



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Steve Obsitnik for Governor			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Joseph	MI	Last Sledge		Suffix	
4. TREASURER ADDRESS					
Street Address 46 Kings Hwy N		City Westport		State CT	Zip Code 06880
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)		7. DISTRICT NUMBER ( if applicable)	
11/06/2018		Governor			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Steve	MI	Last Obsitnik		Suffix	
9. TYPE OF REPORT					
April 10 Filing - Amendment					
10. PERIOD COVERED					
		Beginning Date		Ending Date	
		01/01/2018	thru	03/31/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
Electronic Filing		Joseph Sledge		06/10/2018 2:29:12PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Steve Obsitnik for Governor</b>	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$110,511.89</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$21,705.00</b>	<b>\$84,609.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$107,968.27</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$100.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$21,705.00</b>	<b>\$192,677.27</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$132,216.89</b>	<b>\$192,677.27</b>
20. Expenses Paid by Committee (Section N)	<b>\$39,263.26</b>	<b>\$99,723.64</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$92,953.63</b>	<b>\$92,953.63</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$1,572.76</b>	<b>\$2,671.55</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$1,919.58</b>	<b>\$1,919.58</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Steve Obsitnik for Governor		April 10 Filing - Amendment	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
		<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			

Last Name Bealle		First Doug		MI	Contribution ID # 1121
Residential Street Address 425 E 86th St		City New York		State NY	Zip Code 10028
Principal Occupation Account Manager			Name of Employer Beeswax		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/03/2018	

Last Name Fogel		First Aaron		MI	Contribution ID # 1124
Residential Street Address 26 B Hammer Pl		City Branford		State CT	Zip Code 06405
Principal Occupation Software engineer			Name of Employer Bridgewater Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/07/2018	

Last Name Shields		First Tristan		MI	Contribution ID # 1125
Residential Street Address 136 Cynrose Pl		City Meriden		State CT	Zip Code 06451
Principal Occupation Analytics			Name of Employer Voya		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 01/08/2018	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Routhier	First Richard	MI M	Contribution ID # 1126
Residential Street Address 393 Oenoke Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consultant	Name of Employer Spencer Stuart		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Winokur, Jr	First Herbert	MI S	Contribution ID # 1122
Residential Street Address 341 North St	City Greenwich	State CT	Zip Code 06830
Principal Occupation CEO	Name of Employer Capricorn Management GP		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/13/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Winokur	First Deanne	MI H	Contribution ID # 1123
Residential Street Address 341 North St	City Greenwich	State CT	Zip Code 06830
Principal Occupation Co-Chair	Name of Employer Merritt Parkway Conservancy		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 01/13/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name bortniker	First caryn	MI	Contribution ID # 1127
Residential Street Address 4 Sasqua Rd	City Norwalk	State CT	Zip Code 06855
Principal Occupation designer	Name of Employer caryn bortniker designs llc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/15/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Casey	First James	MI F	Contribution ID # 1128
Residential Street Address 16 Chenal Cir	City Little Rock	State AR	Zip Code 72223
Principal Occupation CEO	Name of Employer Life and Specially Ventures LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/17/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Manchester	First Jeff	MI v	Contribution ID # 1129
Residential Street Address 14 Spriteview Ave	City Saugatuck	State CT	Zip Code 06880
Principal Occupation Consultant	Name of Employer LME Ventures		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/18/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Wolfsohn	First David	MI	Contribution ID # 1130
Residential Street Address 118 Wedgewood Dr	City Easton	State CT	Zip Code 06612
Principal Occupation Physician	Name of Employer CT Gastroenterology		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/22/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Girolami	First Cristyn	MI	Contribution ID # 1131
Residential Street Address 109 Westchester Ave	City Pound Ridge	State NY	Zip Code 10576
Principal Occupation Chief People Officer	Name of Employer Upside		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/24/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Massoud	First Elizabeth	MI A	Contribution ID # 1132
Residential Street Address 3 Marc Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Finance	Name of Employer Mitchells		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/25/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Licamele	First Michael	MI CT	Contribution ID # 1133
Residential Street Address 18 Wells Hill Rd	City Easton	State CT	Zip Code 06612
Principal Occupation Renewable Energy Developer	Name of Employer MSL Group Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/25/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Wolgast	First Arnold	MI K	Contribution ID # 1134
Residential Street Address 20 Sturges Cmns	City Saugatuck	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/25/2018	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

Last Name Mercado	First David	MI CT	Contribution ID # 1135
Residential Street Address 55 Aspen Wood Ln	City Fairfield	State CT	Zip Code 06825
Principal Occupation Financial Officer	Name of Employer Broder Bros. Co.		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/25/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name KOSOWSKY	First LENORE	MI	Contribution ID # 1137
Residential Street Address 85 Willoughby Rd	City Shelton	State CT	Zip Code 06484
Principal Occupation OFFICE MANAGER	Name of Employer J. ALLEN KOSOWSKY, CPA, P.C.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/25/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Mercado	First Suzanne	MI	Contribution ID # 1138
Residential Street Address 55 Aspen Wood Ln	City Fairfield	State CT	Zip Code 06825
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/26/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Rogers	First Brigid	MI	Contribution ID # 1139
Residential Street Address 14 Dogwood Ln	City Darien	State CT	Zip Code 06820
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/26/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name mcneil	First kate	MI e	Contribution ID # 1140
Residential Street Address 77 N Water St # C410	City Norwalk	State CT	Zip Code 06854
Principal Occupation hairstylist	Name of Employer W Hair and Color		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 01/26/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Zeitlin	First Zachary	MI M	Contribution ID # 1141
Residential Street Address 11 Darbrook Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Investor	Name of Employer New Ground Ventures		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/27/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Massoud	First Nicholas	MI	Contribution ID # 1142
Residential Street Address 3 Marc Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Massoud	First Brendan	MI	Contribution ID # 1143
Residential Street Address 3 Marc Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Vogel	First Grant	MI	Contribution ID # 1144
Residential Street Address 14 Adams Ln	City New Canaan	State CT	Zip Code
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Vogel	First Allie	MI	Contribution ID # 1145
Residential Street Address 14 Adams Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

Last Name Ramirez	First Dahiana	MI	Contribution ID # 1146
Residential Street Address 1672 Capitol Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Driver	Name of Employer Mprwa;l Transit		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Roffe	First Rachael	MI	Contribution ID # 1147
Residential Street Address 214 Southport Woods	City Southport	State CT	Zip Code 06890
Principal Occupation Teacher	Name of Employer Westport Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Caporale	First Nora	MI	Contribution ID # 1148
Residential Street Address 5 Imperial Lndg	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Hursey	First Francis	MI	Contribution ID # 1149
Residential Street Address 27 Keeney Ave	City West Hartford	State CT	Zip Code 06107
Principal Occupation Engineer/owner	Name of Employer On Site Gas Systems		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Merritt	First Henry	MI F	Contribution ID # 1150
Residential Street Address 25 Ikd Gatterrown Rd	City Redding	State CT	Zip Code 06896
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Kosowksy	First Bruce	MI M	Contribution ID # 1151
Residential Street Address 25 Martinika Dr	City Shelton	State CT	Zip Code 06484
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Chumnavech	First Thee	MI	Contribution ID # 1152
Residential Street Address 21 Beachside Cmns	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Briggs	First Brandi	MI	Contribution ID # 1153
Residential Street Address 37 High Point Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Licamele	First Scott	MI	Contribution ID # 1154
Residential Street Address 138 Weston Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Renewable Energy, Blockchain Tech	Name of Employer MSL Group, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/30/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Neuhaus	First Robert	MI	Contribution ID # 1155
Residential Street Address 331 Dans Hwy	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consulting	Name of Employer JD Power		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/31/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Kelly	First Sean	MI	Contribution ID # 1156
Residential Street Address 72 Compo Rd N	City Westport	State CT	Zip Code 06880
Principal Occupation Banker	Name of Employer Nomura Securities International, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 01/31/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name van Reesema	First Eliane	MI	Contribution ID # 1157
Residential Street Address 5 Saint James Pl	City Norwalk	State CT	Zip Code 06853
Principal Occupation Jewel Court Stud USA	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Parsons	First Chris	MI	Contribution ID # 1158
Residential Street Address 125 Witch Ln	City Norwalk	State CT	Zip Code 06853
Principal Occupation President	Name of Employer Mayborn Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Honeyman	First Allison	MI	Contribution ID # 1159
Residential Street Address 260 Deerbrooke Cir	City Southington	State CT	Zip Code 06489
Principal Occupation Medical device sales	Name of Employer Johnson and Johnson		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name grimes	First ian	MI	Contribution ID # 1160
Residential Street Address 17 Keyser Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Robertson	First Mary	MI	Contribution ID # 1161
Residential Street Address 28 Jewett Hill Rd	City Sharon	State CT	Zip Code 06069
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Grimes	First Willa	MI	Contribution ID # 1162
Residential Street Address 17 Keyser Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/01/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Mitchell	First Karen	MI	Contribution ID # 1163
Residential Street Address 13 Joanne Ln	City Weston	State CT	Zip Code 06883
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/02/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Rochlin	First Matthew	MI K	Contribution ID # 1168
Residential Street Address 135 Redding Rd	City Easton	State CT	Zip Code 06612
Principal Occupation Investments	Name of Employer Rochlin Investment Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/05/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Nixon	First Robert	MI A	Contribution ID # 1169
Residential Street Address 46 McCurdy Rd	City Lyme	State CT	Zip Code 06371
Principal Occupation Engineer	Name of Employer Corrosion Probe, Inc.		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/05/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Lage	First Janet	MI D	Contribution ID # 1170
Residential Street Address 46 McCurdy Rd	City Lyme	State CT	Zip Code 06371
Principal Occupation Artist	Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/05/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Honeyman	First Steven	MI	Contribution ID # 1171
Residential Street Address 260 Deerbrooke Cir	City Southington	State CT	Zip Code 06489
Principal Occupation Sales	Name of Employer Soma		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/05/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Brighton	First Cynthia	MI Z	Contribution ID # 1172
Residential Street Address 161 Long Neck Point Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Excutive	Name of Employer Island Manager		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/06/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name McKee	First Brandt	MI	Contribution ID # 1173
Residential Street Address 114 Nearwater Ln	City Darien	State CT	Zip Code 06820
Principal Occupation President, Americas & Asia	Name of Employer Culligan International		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name busby	First steve	MI	Contribution ID # 1174
Residential Street Address 223 Marvin Ridge Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Consultant	Name of Employer Greenwich Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Servidio	First Patrick	MI F	Contribution ID # 1175
Residential Street Address 53 Cos Cob Ave	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/06/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$25.00	

