

# SEEC FORM 4

STATE ELECTIONS ENFORCEMENT COMMISSION

## Exploratory Committee Registration

Revised September 2016



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

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

01/11/2017

CANDIDATE SIGNATURE

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

01/03/2016

TREASURER SIGNATURE

DATE (mm/dd/yyyy)

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="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.***