statewide Offices Only Including State Treasurer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<input type="checkbox"/> C. Offices Include General Assembly Only Including State Representative <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> D. Municipal & Other Offices excluding those in Box A, B and C. _____ <i>(Name of municipality—if applicable)</i>				
3. PARTY AFFILIATION			4. ELECTION DATE <i>(mm/dd/yyyy)</i>	
<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democrat <input type="checkbox"/> Other <i>(Specify)</i>			Nov 2018	
5. COMMITTEE ADDRESS		6. COMMITTEE EMAIL & WEBSITE		
Address PO Box 602		Email Address		
City Westport	State CT	Zip Code 06881	Website	
7. CANDIDATE NAME				
First Name Steve		MI	Last Name Obsitnik	
8. CANDIDATE RESIDENCE ADDRESS		9. CANDIDATE MAILING ADDRESS <i>(If different)</i>		
Street Address 8 Imperial Lndg		Address PO Box 602		
City Westport		State CT	Zip Code 06880	City Westport
10. CANDIDATE TELEPHONE <i>(Include Area Code)</i>		11. CANDIDATE EMAIL ADDRESS		
230 557 4106		sobsitnik@gmail.com		

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REGISTRATION TYPE	COMMITTEE NAME				
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Steve Obsitnik for Connecticut				
12. TREASURER NAME					
First Name Joseph		MI	Last Name Sledge		Suffix
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)		
Street Address 46 Kings Hwy N			Address PO Box 602		
City Westport	State CT	Zip Code 06880	City Westport	State CT	Zip Code 06881
15. TREASURER TELEPHONE	16. TREASURER EMAIL ADDRESS				
(Include Area Code) 203 226 5150	joseph.sledge@snet.net				
17. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
20. DEPUTY TREASURER TELEPHONE	21. DEPUTY TREASURER EMAIL ADDRESS				
(Include Area Code)					
22. DEPOSITORY INSTITUTION NAME					
Peoples United Bank					
23. DEPOSITORY INSTITUTION ADDRESS					
Address 371 Post Road East, Westport, CT 06880					

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Steve Obsitnik for Connecticut
24. CERTIFICATION	
Candidate	
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this exploratory committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as my treasurer or deputy treasurer have indicated to me their acceptance of such position.	
Steve Obsitnik _____ CANDIDATE SIGNATURE	01/11/2017 _____ DATE (mm/dd/yyyy)
Treasurer	
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Treasurer of this exploratory committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.	
I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.	
I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.	
I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.	
Joseph Sledge _____ TREASURER SIGNATURE	01/03/2016 _____ DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment	Steve Obsitnik for Connecticut

24. CERTIFICATION *continued*

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated Deputy Treasurer of this exploratory committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible to discharge all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.