Last Name <b>Hasen</b>	First <b>Mann</b>	MI	Contribution ID # <b>1176</b>
Residential Street Address <b>49-Sentinal-Wood-Rd</b>	City <b>Hebron</b>	State <b>CT</b>	Zip Code <b>06248</b>
Principal Occupation <b>CTO</b>	Name of Employer <b>Day-Campaign</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/06/2018</b>	Aggregate Contributions <b>\$0.00</b>
		Amount of Contribution <b>\$5.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name hollander	First susan	MI	Contribution ID # 1177
Residential Street Address 35 W Branch Rd	City Weston	State CT	Zip Code 06883
Principal Occupation homemaker	Name of Employer homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Delli Carpini	First Michael	MI	Contribution ID # 1178
Residential Street Address 44 Richmondville Ave	City Westport	State CT	Zip Code 06880
Principal Occupation Manager	Name of Employer Consultant		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Rochlin	First Remington	MI	Contribution ID # 1179
Residential Street Address 135 Redding Rd .	City Easton	State CT	Zip Code 06612
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/07/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Wendell	First Jonathan	MI P	Contribution ID # 1180
Residential Street Address 113 Round Hill Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Investor	Name of Employer Nassau Point Investors LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Burr	First Thaddeus	MI E	Contribution ID # 1181
Residential Street Address 88 Sylvan Crest Dr .	City Southbury	State CT	Zip Code 06488
Principal Occupation Airline Pilot	Name of Employer United Airlines		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2018	Aggregate Contributions \$45.00
			Amount of Contribution \$20.00

Last Name Lynn	First David	MI	Contribution ID # 1182
Residential Street Address 41 Glen Avon	City Riverside	State CT	Zip Code 06878
Principal Occupation Mgmt Consultant	Name of Employer JDL Consultants		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name floch	First martin	MI h	Contribution ID # 1183
Residential Street Address 32 Woodylane	City Westport	State CT	Zip Code 06880
Principal Occupation academic physician	Name of Employer dr martin h. floch md pc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/08/2018	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Kuehndorf	First Aimee	MI	Contribution ID # 1184
Residential Street Address 10 Tranquility Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Leventhal	First Robert	MI	Contribution ID # 1185
Residential Street Address 310 Oregon Rd	City Cheshire	State CT	Zip Code 06410
Principal Occupation Physician	Name of Employer Naugatuck Valley Gastroenterology Consultants		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Nixon	First Jeff	MI	Contribution ID # 1186
Residential Street Address 34 Jennie Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Investment Banking/ Investor	Name of Employer Interactive Capital Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name <b>McInerney</b>	First <b>Thomas</b>	MI <b>K</b>	Contribution ID # <b>1187</b>
Residential Street Address <b>60 Myanos Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840</b>
Principal Occupation <b>CEO</b>	Name of Employer <b>MedOptions</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/10/2018</b>	Aggregate Contributions <b><del>\$100.00</del></b>
		Amount of Contribution <b><del>\$100.00</del></b>	

Last Name Travlos	First Darcy	MI A	Contribution ID # 1188
Residential Street Address 34 Jennie Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Financial strategist	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Rea	First Michael	MI	Contribution ID # 1189
Residential Street Address 2 Tupelo Rd	City Saugatuck	State CT	Zip Code 06880
Principal Occupation Vice President	Name of Employer GeneralRe		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/10/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Stanco	First Andrew	MI	Contribution ID # 1164
Residential Street Address 406 Rolling Hill Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Risk management	Name of Employer GE		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/10/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Stanco	First Adam	MI	Contribution ID # 1165
Residential Street Address 406 Rolling Hills Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/10/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Stanco	First Alex	MI	Contribution ID # 1166
Residential Street Address 406 Rolliong Hills Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/10/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Russo	First Shirley	MI A	Contribution ID # 1167
Residential Street Address 72 N Taylor Ave	City Norwalk	State CT	Zip Code 06854
Principal Occupation Groomer	Name of Employer Dandy Dog Grooming		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/10/2018	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name pavano	First gary	MI CT	Contribution ID # 1218
Residential Street Address 67 Hickory Hill Rd	City Berlin	State CT	Zip Code 06037
Principal Occupation hvac tec	Name of Employer hospital for special care		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/11/2018	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Gabriel	First Serge	MI G	Contribution ID # 1219
Residential Street Address 101 Lewis St Unit H	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/11/2018	Aggregate Contributions \$75.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$75.00	

Last Name Servidio	First Patrick	MI F	Contribution ID # 1220
Residential Street Address 53 Cos Cob Ave	City Cos Cob	State CT	Zip Code 06807
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 02/12/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Versluis	First Rolf	MI	Contribution ID # 1221
Residential Street Address 13245 Caris Ct .	City Alpharetta	State GA	Zip Code 30009
Principal Occupation Business Owner	Name of Employer Block Operations LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Boyle	First Hadley	MI H	Contribution ID # 1222
Residential Street Address 158 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ward	First David	MI	Contribution ID # 1223
Residential Street Address 426 Mine Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation President of marketing company	Name of Employer Great Books Summer Program		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Flaherty	First Peter	MI G	Contribution ID # 1224
Residential Street Address 8 Rockmont Rd	City Belmont	State MA	Zip Code 02478
Principal Occupation Principal	Name of Employer Esplanade Strategies		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Redington	First Thomas	MI	Contribution ID # 1225
Residential Street Address 373 Colebrook Rd .	City Colebrook	State CT	Zip Code 06021
Principal Occupation Owner	Name of Employer Reding Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hansson	First Kurt	MI	Contribution ID # 1226
Residential Street Address 101 Hickory Hill Rd	City Wilton	State CT	Zip Code 06897
Principal Occupation Attorney	Name of Employer Paul Hastings LLP		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Geelan	First Resabel	MI	Contribution ID # 1227
Residential Street Address 17 Hills Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Teacher	Name of Employer Landmark Academy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Trahanas	First Philip	MI	Contribution ID # 1228
Residential Street Address 63 Wesskum Wood Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation Self	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Trahanas	First Jennifer	MI	Contribution ID # 1229
Residential Street Address 63 Wesskum Wood Rd .	City Riverside	State CT	Zip Code 06878
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name McInerney	First Thomas	MI E	Contribution ID # 1230
Residential Street Address 2 Manitou Ct	City Westport	State CT	Zip Code 06880
Principal Occupation Venture Capital	Name of Employer Bluff Point Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dabbar	First Paul	MI	Contribution ID # 1231
Residential Street Address 52 Secor Rd	City Scarsdale	State NY	Zip Code 10583
Principal Occupation Government	Name of Employer Department of Energy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/13/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Edelman	First John	MI G	Contribution ID # 1232
Residential Street Address 133 Spring Valley Rd	City Ridgefield	State CT	Zip Code 06877
Principal Occupation CEO	Name of Employer Design Within Reach		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/14/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Stirling	First James	MI H	Contribution ID # 1233
Residential Street Address 766 Old Post Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Sales/General Manager	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/14/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name petitjean	First andrew	MI	Contribution ID # 1234
Residential Street Address 245 W Hills Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation investments	Name of Employer Kingdon Capital		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name McInerney	First Caroline	MI	Contribution ID # 1235
Residential Street Address 45 Bennington Pl	City New Canaan	State CT	Zip Code 06840
Principal Occupation Coach	Name of Employer Sacred Heart (Greenwich)		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stephens	First Virginia	MI	Contribution ID # 1236
Residential Street Address 50 Federal Hill Rd	City Brewster	State NY	Zip Code 10509
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name kelley	First michael	MI	Contribution ID # 1237
Residential Street Address 49 Relihan Rd	City Darien	State CT	Zip Code 06820
Principal Occupation wealth mnagement	Name of Employer JP Morgan		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Kelley	First Margaret	MI	Contribution ID # 1238
Residential Street Address 882 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Mom	Name of Employer Mom		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name kelley	First matthew	MI	Contribution ID # 1239
Residential Street Address 882 Silvermine Rd	City New Canaan	State CT	Zip Code 06840
Principal Occupation Account Executive	Name of Employer Thoroughbred Title Services LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/15/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Prote	First Benjamin	MI	Contribution ID # <del>1240</del>
Residential Street Address <del>2090 Cutspring Rd</del>	City Bridgeport	State CT	Zip Code <del>06614</del>
Principal Occupation Attorney	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <del>02/15/2018</del>	Aggregate Contributions <del>\$200.00</del>
		Amount of Contribution <del>\$100.00</del>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Proto</b>	First <b>Benjamin</b>	MI	Contribution ID # <b>1240</b>
Residential Street Address <b>2090 Cutspring Rd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Attorney</b>	Name of Employer <b>Law Offices of Ben S Proto Jr</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/15/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>sampath</b>	First <b>venkat</b>	MI	Contribution ID # <b>1241</b>
Residential Street Address <b>62 Morningside Dr S</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>10001</b>
Principal Occupation <b>Business</b>	Name of Employer <b>Westport Linens Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/16/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Batlin</b>	First <b>Edward</b>	MI <b>J</b>	Contribution ID # <b>1242</b>
Residential Street Address <b>1563 Round Hill Rd</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
Principal Occupation <b>LEO</b>	Name of Employer <b>Westport Police Department</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/17/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Eigen</b>	First <b>Max</b>	MI <b>J</b>	Contribution ID # <b>1215</b>
Residential Street Address <b>5 Rustic Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Staples High (Westport) School</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/17/2018</b>	Aggregate Contributions <b>\$30.00</b>
		Amount of Contribution <b>\$30.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Eigen	First Sam	MI B	Contribution ID # 1216
Residential Street Address 5 Rustic Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Student (7th grade)	Name of Employer Bedford Middle School		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/17/2018	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

Last Name Eigen	First Jack	MI M	Contribution ID # 1217
Residential Street Address 5 Rustic Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Student (8th grade)	Name of Employer Fairfield Country Day School		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 02/17/2018	Aggregate Contributions \$30.00
		Amount of Contribution \$30.00	

Last Name Gaydos	First Anne	MI	Contribution ID # 1243
Residential Street Address 24 Ann Ave	City Shelton	State CT	Zip Code 06484
Principal Occupation Graphic Designer	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/18/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name <b>Padovan</b>	First <b>Jeffrey</b>	MI <b>M</b>	Contribution ID # <b>1244</b>
Residential Street Address <b>50 Chessor Ln, None</b>	City <b>Wilton</b>	State <b>CT</b>	Zip Code <b>06897</b>
Principal Occupation <b>CEO</b>	Name of Employer <b>Bite Tech inc</b>		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/20/2018</b>	Aggregate Contributions <b>\$0.00</b>
		Amount of Contribution <b>\$100.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Riemersma	First Patricia	MI	Contribution ID # 1245
Residential Street Address 147 Westford Dr	City Southport	State CT	Zip Code 06890
Principal Occupation CEO	Name of Employer YMCA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Ferguson	First David	MI	Contribution ID # 1246
Residential Street Address 50 Hillandale Ave	City Stamford	State CT	Zip Code 06902
Principal Occupation Partner	Name of Employer Stonehenge Property Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Platt	First Lisa	MI B	Contribution ID # 1247
Residential Street Address 11 Horton Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation consultant	Name of Employer self-employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$50.00

Last Name Platt	First Jeffrey	MI	Contribution ID # 1248
Residential Street Address 11 Horton Ln	City New Canaan	State CT	Zip Code 06840
Principal Occupation marketing	Name of Employer Mastercard Worldwide		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/22/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Rankowitz</b>	First <b>Elaine</b>	MI	Contribution ID # <b>1249</b>
Residential Street Address <b>67 Long Lots Toad</b>	City <b>Saugatuck</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>homemaker</b>	Name of Employer <b>homemaker</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/22/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Taft</b>	First <b>Ofessa</b>	MI	Contribution ID # <b>1250</b>
Residential Street Address <b>46 Wickford Pl</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443</b>
Principal Occupation <b>Housewife</b>	Name of Employer <b>Self employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/22/2018</b>	Aggregate Contributions <b>\$25.00</b>
		Amount of Contribution <b>\$25.00</b>	

Last Name <b>Putterman</b>	First <b>Andrew</b>	MI <b>B</b>	Contribution ID # <b>1251</b>
Residential Street Address <b>5 Wynnewood Ln</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06903</b>
Principal Occupation <b>Student</b>	Name of Employer <b>Student</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Perry</b>	First <b>James</b>	MI	Contribution ID # <b>1252</b>
Residential Street Address <b>3 Turtleback Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Consultant</b>	Name of Employer <b>James Perry</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/23/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Flamini	First Ralph	MI	Contribution ID # 1253
Residential Street Address 15 Crystal Ln	City Huntington	State CT	Zip Code 06484
Principal Occupation Sales	Name of Employer Verint		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Flamini	First Deborah	MI	Contribution ID # 1254
Residential Street Address 15 Crystal Ln	City Huntington	State CT	Zip Code 06484
Principal Occupation Sonographer	Name of Employer YNHH		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/23/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Dworken	First Sara	MI	Contribution ID # 1255
Residential Street Address 8 Berndale Dr	City Westport	State CT	Zip Code 06880
Principal Occupation Mom	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Braunstein	First Seth	MI	Contribution ID # 1256
Residential Street Address 8 Berndale Dr	City Westport	State CT	Zip Code 06880
Principal Occupation Research Sales	Name of Employer Dowling and Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Kelly	First Deirdre	MI	Contribution ID # 1257
Residential Street Address 72 Compo Rd N	City Westport	State CT	Zip Code 06880
Principal Occupation Writer	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Bauer	First Elizabeth	MI	Contribution ID # 1262
Residential Street Address 214 Slice Dr	City Springdale	State CT	Zip Code 06907
Principal Occupation Information services	Name of Employer FergusonLibrary		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/25/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Putterman	First Neil	MI D	Contribution ID # 1263
Residential Street Address 3 Valley View Rd # 15	City Stamford	State CT	Zip Code 06851
Principal Occupation Sales	Name of Employer Gartner, Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/25/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Putterman	First Susan	MI	Contribution ID # 1264
Residential Street Address 3 Valley View Rd # 15	City Norwalk	State CT	Zip Code 06851
Principal Occupation Registered Nurse	Name of Employer Stamford Health System		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/25/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Locke Simon	First Heidi	MI	Contribution ID # 1265
Residential Street Address 26 Parkers Gln	City New Canaan	State CT	Zip Code 06840
Principal Occupation Board advisor	Name of Employer self- employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/26/2018	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name McInerney	First Thomas	MI K	Contribution ID # 1266
Residential Street Address 45 Bennington Pl	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name McInerney	First Barbara	MI V	Contribution ID # 1267
Residential Street Address 45 Bennington Pl	City New Canaan	State CT	Zip Code 06840
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cappellieri	First Catherine	MI	Contribution ID # 1268
Residential Street Address 67 Catbrier Rd	City Weston	State CT	Zip Code 06883
Principal Occupation Senior VP of Finance	Name of Employer Penny Publications, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/26/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Duggan</b>	First <b>Mike</b>	MI	Contribution ID # <b>1269</b>
Residential Street Address <b>7 Bridge Ln</b>	City <b>Edina</b>	State <b>MN</b>	Zip Code <b>55424</b>
Principal Occupation <b>CEO</b>	Name of Employer <b>Mike</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2018</b>	Aggregate Contributions <b>\$200.00-</b> <b>\$100.00-</b>

Last Name <b>Duggan</b>	First <b>Jen</b>	MI	Contribution ID # <b>1270</b>
Residential Street Address <b>7 Bridge Ln</b>	City <b>Edina</b>	State <b>MN</b>	Zip Code <b>55424</b>
Principal Occupation <b>Homemaker</b>	Name of Employer <b>Homemaker</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2018</b>	Aggregate Contributions <b>\$100.00</b> <b>\$100.00</b>

Last Name <b>De-Monico</b>	First <b>A</b>	MI <b>N</b>	Contribution ID # <b>1271</b>
Residential Street Address <b>3 Woody Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2018</b>	Aggregate Contributions <b>\$200.00-</b> <b>\$100.00-</b>

Last Name <b>Thomas</b>	First <b>Prakash</b>	MI <b>K</b>	Contribution ID # <b>1258</b>
Residential Street Address <b>82 Sky View Cir</b>	City <b>Hamden</b>	State <b>CT</b>	Zip Code <b>06514</b>
Principal Occupation <b>Physician</b>	Name of Employer <b>Frakash Thomas, MD</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2018</b>	Aggregate Contributions <b>\$50.00</b> <b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Ward</b>	First <b>Francis</b>	MI	Contribution ID # <b>1259</b>
Residential Street Address <b>126 Howe Ave # 2</b>	City <b>Shelton</b>	State <b>CT</b>	Zip Code <b>06484</b>
Principal Occupation <b>Business owner</b>	Name of Employer <b>Ward Franklin V Service</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Riemann</b>	First <b>Paul</b>	MI	Contribution ID # <b>1260</b>
Residential Street Address <b>29 A Otis St</b>	City <b>Dayville</b>	State <b>CT</b>	Zip Code <b>06241</b>
Principal Occupation <b>President</b>	Name of Employer <b>NECC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Duggan</b>	First <b>Mike</b>	MI	Contribution ID # <b>1269</b>
Residential Street Address <b>7 Bridge Ln</b>	City <b>Edina</b>	State <b>MN</b>	Zip Code <b>55424</b>
Principal Occupation <b>CEO</b>	Name of Employer <b>Philips Distilling Company</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>De Monico</b>	First <b>Alec</b>	MI <b>N</b>	Contribution ID # <b>1271</b>
Residential Street Address <b>3 Woody Ln</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/26/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name melvin	First virginia	MI	Contribution ID # 1272
Residential Street Address 41 Glen Avon Dr	City Riverside	State CT	Zip Code 06878
Principal Occupation attorney	Name of Employer law firm		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Garga	First Sunil	MI	Contribution ID # 1273
Residential Street Address 290 Judd Rd	City Easton	State CT	Zip Code 06612
Principal Occupation CEO	Name of Employer Mphasize		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Garga	First adriana	MI o	Contribution ID # 1274
Residential Street Address 290 Judd Rd	City Easton	State CT	Zip Code 06612
Principal Occupation homemaker	Name of Employer homemaket		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2018
		Aggregate Contributions \$75.00	Amount of Contribution \$75.00

Last Name Roth	First Morton	MI F	Contribution ID # 1275
Residential Street Address 1/2 Boling Pl	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Roth	First Maria	MI F	Contribution ID # 1276
Residential Street Address 1/2 Boling Pl	City Greenwich	State CT	Zip Code 06830
Principal Occupation Homemaker	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Roth	First Stephen	MI S	Contribution ID # 1277
Residential Street Address 129 Havemeyer Pl	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investor	Name of Employer SRCM		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Roth	First Melissa	MI A	Contribution ID # 1278
Residential Street Address 129 Havemeyer Pl	City Greenwich	State CT	Zip Code 06830
Principal Occupation Homemaker	Name of Employer N/A		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Barnes	First Thomas	MI O	Contribution ID # 1279
Residential Street Address 1922 Perkins St	City Bristol	State CT	Zip Code 06010
Principal Occupation Investment Advisor	Name of Employer RiverIde Investments		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$50.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Barnes</b>	First <b>Emily</b>	MI	Contribution ID # <b>1280</b>
Residential Street Address <b>1922 Perkins St</b>	City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010</b>
Principal Occupation <b>Administrative Assistant</b>	Name of Employer <b>Riverside Investment Services</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/27/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Palen</b>	First <b>James</b>	MI	Contribution ID # <b>1281</b>
Residential Street Address <b>5 Hickory Ln</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>Banking</b>	Name of Employer <b>Jefferies LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Palen</b>	First <b>Hallie</b>	MI	Contribution ID # <b>1282</b>
Residential Street Address <b>5 Hickory Ln</b>	City <b>Darien</b>	State <b>CT</b>	Zip Code <b>06820</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2018</b>	Aggregate Contributions <b>\$50.00</b>
		Amount of Contribution <b>\$50.00</b>	

Last Name <b>Boyle</b>	First <b>Carter</b>	MI	Contribution ID # <b>1283</b>
Residential Street Address <b>158 Zaccheus Mead Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>
Principal Occupation <b>Unemployed</b>	Name of Employer <b>Unemployed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Knies</b>	First <b>John</b>	MI <b>M</b>	Contribution ID # <b>1284</b>
Residential Street Address <b>75 Laurel Cliffs Rd</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437</b>
Principal Occupation <b>Retired</b>	Name of Employer <b>Retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <del><b>Rinaldi</b></del>	First <del><b>Paul</b></del>	MI <del><b>CT</b></del>	Contribution ID # <del><b>1285</b></del>
Residential Street Address <del><b>11 Sherwood Farm Ln</b></del>	City <del><b>Greenwich</b></del>	State <del><b>CT</b></del>	Zip Code <del><b>06831</b></del>
Principal Occupation <del><b>Self-employed</b></del>	Name of Employer <del><b>Self</b></del>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <del><b>02/28/2018</b></del>	Aggregate Contributions <del><b>\$200.00</b></del>
		Amount of Contribution <del><b>\$100.00</b></del>	

Last Name <b>Rinaldi</b>	First <b>Paul</b>	MI <b>CT</b>	Contribution ID # <b>1285</b>
Residential Street Address <b>11 Sherwood Farm Ln</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>
Principal Occupation <b>Private investor</b>	Name of Employer <b>Avanti Investments LLC</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>02/28/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Blieberg</b>	First <b>Jon</b>	MI <b>CT</b>	Contribution ID # <b>1286</b>
Residential Street Address <b>11 S End Ct</b>	City <b>Old Greenwich</b>	State <b>CT</b>	Zip Code <b>06870</b>
Principal Occupation <b>Homemaker</b>	Name of Employer <b>Homemaker</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/01/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name carson	First joseph	MI	Contribution ID # 1287
Residential Street Address 21 Daniel Ct	City Westport	State CT	Zip Code 06880
Principal Occupation economics	Name of Employer independent consultant		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Sheftell	First Karen	MI	Contribution ID # 1288
Residential Street Address 143 Hoyt St # 5J	City Stamford	State CT	Zip Code 06905
Principal Occupation Real estate sales	Name of Employer William Pitt Sotheby's International Realty		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name DAgosotino	First Nicolys	MI	Contribution ID # 1289
Residential Street Address 45 Turkey Hill Rd S	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stafford	First Robert	MI H	Contribution ID # 1290
Residential Street Address 8 Rustic View Rd	City Greenwich	State CT	Zip Code 06830
Principal Occupation ANALYST	Name of Employer ubs		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Gedney	First Elizabeth	MI	Contribution ID # 1291
Residential Street Address 17 Sperry Rd	City Madison	State CT	Zip Code 06443
Principal Occupation Retired RN	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/01/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Woody	First Jason	MI	Contribution ID # 1292
Residential Street Address 21 Lake Dr	City Riverside	State CT	Zip Code 06878
Principal Occupation Finance	Name of Employer Palm Ventures, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Hofstetter	First Veronica	MI L	Contribution ID # 1293
Residential Street Address 15 Bridge St	City Westport	State CT	Zip Code 06880
Principal Occupation Artist	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/03/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Rogers	First John	MI	Contribution ID # 1294
Residential Street Address 687 Beaumont Hwy	City Lebanon	State CT	Zip Code 06249
Principal Occupation Consultant	Name of Employer Schroth Systems		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/03/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Rhoads	First Edward	MI	Contribution ID # 1295
Residential Street Address 9 Wakeman Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Management Consultant	Name of Employer Prophet Brand Strategy		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/04/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Calise	First Michael	MI	Contribution ID # 1261
Residential Street Address 8 Sylvan Rd S	City Westport	State CT	Zip Code 06880
Principal Occupation Real estate	Name of Employer Settlers and Traders		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/04/2018	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Piccolino	First Edmund	MI B	Contribution ID # 1296
Residential Street Address 15 Wheeler Gate	City Westport	State CT	Zip Code 06880
Principal Occupation Industrial Psychologist	Name of Employer Piccolino Associates, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03052018A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Piccolino	First Tina	MI M	Contribution ID # 1297
Residential Street Address 15 Wheeler Gate	City Westport	State CT	Zip Code 06880
Principal Occupation Housemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03052018A</u>	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Simon	First Deborah	MI	Contribution ID # 1298
Residential Street Address 147 Midland St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Manager	Name of Employer Goodgoods		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/05/2018	Aggregate Contributions \$75.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$75.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card			

Last Name Newman	First Gara	MI	Contribution ID # 1299
Residential Street Address 21 Compo Beach Rd	City Saugatuck	State CT	Zip Code 06880
Principal Occupation Interior Design	Name of Employer Gara and Company		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/05/2018	Aggregate Contributions \$100.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$100.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card			

Last Name Walsh	First Timothy	MI P	Contribution ID # 1300
Residential Street Address 63 Sturges Hwy	City Westport	State CT	Zip Code 06880
Principal Occupation Advertising Partner	Name of Employer The Fearless Group		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/05/2018	Aggregate Contributions \$100.00
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$100.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card			

Last Name Sampson	First Thomas	MI	Contribution ID # 1301
Residential Street Address 102 B Lansdale Ave	City Milford	State CT	Zip Code 06460
Principal Occupation Sales	Name of Employer CT Custom LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/05/2018	Aggregate Contributions \$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Ebbersen	First Lars	MI	Contribution ID # 1302
Residential Street Address 6 Bluewater Ln	City Saugatuck	State CT	Zip Code 06880
Principal Occupation Ship Owner	Name of Employer Norstar Chartering USA LLC		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03052018A</u>		Date Received 03/05/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Smith	First Edward	MI A	Contribution ID # 1303
Residential Street Address 180 Big Oak Rd	City Stamford	State CT	Zip Code 06903
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03052018A</u>		Date Received 03/05/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Ebberson	First Amalia	MI	Contribution ID # 1304
Residential Street Address 6 Bluewater Ln	City Saugatuck	State CT	Zip Code 06880
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03052018A</u>		Date Received 03/05/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Ebbersen	First Kim	MI	Contribution ID # 1305
Residential Street Address 6 Bluewater Ln	City Saugatuck	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03052018A</u>		Date Received 03/05/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Leon	First Robin	MI	Contribution ID # 1306
Residential Street Address 7 Salem Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/05/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Coury	First Edward	MI	Contribution ID # 1307
Residential Street Address 100 Lake Rd	City Far Hills	State NJ	Zip Code 07931
Principal Occupation retired	Name of Employer retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Hagey	First Russ	MI	Contribution ID # 1308
Residential Street Address 2324 Vallejo St	City San Francisco	State CA	Zip Code 94123
Principal Occupation Partner	Name of Employer Bain & Company, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Goldberg	First Ken	MI	Contribution ID # 1309
Residential Street Address 7 Bradley St	City Westport	State CT	Zip Code 06880
Principal Occupation Owner	Name of Employer Longtail Medical, LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/07/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Pearson	First Duska	MI L	Contribution ID # 1310
Residential Street Address 791 Crescent Blvd	City Glen Ellyn	State IL	Zip Code 60137
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/07/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Cizmar	First Mary Ann	MI NJ	Contribution ID # 1311
Residential Street Address 42 Avon Dr	City Essex Fells	State NJ	Zip Code 07021
Principal Occupation Retired	Name of Employer Reetired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/07/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Cizmar	First Stephan	MI NJ	Contribution ID # 1312
Residential Street Address 42 Avon Dr	City Essex Fells	State NJ	Zip Code 07021
Principal Occupation Physician	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/07/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Cocomo	First Michael	MI CT	Contribution ID # 1313
Residential Street Address 26 Bridgehampton Xing	City Unionville	State CT	Zip Code 06085
Principal Occupation Home Builder	Name of Employer Cocomo Brothers Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/08/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Fedor	First martin	MI	Contribution ID # 1314
Residential Street Address 19 Town Hall Rd	City Warren	State CT	Zip Code 06754
Principal Occupation Healthcare	Name of Employer Artemis Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/08/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Manton	First Geoffrey	MI L	Contribution ID # 1315
Residential Street Address 5 Oxford Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation Radiologist	Name of Employer NVRA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name aron	First william	MI m	Contribution ID # 1316
Residential Street Address 122 Deep Valley Trl	City Stamford	State CT	Zip Code 06903
Principal Occupation executive	Name of Employer self		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2018	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Ghitnick	First MArcia	MI	Contribution ID # 1317
Residential Street Address 5 Ambler Rd W	City Westport	State CT	Zip Code 06880
Principal Occupation Risk Manager	Name of Employer Wells Fargo Bank N.A.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2018	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Kleine	First Karen	MI	Contribution ID # 1318
Residential Street Address 64 Old Hill Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Obsitnik	First Jim	MI	Contribution ID # 1319
Residential Street Address 70 Jean Ct .	City Moraga	State CA	Zip Code 94556
Principal Occupation COO	Name of Employer Capsilon Corporation		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name <del>Obsitnik</del>	First Anne	MI	Contribution ID # <del>1320</del>
Residential Street Address <del>70 Jean Ct .</del>	City Moraga	State CA	Zip Code 94556
Principal Occupation Consultant	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <del>03/10/2018</del>	Aggregate Contributions <del>\$200.00-</del>
		Amount of Contribution <del>\$100.00-</del>	

Last Name Clay	First Christopher	MI	Contribution ID # 1321
Residential Street Address 6 Hidden Oak Dr	City Farmington	State CT	Zip Code 06032
Principal Occupation Finance	Name of Employer Chubb		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Cocomo	First Linda	MI	Contribution ID # 1322
Residential Street Address 1195 Mill St	City East Berlin	State CT	Zip Code 06023
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Anzaldua	First Theresa	MI	Contribution ID # 1323
Residential Street Address 5 Fitzwilliam Park	City Farmington	State CT	Zip Code 06032
Principal Occupation Writer; attorney	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03062018A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Case	First Richard	MI A	Contribution ID # 1324
Residential Street Address 43 Bath Cres	City Bloomfield	State CT	Zip Code 06002
Principal Occupation Attorney	Name of Employer Case & Case, PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03062018A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Carrier	First Francine	MI H	Contribution ID # 1325
Residential Street Address 19 Winston Ct	City Bristol	State CT	Zip Code 06010
Principal Occupation Assistant Manager	Name of Employer Carrier Group Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03062018A</u>		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Lombardo	First Donald	MI	Contribution ID # 1326
Residential Street Address 38 Park View Rd	City Kensington	State CT	Zip Code 06037
Principal Occupation Partner	Name of Employer DND Construction Service		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Carrier	First Patrick	MI	Contribution ID # 1327
Residential Street Address 19 Taine Mountain Rd	City Unionville	State CT	Zip Code 06085
Principal Occupation Home Builder	Name of Employer Carrier Group Inc		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Sbriglio	First Martin	MI J	Contribution ID # 1328
Residential Street Address 329 Isinglass Rd	City Shelton	State CT	Zip Code 06484
Principal Occupation CEO	Name of Employer Self; Ryders Health		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Carrier	First Jake	MI	Contribution ID # 1329
Residential Street Address 19 Winston Ct	City Bristol	State CT	Zip Code 06010
Principal Occupation Builder-Developer	Name of Employer Carrier Group Inc		
Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Carrier	First Johnny	MI D	Contribution ID # 1330
Residential Street Address 1 Riverwood Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation Engineer	Name of Employer Carrier Group Inc		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03062018A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Simeone	First Paul	MI	Contribution ID # 1331
Residential Street Address 17 Roma Dr	City Farmington	State CT	Zip Code 06032
Principal Occupation Retailer	Name of Employer imeone Enterprises LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03062018A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Tabaczynski	First Dena	MI	Contribution ID # 1332
Residential Street Address 26 Gianna Ln	City Berlin	State CT	Zip Code 06037
Principal Occupation Advetising Sales	Name of Employer Hearst Media		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Zadrozny	First BRian	MI F	Contribution ID # 1333
Residential Street Address 9 Newcastle Pl	City Unionville	State CT	Zip Code 06085
Principal Occupation Electrician	Name of Employer BFZ Electric LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Kallman	First Sarah	MI S	Contribution ID # 1334
Residential Street Address 6 Grosvenor Pl	City Farmington	State CT	Zip Code 06032
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>03062018A</u>		Date Received 03/10/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Brito	First Jason	MI E	Contribution ID # 1335
Residential Street Address 40 Nottingham Blvd	City Unionville	State CT	Zip Code 06085
Principal Occupation Software Development	Name of Employer PNT Data		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/10/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name <del>Odell</del>	First Michael	MI <del>D</del>	Contribution ID # <del>1336</del>
Residential Street Address <del>293 Talcott Notch Rd</del>	City Farmington	State <del>CT</del>	Zip Code <del>06037</del>
Principal Occupation Consultant/investor	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>03062018A</u>		Date Received 03/10/2018	Aggregate Contributions \$200.00-
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00-	

Last Name Odell	First Penny Richardson	MI	Contribution ID # 1337
Residential Street Address 293 Talcott Notch Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event # <u>03062018A</u>		Date Received 03/10/2018	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Scalise	First Jonathan	MI J	Contribution ID # 1338
Residential Street Address 222 Old Cider Mill Rd	City Southington	State CT	Zip Code 06489
Principal Occupation Owner	Name of Employer Mason Metal Finishing Co		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Ortola	First Craig	MI R	Contribution ID # 1339
Residential Street Address 51 Captains Hill Rd	City Monroe	State CT	Zip Code 06468
Principal Occupation Construction Superintendent	Name of Employer KBE Building Corp		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Palmese	First Jamie	MI	Contribution ID # 1340
Residential Street Address 36 Summit Wood Dr	City Kensington	State CT	Zip Code 06037
Principal Occupation Manufacturing	Name of Employer Edco Engineering		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Monaco	First Donato	MI	Contribution ID # 1341
Residential Street Address 7 Summer Wind	City Cromwell	State CT	Zip Code 06416
Principal Occupation Sales	Name of Employer The Hartford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Wolinetz	First Galina	MI	Contribution ID # 1342
Residential Street Address 9 Gateshead Way	City Unionville	State CT	Zip Code 06085
Principal Occupation Management	Name of Employer Stanley Black & Decker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Cocomo	First Robin	MI	Contribution ID # 1343
Residential Street Address 1015 Worthington Rdg	City Berlin	State CT	Zip Code 06037
Principal Occupation Accountant	Name of Employer Eversource		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Passaro	First Christopher	MI	Contribution ID # 1344
Residential Street Address 317 West Ave	City Darien	State CT	Zip Code 06820
Principal Occupation Energy broker	Name of Employer Open Energy Services LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Koorbush	First Todd	MI	Contribution ID # 1345
Residential Street Address 25 Richmond Dr	City Darien	State CT	Zip Code 06820
Principal Occupation Finance	Name of Employer NEX		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Clarke	First Ronald	MI C	Contribution ID # 1346
Residential Street Address 6 Merritt Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Insurance	Name of Employer Self-employed Clarke Consulting		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Fleischman	First Elizabeth	MI K	Contribution ID # 1347
Residential Street Address 17 Cathlow Dr	City Riverside	State CT	Zip Code 06878
Principal Occupation	Name of Employer Liz Kaye Fleischman event Planning Design LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hornung	First Jacqueline	MI	Contribution ID # 1348
Residential Street Address 42 Compo Pkwy	City Westport	State CT	Zip Code 06880
Principal Occupation Student	Name of Employer Tulane University		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hornung	First Marjorie	MI	Contribution ID # 1349
Residential Street Address 42 Compo Pkwy	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/10/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Obsitnik</b>	First <b>Anne</b>	MI	Contribution ID # <b>1320</b>
Residential Street Address <b>70 Jean Ct .</b>	City <b>Moraga</b>	State <b>CA</b>	Zip Code <b>94556</b>
Principal Occupation <b>Educational consultant</b>	Name of Employer <b>Muse Admissions Consulting</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/10/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Odell</b>	First <b>Michael</b>	MI <b>D</b>	Contribution ID # <b>1336</b>
Residential Street Address <b>293 Talcott Notch Rd</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>Consultant/investor</b>	Name of Employer <b>Michael Odell</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03062018A</b>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>03/10/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Liistro</b>	First <b>Brian</b>	MI	Contribution ID # <b>1353</b>
Residential Street Address <b>10 Pembroke HI</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>President &amp; CEO</b>	Name of Employer <b>LICO Group Corporation</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/12/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Formisano</b>	First <b>Rita</b>	MI	Contribution ID # <b>1354</b>
Residential Street Address <b>21 Aunt Park Ln</b>	City <b>Newtown</b>	State <b>CT</b>	Zip Code <b>06470</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received <b>03/12/2018</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name gonzalez	First jack	MI	Contribution ID # 1355
Residential Street Address 6 Sugar Maple Ln	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Landi	First Arthur	MI E	Contribution ID # 1356
Residential Street Address 20 Mooreland Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Inustrial Designer	Name of Employer Array Marketing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/13/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name O'Sullivan	First Mairead	MI N	Contribution ID # 1357
Residential Street Address 20 Mooreland Rd	City Greenwich	State CT	Zip Code 06831
Principal Occupation Realtor	Name of Employer Greenwich Land Company		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/13/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Hertzmark	First Andrew	MI	Contribution ID # 1358
Residential Street Address 39 Willow Rd	City Riverside	State CT	Zip Code 06878
Principal Occupation investment professional	Name of Employer Generation Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/14/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Sutter	First Diane	MI	Contribution ID # 1359
Residential Street Address 4 Thomas Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/14/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name bortniker	First max	MI	Contribution ID # 1360
Residential Street Address 4 Sasqua Rd	City Norwalk	State CT	Zip Code 06855
Principal Occupation student	Name of Employer student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/17/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Nantz	First Lorrie	MI	Contribution ID # 1350
Residential Street Address 102 Imperial Ave	City Westport	State CT	Zip Code 06880
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Pida	First Julia	MI	Contribution ID # 1351
Residential Street Address 51 Counyside Dr	City Monroe	State CT	Zip Code 06468
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Proto	First Robyn	MI	Contribution ID # 1352
Residential Street Address 2090 Cutspring Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation Assistant Director	Name of Employer Cooperative Educaional Services		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/17/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Malitsky	First Felix	MI	Contribution ID # 1364
Residential Street Address 16 Arthur's Ct	City Newtown	State CT	Zip Code 06470
Principal Occupation Owner	Name of Employer Fortis Lux Financial		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Malitsky	First Donatella	MI	Contribution ID # 1365
Residential Street Address 16 Arthur's Ct	City Newtown	State CT	Zip Code 06470
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Smilow	First Anna	MI	Contribution ID # 1366
Residential Street Address 14 Stony Point Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Associate	Name of Employer Optoro		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Klarsfeld</b>	First <b>Rhoda</b>	MI <b>T</b>	Contribution ID # <b>1367</b>
Residential Street Address <b>129 Nod Hill Rd</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877</b>
Principal Occupation <b>retired</b>	Name of Employer <b>retired</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/20/2018</b>	Aggregate Contributions <b><del>\$0.00</del></b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b><del>\$100.00</del></b>	

Last Name <b>Bortniker</b>	First <b>Samantha</b>	MI	Contribution ID # <b>1368</b>
Residential Street Address <b>4 Sasqua Rd</b>	City <b>East Norwalk</b>	State <b>CT</b>	Zip Code <b>06855</b>
Principal Occupation <b>Project Manager</b>	Name of Employer <b>Healthcare Consultancy Group</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/21/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Labbadia</b>	First <b>Rocco</b>	MI	Contribution ID # <b>1369</b>
Residential Street Address <b>47 Brownstone Rd</b>	City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>
Principal Occupation <b>VP, Clinical Content &amp; Integration</b>	Name of Employer <b>eviCore healthcare, Inc.</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received <b>03/22/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Coccoma</b>	First <b>Danielle</b>	MI	Contribution ID # <b>1370</b>
Residential Street Address <b>1 Fitzwilliam Park</b>	City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>
Principal Occupation <b>Pharmaceutical representative</b>	Name of Employer <b>Allergan</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <b>03062018A</b>		Date Received <b>03/22/2018</b>	Aggregate Contributions <b>\$100.00</b>
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution <b>\$100.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Gartland	First William	MI J	Contribution ID # 1361
Residential Street Address 43 Bonnie Brook Rd	City Westport	State CT	Zip Code 06880
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Puskar	First Lauren	MI	Contribution ID # 1362
Residential Street Address 14 Haverhill Pl	City Trumbull	State CT	Zip Code 06611
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Puskar	First Grace	MI	Contribution ID # 1363
Residential Street Address 35 Ascolese Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/24/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Shalhoub	First Mark	MI	Contribution ID # 1377
Residential Street Address 429 Verna Hill Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Portfolio Manager	Name of Employer Balyasny Asset Management		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Gibbons	First Todd	MI	Contribution ID # 1378
Residential Street Address 56 Larbert Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Realtor	Name of Employer William Pitt		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Winters	First Dana	MI	Contribution ID # 1379
Residential Street Address 9 Shorefront Park	City Norwalk	State CT	Zip Code 06854
Principal Occupation Designer	Name of Employer Contractor		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Munro	First Dana	MI	Contribution ID # 1380
Residential Street Address 9 Shorefront Park	City Norwalk	State CT	Zip Code 06854
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Martin	First Sean	MI	Contribution ID # 1381
Residential Street Address 61 Labert Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Finance	Name of Employer SCM Capital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Martin	First Paula	MI	Contribution ID # 1382
Residential Street Address 61 Labert Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Fashion	Name of Employer Anthropolgie Westport URBN		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Clark	First James	MI	Contribution ID # 1386
Residential Street Address 23 Miles Rd	City Darien	State CT	Zip Code 06820
Principal Occupation Investment advisor	Name of Employer Merrill Lynch		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 03/27/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Puskar	First Pam	MI	Contribution ID # 1387
Residential Street Address 14 Haverhill Pl	City Trumbull	State CT	Zip Code 06611
Principal Occupation Nurse	Name of Employer St. Joseph's Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Marino	First David	MI L	Contribution ID # 1388
Residential Street Address 48 Acorn Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Sales	Name of Employer AMI Distributors		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2018	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Marino	First Alyssa	MI M	Contribution ID # 1389
Residential Street Address 48 Acorn Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Para-professional teacher	Name of Employer Town of Madison		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 03/28/2018 Aggregate Contributions \$25.00 \$25.00

Last Name Donini	First Mario	MI CT	Contribution ID # 1391
Residential Street Address 8 Judd Dr	City North Haven	State CT	Zip Code 06473
Principal Occupation Finance	Name of Employer Yale New Haven Health		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 03/28/2018 Aggregate Contributions \$10.00 \$10.00

Last Name Laudano	First Sandra	MI B	Contribution ID # 1392
Residential Street Address 32 Nicholas Dr	City East Haven	State CT	Zip Code 06512
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 03/28/2018 Aggregate Contributions \$10.00 \$10.00

Last Name DeCaprio	First Diane	MI L	Contribution ID # 1393
Residential Street Address 68 Stepstone Hill Rd	City Guilford	State CT	Zip Code 06437
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 03/28/2018 Aggregate Contributions \$20.00 \$20.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Dendas	First Joseph	MI P	Contribution ID # 1394
Residential Street Address 4 Fern Ct	City Branford	State CT	Zip Code 06405
Principal Occupation Agent	Name of Employer Dawson Insurance		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2018	Aggregate Contributions \$10.00
If yes, list Event #		Amount of Contribution \$10.00	

Last Name DiAddamo	First Monica	MI J	Contribution ID # 1395
Residential Street Address 64 Alps Rd	City Branford	State CT	Zip Code 06405
Principal Occupation Educator	Name of Employer Kelly Educational		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/28/2018	Aggregate Contributions \$100.00
If yes, list Event #		Amount of Contribution \$100.00	

Last Name Hallenbeck	First George	MI R	Contribution ID # 1383
Residential Street Address 22 Van Rensselaer Ave	City Stamford	State CT	Zip Code 06902
Principal Occupation Telecommunications consultant	Name of Employer Hall Tech Associates		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2018	Aggregate Contributions \$15.00
If yes, list Event #		Amount of Contribution \$15.00	

Last Name Scott	First Daniel	MI	Contribution ID # 1384
Residential Street Address 217 Osborne Ln	City Southport	State CT	Zip Code 06890
Principal Occupation Financial Analyst	Name of Employer MKM Partners		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2018	Aggregate Contributions \$100.00
If yes, list Event #		Amount of Contribution \$100.00	



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Boyle	First Ellen	MI R	Contribution ID # 1371
Residential Street Address 778 Mill Hill Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252018A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Perkin II	First Richard	MI	Contribution ID # 1372
Residential Street Address 501 Warner Hill Rd	City Southport	State CT	Zip Code 06890
Principal Occupation Finance	Name of Employer Wolverine Investments		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252018A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Stenquist	First Scott	MI	Contribution ID # 1373
Residential Street Address 485 Wellington Dr	City Fairfield	State CT	Zip Code 06824
Principal Occupation Owner	Name of Employer Soundview Pool Co LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252018A</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Abrahamson	First Maureen	MI	Contribution ID # 1374
Residential Street Address 278 Wood House Rd	City Fairfield	State CT	Zip Code 06890
Principal Occupation Retail	Name of Employer Abrrhamson LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252018A</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 03/29/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Abrahamson	First Mark	MI	Contribution ID # 1375
Residential Street Address 278 Wood House Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation Retail	Name of Employer Abrahamson LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03252018A</u>		Date Received 03/29/2018	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Puskar Sr	First John	MI	Contribution ID # 1376
Residential Street Address 14 Haverhill Pl	City Trumbull	State CT	Zip Code 06611
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/29/2018	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Norman	First George	MI	Contribution ID # 1385
Residential Street Address 378 Weir Strette	City Glastonbury	State CT	Zip Code 06033
Principal Occupation VP Finance	Name of Employer Prudential		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/30/2018	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Constantinople	First Christina	MI	Contribution ID # 1390
Residential Street Address 95 Honey Point Rd	City West Haven	State CT	Zip Code 06516
Principal Occupation Cook	Name of Employer Nick's Luncheonette		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/30/2018	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

<b>Total of Section B</b>		<b>\$21,705.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B) (Total on Line 14, Column A of Summary Page)	<b>\$21,705.00</b>

### I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

#### C1. Contributions from Other Committees

Name of Committee				Name of Treasurer		
Address		Is this contribution associated with an event reported in Section J1?		Yes	No	Amount of Contribution
		If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		

**Total of Section C1**

### I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

#### C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer		
Address			Date Received		Amount of Receipt	
City	State	Zip Code	Payment Type			
			Reimbursement for shared expense			
			Surplus distribution from exploratory committee			
Expenditure #	Description					

**Total of Section C2**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**D. Loans Received this Period**

Name of Lender	Source of Loan:				Date of Receipt
	Bank	Candidate	Individual	Other	
Street Address	City		State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					<b>Amount Received</b>
Street Address	City		State	Zip Code	
<b>Total of Section D</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
<b>Total of Section E</b>				

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code
<b>Total of Section G</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial                      Grant Adjustment Supplemental/Post Election Deficit	Primary                      General Election                      Special Election		

**Total of Section H**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received
Street Address                      City                      State                      Zip Code		
Description		

**Total of Section I**

## II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

### J1. Event Information

Event # Date of Event 02/15/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 60 Myanos Rd		City New Canaan	State CT
Zip Code 06840			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 03/05/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 42 Compo Pkwy		City Westport	State CT
Zip Code 06880			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

Event # Date of Event 03/06/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 1 Fitzwilliam Park		City Farmington	State CT
Zip Code 06032			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.) <div style="border: 1px solid black; width: 100px; text-align: right; padding: 2px;">\$0.00</div>

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**J1. Event Information**

Event # Date of Event 03/25/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address 61 Larbert Rd		City Southport	State CT	Zip Code 06890
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
		<input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/> No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)	
		<input checked="" type="checkbox"/> No	\$0.00	
<b>Total of Section J1</b>			<b>\$0.00</b>	

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor				
Street Address		City		State
				Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual				
Business Entity	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

**Total of Section J3**

**II.EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host Paige & Tom McIrney		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 60 Myanos Rd		City New Canaan	State   Zip Code CT   06840
Description of Donation Food & beverage for meet and greet event			Fair Market Value of Donation
Event # 02152018A	Aggregate value of this Event - all hosts \$638.10	Aggregate value of all Events - this host/candidate \$638.10	\$638.10

Name of Host Maggie Hornung & Tom Sampson		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 42 Compo Pkwy		City Farmington	State   Zip Code CT   06880
Description of Donation Food & beverage for meet & greet event			Fair Market Value of Donation
Event # 03052018A	Aggregate value of this Event - all hosts \$240.00	Aggregate value of all Events - this host/candidate \$240.00	\$240.00

Name of Host Thomas & Danielle Cocomo		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 1 Fitzwilliam Park		City Farmington	State   Zip Code CT   06032
Description of Donation Food & Beverage for meet & greet event			Fair Market Value of Donation
Event # 03062018A	Aggregate value of this Event - all hosts \$454.66	Aggregate value of all Events - this host/candidate \$454.66	\$454.66



Name of Host Sean Martin		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 61 Larbdert Rd		City Southport	State CT
Description of Donation Food & beverage for meet & greet event		Fair Market Value of Donation	
Event # 03252018A	Aggregate value of this Event - all hosts \$240.00	Aggregate value of all Events - this host/candidate \$240.00	\$240.00

<b>Total of Section J4</b>	<b>\$1,572.76</b>
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**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**K. In-Kind Contributions**

Name			
Street Address		City	State
Zip Code			
Is this contribution associated with an event reported in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual	Committee	Sole Proprietorship	Executive Legislative

<b>Total of Section K</b>	
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### III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

#### L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee John Cory Steinberg		Date of Payment 01/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Kettle Creek Rd		City Weston	State CT	Zip Code 06883
Purpose of Expend CNSLT	Description Campaign management January 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,300.00

Name of Payee Joseph Sledge		Date of Payment 01/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 46 Kings Hwy N		City Westport	State CT	Zip Code 06880
Purpose of Expend CNSLT	Description Campaign strategy, administrative, & treasury services January 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Day Campaign		Date of Payment 01/06/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1.40

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Vistaprint		Date of Payment 01/07/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Hayden Ave		City Lexington	State MA	Zip Code 02421
Purpose of Expend OFFICE	Description Business cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee Vistaprint		Date of Payment 01/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Hayden Ave		City Lexington	State MA	Zip Code 02421
Purpose of Expend PRNT	Description Business cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$94.64

Name of Payee Universal Print & Mail Services		Date of Payment 01/09/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 90 Tunxis Hill Rd		City Fairfield	State CT	Zip Code 06825
Purpose of Expend PRNT	Description Palm cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$130.82

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Day Campaign		Date of Payment 01/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9.40

Name of Payee FedEx		Date of Payment 01/19/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3875 Airways Blvd		City Memphis	State TN	Zip Code 38116
Purpose of Expend POST	Description FedEx express mail			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$25.03

Name of Payee Day Campaign		Date of Payment 01/20/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$13.20

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Day Campaign		Date of Payment 01/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$47.40

Name of Payee Kenneth Arndt		Date of Payment 01/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 746 E Broadway		City Milford	State CT	Zip Code 06460
Purpose of Expend REF	Description Refund of Contribution ID 1321 at donor's request			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

Name of Payee John Traynor		Date of Payment 01/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1530 Cross Hwy		City Fairfield	State CT	Zip Code 06824
Purpose of Expend REF	Description Refund of Contribution ID 1529 at donor's request			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Day Campaign	Date of Payment 02/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave	City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$42.00

Name of Payee Joseph Sledge	Date of Payment 02/05/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 46 Kings Hwy N	City Westport	State CT	Zip Code 06880
Purpose of Expend CNSLT	Description Campaign strategy, administrative & treasury services for February 2018	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$500.00

Name of Payee John Cory Steinberg	Date of Payment 02/05/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Kettle Creek Rd	City Weston	State CT	Zip Code 06883
Purpose of Expend CNSLT	Description Campaign management February 2018	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2,500.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee John Cory Steinberg		Date of Payment 02/05/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Kettle Creek Rd		City Weston	State CT	Zip Code 06883
Purpose of Expend TRVL	Description Mileage reimbursement			Amount  \$138.43
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee John Cory Steinberg		Date of Payment 02/05/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Kettle Creek Rd		City Weston	State CT	Zip Code 06883
Purpose of Expend CNSLT	Description Campaign management March 2018			Amount  \$2,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee John Cory Steinberg		Date of Payment 02/05/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Kettle Creek Rd		City Weston	State CT	Zip Code 06883
Purpose of Expend TRVL	Description Mileage reimbursement for February 2018			Amount  \$144.97
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Joseph Sledge		Date of Payment 02/05/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 46 Kings Hwy N		City Westport	State CT	Zip Code 06880
Purpose of Expend CNSLT	Description Campaign strategy, administrative & treasury services for March 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

Name of Payee Arena Online		Date of Payment 02/07/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1780 W Sequoia Vista Cir		City Salt Lake City	State UT	Zip Code 84104
Purpose of Expend A-WEB	Description FB ad copy and distribution for January; February 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,492.00

Name of Payee Arena Online		Date of Payment 02/07/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1780 W Sequoia Vista Cir		City Salt Lake City	State UT	Zip Code 84104
Purpose of Expend A-WEB	Description FB ad copy and distribution for March 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,000.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Universal Print & Mail Services		Date of Payment 02/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 90 Tunxis Hill Rd		City Fairfield	State CT	Zip Code 06825
Purpose of Expend PRNT	Description Photocopies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$58.49

Name of Payee <del>Day Campaign</del>		Date of Payment 02/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <del>112 Bloomfield Ave</del>		City <del>Windsor</del>	State <del>CT</del>	Zip Code <del>06095</del>
Purpose of Expend <del>BNK</del>	Description <del>Credit Card/Banking Transaction fees</del>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<del>\$67.40</del>

Name of Payee <b>Day Campaign</b>		Date of Payment <b>02/10/2018</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>112 Bloomfield Ave</b>		City <b>Windsor</b>	State <b>CT</b>	Zip Code <b>06095</b>
Purpose of Expend <b>BNK</b>	Description <b>Credit Card/Banking Transaction fees</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				<b>\$66.80</b>

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Staples		Date of Payment 02/16/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420-440 Westport Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend OFFICE	Description 64GB JumpDrives			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$46.77

Name of Payee Universal Print & Mail Services		Date of Payment 02/16/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 90 Tunxis Hill Rd		City Fairfield	State CT	Zip Code 06825
Purpose of Expend PRNT	Description Candidate palm cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$225.99

Name of Payee Day Campaign		Date of Payment 02/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$102.40

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anne Gaydos Designs		Date of Payment 02/18/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 24 Ann St		City Shelton	State CT	Zip Code 06484
Purpose of Expend PRNT	Description Palm card; business card printing and design			Amount  \$400.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Day Campaign		Date of Payment 02/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount  \$54.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Day Campaign		Date of Payment 03/03/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount  \$128.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Paul Riemann		Date of Payment 03/04/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 29A Otis St		City Dayville	State CT	Zip Code 06241
Purpose of Expend A-OTH	Description Consulting management for convention delegates February 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,500.00

Name of Payee Paul Riemann		Date of Payment 03/04/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 29A Otis St		City Dayville	State CT	Zip Code 06241
Purpose of Expend CNSLT	Description Consulting management for convention delegates January 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,500.00

Name of Payee Day Campaign		Date of Payment 03/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$108.40

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Steve Obsitnik		Date of Payment 03/14/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 8 Imperial Lndg		City Westport	State CT	Zip Code 06880
Purpose of Expend OFFICE	Description White board, dry eraser, & markers			Amount  \$141.74
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Steve Obsitnik		Date of Payment 03/14/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 8 Imperial Lndg		City Westport	State CT	Zip Code 06880
Purpose of Expend TRVL	Description Non-refundable fee for air travel itinerary change			Amount  \$148.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Steve Obsitnik		Date of Payment 03/14/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 8 Imperial Lndg		City Westport	State CT	Zip Code 06880
Purpose of Expend TRVL	Description Transportation from JFK to Westport			Amount  \$117.58
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Steve Obsitnik		Date of Payment 03/14/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 8 Imperial Lndg		City Westport	State CT	Zip Code 06880
Purpose of Expend TRVL	Description RV One mileage reimbursement from 12/04/2017 through 02/13/2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$587.51

Name of Payee Day Campaign		Date of Payment 03/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$32.20

Name of Payee Percipient Strategies, LLC		Date of Payment 03/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 100 I' St SE Ste 303		City Washington	State CT	Zip Code 20003
Purpose of Expend CNSLT	Description Candidate record researc			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$475.45

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Arena Online		Date of Payment 03/21/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1780 W Sequoia Vista Cir		City Salt Lake City	State UT	Zip Code 84104
Purpose of Expend A-WEB	Description Search ads; display and remarketing; FB ads; & FB lead ads supplement for March 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,000.00

Name of Payee Day Campaign		Date of Payment 03/22/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend A-WEB	Description Digital communications platform for email			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,650.00

Name of Payee Ben Proto		Date of Payment 03/23/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2090 Cutspring Rd		City Stratford	State CT	Zip Code 06614
Purpose of Expend CNSLT	Description Campaign & delegate management services February 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,500.00



### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Richard Foley		Date of Payment 03/23/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 42 Lake Avenue Ext		City Danbury	State CT	Zip Code 06811
Purpose of Expend CNSLT	Description Consulting & delegate management services February 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,500.00

Name of Payee Day Campaign		Date of Payment 03/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$30.80

Name of Payee Staples		Date of Payment 03/29/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420-440 Westport Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$42.81

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jordan's Restaurant		Date of Payment 03/29/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 369 Westport Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend FOOD	Description Lunch for campaign workers			Amount  \$49.88
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee FedEx Office		Date of Payment 03/29/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 596 Westport Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend PRNT	Description Printing for pre-approval submission to commission			Amount  \$294.76
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Day Campaign		Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend BNK	Description Credit Card/Banking Transaction fees			Amount  \$34.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Ben Proto	Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2090 Cutspring Rd	City Stratford	State CT	Zip Code 06614
Purpose of Expend CNSLT	Description Candidate & delegate management services March 2018	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2,500.00

Name of Payee Paul Riemann	Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 29A Otis St	City Dayville	State CT	Zip Code 06241
Purpose of Expend CNSLT	Description Candidate & delegate management services March 2018	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2,000.00

Name of Payee Richard Foley	Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 42 Lake Avenue Ext	City Danbury	State CT	Zip Code 06811
Purpose of Expend CNSLT	Description Candidate & delegate management services March 2018	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$2,500.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee John Cory Steinberg		Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Kettle Creek Rd		City Weston	State CT	Zip Code 06883
Purpose of Expend CNSLT	Description Campaign management March 2018			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,500.00

Name of Payee Suzanne Tager		Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 8 Imperial Lndg		City Westport	State CT	Zip Code 06880
Purpose of Expend RMB	Description Envelopes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$95.90

Name of Payee Steve Obsitnik		Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 8 Imperial Lndg		City Westport	State CT	Zip Code 06880
Purpose of Expend RMB	Description Stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$409.64

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**N. Expenses Paid By Committee**

Name of Payee John Cory Steinberg		Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Kettle Creek Rd		City Weston	State CT	Zip Code 06883
Purpose of Expend RMB	Description Postage			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$154.84

Name of Payee John Cory Steinberg		Date of Payment 03/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Kettle Creek Rd		City Weston	State CT	Zip Code 06883
Purpose of Expend RMB	Description Printer ink			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$86.11

**Total of Section N****\$39,263.26**

#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Steve Obsitnik for Governor				April 10 Filing - Amendment	
<b>O. Expenses Paid By Candidate</b>					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?
Steve Obsitnik			03/29/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address		City		State	Zip Code
8 Imperial Lndg		Westport		CT	06880
Purpose of Expenditure (by code)		Description		Event #	
Misc *		Copies of autobiography @ FMV or \$8.97 for 214 books			
					Amount
					\$1,919.58
<b>Total of Section O</b>					<b>\$0.00</b>

#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Steve Obsitnik for Governor				April 10 Filing - Amendment	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor				Date of Transaction	
Street Address			City		State    Zip Code
Purpose of Expenditure (by code)		Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes	Expenditure # (if applicable)	Event #	
		No			
If yes, assign an Expenditure # and complete Itemization in Addendum					
<b>Total of Section P</b>					

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor		Date Incurred	
Street Address		City	State      Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

<b>Total of Section Q</b>	
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### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Obsitnik	First Steve	MI	Date of Payment to Vendor 03/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples
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Street Address of Vendor 420-440 Westport Ave	City Norwalk	State CT	Zip Code 06851
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Purpose of Expenditure (by code) OFFICE	Description White board, dry eraser, & markers
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$141.74
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Obsitnik	First Steve	MI	Date of Payment to Vendor 03/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant JetBlue
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Street Address of Vendor 27-01 Queens Plz N	City Lont Island City	State NY	Zip Code 11101
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Purpose of Expenditure (by code) TRVL	Description Non-refundable fee for air travel itinerary change
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$148.30
If yes, assign an Expenditure # and completes Itemization in Addendum R			



### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Obsitnik	Steve		03/14/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Ward Franklin V Service

Street Address of Vendor	City	State	Zip Code
126 Howe Ave # 2	Shelton	CT	

Purpose of Expenditure (by code)	Description
TRVL	Transportation from JFK to Westport

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$117.58

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Tager	Suzanne		03/31/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> 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)	Description
OFFICE	Envelopes

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$95.90

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Obsitnik	First Steve	MI	Date of Payment to Vendor 03/31/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant USPS
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Street Address of Vendor 275 Post Rd	City Westport	State CT	Zip Code 06880
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Purpose of Expenditure (by code) POST	Description Stamps
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$409.64
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Steinberg	First John	MI Cory	Date of Payment to Vendor 03/31/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
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Street Address of Vendor	City	State	Zip Code
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Purpose of Expenditure (by code) POST	Description Postage
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$154.84
If yes, assign an Expenditure # and completes Itemization in Addendum R			

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant Steinberg	First John	MI Cory	Date of Payment to Vendor 03/31/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples
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Street Address of Vendor 420-440 Westport Ave	City Norwalk	State CT	Zip Code 06851
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Purpose of Expenditure (by code) OFFICE	Description Printer ink
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$86.11
If yes, assign an Expenditure # and completes Itemization in Addendum R			

**Total of Section R****\$1,154.11****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Steve Obsitnik for Governor	April 10 Filing - Amendment

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient
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Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				

**Total of Section S**

<b>Section J4. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section P. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought